

Pat Quinn  
Governor



Richard H. Calica  
Director

**Illinois Department of Children & Family Services**

June 6, 2013

Ms. Carmen Gonzalez  
Program Specialist  
Department of Health and Human Services  
Administration for Children and Families  
233 North Michigan Avenue, Suite 400  
Chicago, Illinois 60601

Dear Ms. Gonzalez:

We are pleased to submit the electronic copy of the FFY2013 Annual Progress and Services Report for the Illinois Department of Children and Family Services. This report was developed through joint planning with ACF Region V in accordance with the Program Instructions ACYF-CB-PI-13-04, issued by Children's Bureau on May 1, 2013.

We look forward to your feedback and will respond accordingly. As a result of our continued joint planning with Region V, we are confident of meeting all the APSR reporting and compliance requirements.

We would like to express our sincere thanks and appreciation to you and Ms. Angela Green for the technical assistance, guidance and information provided the Department in the development of the planning and reporting documents for submission to the Administration for Children and Families. The joint planning process between IDCFS and ACF Region V continues to be beneficial for planning and implementation activities of the Department.

Sincerely,

A handwritten signature in blue ink, appearing to be 'Richard H. Calica', is written over a light blue horizontal line.

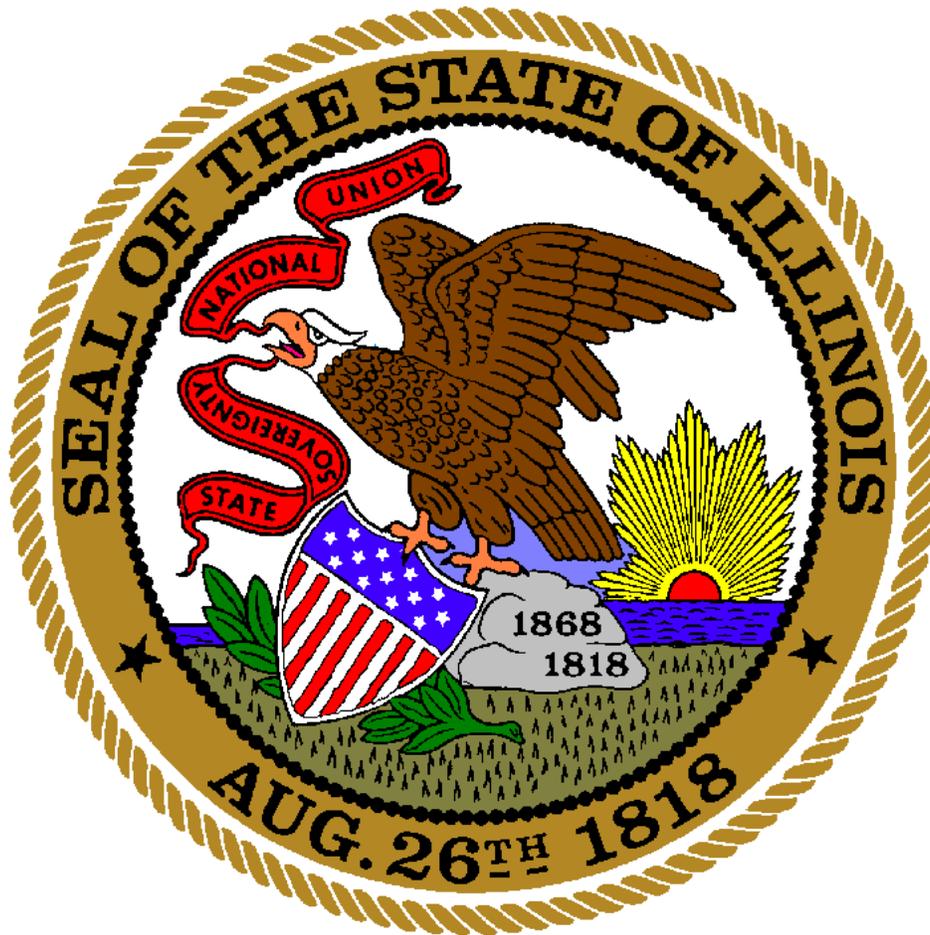
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# Illinois Department of Children and Family Services



## Annual Progress and Services Report Federal Fiscal Year 2013

Pat Quinn, Governor

Richard H. Calica, Director

Illinois Department of Children and Family Services  
Annual Progress and Services Report  
Federal Fiscal Year 2013

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# Chapter I

## Introduction

Founded in 1964, DCFS has the primary responsibility of protecting children and strengthening families through the investigation and intervention of suspected child abuse or neglect by parents and other caregivers. Over the last four years, DCFS received more than one million calls to our Child Abuse Hotline, offering and coordinating services wherever needed to help children remain in their homes safely. In instances where children must be removed from the home for their safety and well-being, DCFS makes every effort to return them safely to their homes as quickly as possible. When that simply is not possible, DCFS is equally committed to pursuing adoption by loving families to provide children with the permanent, safe, and nurturing homes they need and deserve to reach their fullest potential. As part of its duties, DCFS licenses and monitors all Illinois child welfare agencies and more than 14,000 day care centers, homes, group homes and day care agencies in the state.

### Mission and Vision Statements

#### Mission Statement

The mission of DCFS is to:

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

#### Vision Statement

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

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

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

## **Chapter II**

### **Child and Family Services Review (CFSR), Program Improvement Plan (PIP), and National Standards Performance**

#### **Illinois Round II CFSR and Program Improvement Plan (PIP) Development**

The second round Illinois CFSR took place in August 2009. The Illinois PIP was approved by ACF and the Children's Bureau in March 2011 and includes the following five primary strategies:

- I. Implementation of a Front-end Differential Response (DR) Model – Pathways to Strengthening and Supporting Families** (Safety Outcomes 1 and 2, Well-Being Outcome 1, Service Array and Resource Development)
- II. Implementation of the Enhanced Safety Model of Practice** (Safety Outcome 2)
- III. Full implementation of a Family-Centered, Strength-Based, Trauma-Informed Model of Practice** (Permanency Outcome 2, Well-Being Outcome 1)
- IV. Improvement of the Accessibility and Individualization of Services to Children and Families throughout Illinois** (Service Array, Resource Development, Well-Being Outcomes 2 and 3)
- V. Improvement of the Quality and Effectiveness of the Systems that Drive Permanency** (Permanency Outcome 1 and Case Review)

#### **FFY13 Update on the Program Improvement Plan and AFCARS Improvement Plan**

The Illinois PIP, in response to the 2009 Illinois CFSR, began implementation in January 2011 and reached the end of its two-year implementation period on December 31<sup>st</sup>, 2012. The Illinois PIP was comprised of five primary strategies that cut across the domains of safety, permanency and well-being. The Department was able to successfully meet all established PIP benchmarks despite significant events that occurred throughout 2012 which impacted Department functioning. These events included DCFS enduring state budget cuts that resulted in the need to eliminate hundreds of agency positions. After going through bumping and layoff procedures with unionized staff throughout the summer of 2012, funding was ultimately restored at levels that prevented staff layoffs however there was a subsequent re-organization of staff. The PIP strategy that proved to be the most challenging to implement during the past year was the roll-out of the Department's Enhanced Safety Model, which was put on hold in April 2012 to make additional refinements and just recently began implementation on 4/28/13. DCFS is committed to ensuring the successful implementation of this significant and critical safety related policy initiative. DCFS will also continue to work closely with the Children's Bureau throughout FY14 and provide statistical data that confirms all remaining PIP performance goals are met.

#### **AFCARS Improvement Plan (AIP)**

In August of 2010 a review of the Department's Adoption and Foster Care Analysis Reporting System (AFCARS) was conducted by the United States Department of Health and Human Services Children's Bureau in collaboration with IDCFS. Findings as a result of this review resulted in AFCARS Improvement Plan (AIP) being developed by DCFS. Per the Children's Bureau guidelines the AIP is to be completed and implemented by August of 2012. The AIP was broken into two sections: general requirements and data elements. For the General Requirements there were 22 requirements reviewed, and of those 22, Illinois was found to be compliant with 16 of them. Of the remaining 6 requirements, the department has been making efforts to come into full compliance. Minor changes were made to reporting systems for the reporting period in March 2012, and additional changes will be made prior to the reporting period in October 2012. Major revisions and changes have been planned to capture information not previously captured; however, due to the

Department having a change in leadership, undergoing a major reorganization, and there being a delay in other initiatives, these revisions have been delayed as well. Work continues on the AIP and updates will be provided as required.

**Safety Indicators and Measures of the FFY 2010-2014 Child and Family Services Plan  
 (CFSP) Objectives**

These sample safety indicators and measures relating to the goals and objectives in the Child and Family Services Plan enable the Department to monitor progress and make appropriate and timely systemic changes.

	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>
	<b>6/30/11</b>	<b>12/31/11</b>	<b>3/31/12</b>	<b>12/31/12</b>	<b>3/31/13</b>
<b>Safety: Children are protected from abuse and neglect</b>					
1. A greater percentage of investigations will be initiated within 24 hours.	99.5%	99.7%	99.4%	99.2%	99.7%
2. Of all children who were victims of a substantiated or indicated maltreatment report in the first six months of the previous 12 months, DCFS will have a lower percentage of repeat maltreatment within six months of the previous report (Federal Measure).	6.5%	6.8%	7.0%	7.2%	6.9%
3. Of all repeat maltreatments during the previous 12 months DCFS will have a decreasing percentage of subsequent reports that are more serious than the initial report.	23.1%	22.4%	21.5%	19.1%	18.7%
4. DCFS will continue or lessen the rate of children who are maltreated by a foster parent or facility staff (Federal Measure).	.60%	.54%	.55%	.59%	.59%
5. The percentage of ward abuse and neglect incidents (UIRs) will decrease.	4.6%	4.4%	4.5%	4.8%	5.2%
6. The percentage of wards injured during restraint will decrease.	7.4%	8.8%	8.4%	9.5%	9.6%
<b>Safety: Children are maintained in their homes wherever possible and appropriate</b>					
7. DCFS will lessen the rate of children who come into care from intact families.	21.9%	21.0%	21.3%	17.9%	15.8%

### **Permanency Indicators and Measures of the Child and Family Services Plan (CFSP) Objectives**

These sample permanency indicators and measures relating to the goals and objectives in the Child and Family Services Plan enable the Department to monitor progress and make appropriate and timely systemic changes.

	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>
	<b>06/30/11</b>	<b>12/31/11</b>	<b>03/31/12</b>	<b>12/31/12</b>	<b>3/31/13</b>
8. Of all the children who entered foster care during the previous 12 months, DCFS will have a decreasing percentage of entries that are re-entries (Federal Measure).	6.5%	7.1%	6.9%	6.9%	7.2%
9. DCFS will have a decreasing percentage of lateral foster care moves.	17.3%	15.5%	16.5%	16.4%	15.1%
10. Of all the children who entered foster care during the previous 12 months, DCFS will have an increasing percentage of children who have had no more than two placements (Federal Measure).	83.0%	83.2%	86.2%	83.1%	82.6%
11. DCFS will have an increasing rate of Court Permanency Hearings with 12 months of temporary custody.	83.0%	81.3%	81.5%	81.3%	80.9%
12. DCFS will have an increasing rate of reunifications where the child was returned home within 12 months (Federal Measure).	48.3%	44.9%	45.7%	48.8%	49.5%
13. DCFS will have a decreasing average days from the establishment of a reunification goal to the actual return home.	500.9	519.7	527.8	528.2	570.9
14. DCFS will have an increasing rate of adoptions where the child was adopted within 24 months of entry into care (Federal Measure).	8.6%	6.9%	7.0%	8.7%	7.9%
15. DCFS will have a decreasing average days from adoption goal to adoption finalization.	501.8	412.5	532.3	542.1	534.9
16. A greater percentage of permanencies will be among children between 13 and 18 years of age.	15.1%	15.8%	15.2%	13.9%	14.4%

**WELL-BEING INDICATORS AND MEASURES OF THE  
 CHILD AND FAMILY SERVICES PLAN (CFSP) OBJECTIVES**

These sample well-being indicators and measures relating to the goals and objectives in the Child and Family Services Plan enable the Department to monitor progress and make appropriate and timely systemic changes.

	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>	<b>Ending</b>
	<b><u>06/30/11</u></b>	<b><u>12/31/11</u></b>	<b><u>03/31/12</u></b>	<b><u>12/31/12</u></b>	<b><u>3/31/13</u></b>
17. DCFS will have an increasing percentage of wards over 17 years old that are in college and scholarship.	4.2%	5.4%	5.5%	6.0%	5.2%
18. DCFS will have a decreasing percentage of female wards aged 13-21 that are pregnant or parenting teens.	16.3%	16.8%	16.9%	16.5%	14.8%
19. A greater percentage of children in foster homes or relative homes will be placed within 5 miles of their parent's homes (for Cook County) or 10 miles of their parents homes (for Downstate).	47.4%	50.9%	48.5%	47.5%	48.3%
20. A greater percentage of siblings in foster or relative care will be placed together.	82.3%	81.6%	81.6%	83.2%	83.3%

## **Chapter III**

### **Child Abuse Prevention and Treatment Act (CAPTA) Report**

#### **Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress and Services Report for Basic State Grant for October 1, 2012-September 30, 2013**

In an effort to create consistency in standards and to improve responses to the issue of child abuse and neglect Congress in 1974 enacted the Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93-247). The law has been reauthorized several times over the years and most recently amended by Public Law (P.L.) 111-320 which was enacted December 20, 2010. The creation of the law along with the efforts of the Children's Bureau, which is housed within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services have resulted in Illinois and other States benefitting from many federal grant programs designed to prevent child abuse and neglect.

As the designated agency to receive the Basic State Grant under the Child Abuse Prevention and Treatment Act (CAPTA) the Illinois Department of Children and Family Services (IDCFS) is pleased to submit the CAPTA FY13 Annual Progress and Services Report in accordance with the Administration for Children Youth and Families (ACYF) Program Instruction issued April 10, 2013 and with guidance from the Children's Bureau recent publications.

The CAPTA Annual Progress and Services Report (APSR) continues to be in fulfillment of the State Plan that is designed to strengthen coordination among all levels of government with agencies that are primarily community-centered, not-for-profit, private and for-profit, civic, and faith-based. Some of these organizations have professionally paid staff while others are staffed by knowledgeable volunteers. Contractual-linked partnerships are established with public agencies and non-profit organizations to assist the State in its efforts of sustaining a continuum of care for children and families at the neighborhood level. The Department and its private sector partners operate under federal and state laws, as well as several judicial and consent decrees. Consent decrees have the force of the law and therefore all child welfare professionals must comply with these standards and requirements.

The Illinois Department of Children and Family Services continues to make progress on behalf of Illinois children in accomplishing its mission of safety, permanency and child well being. Illinois abuse and neglect rates continue to decline. This progress has been accomplished through passage of many legislative changes and Acts related to child abuse prevention. These Acts have helped to establish guiding principles and policy guides to improve our existing service delivery systems and our skills and ability to intervene effectively. Also, improvements in decision-making during investigation and addressing staffing concerns for investigators and workers have proven beneficial.

The implementation of effective child abuse prevention programs at the neighborhood level has led to system enhancements of our child protection system. Investment in expanding services needed by at-risk children and families is imperative today as Illinois continues to be committed to keeping children safely in their homes and removing them promptly when they are in danger.

Having parents involved in services as partners also yields positive outcomes for everyone. Further achievements can be contributed to regular communication regarding changes in policy and improvement in practice, including those based on DCFS Inspector General's investigations and the Citizen Review Panels' recommendations. The Department recognizes and embraces the concept

that child abuse prevention is a community effort. To this end, the Department continues to pursue, promote and integrate the work of its collaborative partners.

The IDCFS continues to delivery high quality services and improve policies and practices that assist the State in meeting the specific needs of children and families in our care and at the neighborhood level. The APSR continues to illustrate the Department's commitment and vision to act in the best interest of every child it serves and to help families by increasing their ability to provide a safe environment for their children and by strengthening families who are at risk of abuse and neglect.

The Basic State Grant fund continues to be used alone or in combination with other federal and state funds in the Department to support child abuse prevention and intervention services. DCFS administered many of the programs and grants required under CAPTA. This includes the CAPTA Title 11 section 201, Community-Based Child Abuse Prevention (CBCAP) Grant and the Citizen Review Panels. Also IDCFS administered the Children's Justice Grant, the Family Centered Services (FCS) Initiative and the State Child Abuse Prevention Funds.

**Substantive Changes to State Law under Section 106 (b) (I) (C) (i)**

Illinois continues to comply with the standards and requirements as set forth for maintaining and receiving the Basic State Grant as stipulated under the CAPTA Act. At the time of this annual submission Illinois does not have any substantive changes in the state law that will affect eligibility requirements.

**There has been no significant changes from the State's previously approved CAPTA plan in how Illinois proposes to improve the 14 System Improvement categories as identified under (section 106 (b) (1) (c) (ii)).**

In the Illinois's CAPTA State Plan submitted June 2011, the Department of Children and Family Services (DCFS) identified 13 of the 14 System Improvement areas for improving Illinois' Child protection System. They are as follows:

- 1) The intake assessment, screening and investigation of reports of child abuse and neglect;
- 2) Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation, including procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings (section 106 (a) (2)).
- 3) Enhancing the general child protective system by developing, improving and implementing risk and safety assessment and protocols, including the use and implementation of the differential response;
- 4) Developing and updating the system of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- 5) Developing, strengthening, and facilitating training including training regarding research-based strategies, including the use of differential response to promote

collaboration with the families; training regarding the legal duties of such individuals; personal safety training for case workers; and training in early childhood, child and adolescent development;

- 6) Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals through the child protection system, including improvement in the recruitment and retention of caseworkers;
- 7) Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- 8) Developing implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions including existing social and health services; financial assistance; services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and the use of differential response in preventing child abuse and neglect;
- 9) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and the basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;
- 10) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
- 11) Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice for improved delivery of services and treatment, including methods for continuity of treatment plans and services as children transition between systems;
- 12) Supporting and enhancing interagency collaboration among public health agencies; child protective service system, and agencies carrying out private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse and neglect; including support prompt, comprehensive health and developmental evaluations for children who are subject of substantiated child maltreatment reports; and
- 13) Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies investigation, intervention and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate, and the provisions of services that assist children exposed to domestic violence, and that also support the care giving role of their non-abusing parents.

Of the 13 System Improvement identified above the 8 system improvement categories listed below reflects annual updates that occurred in the Department since June 30, 2012 to the present. These updates are as follows:

1) The Intake Assessment, Screening and Investigation or Reports of Child Abuse and Neglect:

The Department continues to be committed to improvement of child abuse and neglect investigations for the purposes of improving child safety:

- In November 2012 DCFS launched a new improved hotline system. The data reports for the month of April shows that more calls reached a specialist on their first attempt, which is considered critical with informing authorities when a child might be in danger. Since the implementation of this new hotline system fewer callers are reported to leave a message and wait for a return call. This was reported to be a significant problem with the previous 33 year old system that was put in effect in 1980. Illinois was the first state to centralize its hotline with a single toll-free number, 800-25ABUSE, which rings into the Springfield based call center. The IDCFS call center remains among the country's busiest, with annual calls of 250,000. The new modernized hotline system includes dual computer monitors so specialists can take calls, fill out reports and monitor incoming traffic all at the same time. It also allows management to record, measure and monitor the callers wait times.
- Budgetary cuts imposed by the state legislature during the summer of 2012 led to difficult decisions within the Department in terms of how services could best be delivered to families with children at risk. Such budgetary concerns resulted in the elimination of all DCFS intact family caseworker and supervisory positions. Effective August 15, 2012, only those investigations meeting the criteria listed below were eligible to be referred to intact family services and case assignments and all such cases were to be referred to POS providers who had experience in this area and existing contracts with us. These contracts had been historically underutilized.
  - The child subject is 6 years of age or younger;
  - The parent is a former ward;
  - The family's CANTS history is at sequence F or greater;
  - There is an indicated report within the previous 6 months on any household member; and or
  - An indicated paramour is involved with the family

A subsequent restoration of some of the afore noted lost funding resulted in the lifting (i.e. elimination) of the above noted criteria and the creation of approximately 100 "high-risk" intact family specialist positions within the Department. Beginning in April 2013, DCFS began assigning intact family cases that appeared to have the greatest degree of risk to DCFS high-risk intact family positions. The majority of families assessed to be in need of intact family services however will continue to be served by POS providers who partnered closely with

the Department throughout FY13 in an effort to enhance intact family services policies and procedures. The Department redistributed the availability of these services statewide in the private sector to match geographic demand.

- 2) Creating and improving the use of multidisciplinary teams and interstate, interagency, interstate and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse and neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;

The Department continues to interact with a variety of stakeholders to determine how best to meet the changing needs of the child welfare communities in Illinois. The Citizen Review Panels is one of several of the Department's multidisciplinary teams that play a vital role in helping to improve outcomes for children and families in the State. In FY13 the Department assigned a coordinator whose role is to oversee all the multidisciplinary teams and groups in the Department. In establishing multidisciplinary teams, DCFS has involved members from the public who are knowledgeable in child abuse and neglect prevention, intervention and research. The overarching goals of the multidisciplinary teams are to provide a means to facilitate the pooling of information and to provide consistency in approaches and strategies for the prevention of child abuse cases. These multidisciplinary teams provide a means for the Department and the citizens of Illinois to gain a statewide commitment to preventing child abuse through working together. The Illinois Department of Children and Family Services continues to utilize the Illinois Citizen Review Panels (CRP) that were established based upon federal requirements pursuant to section 106 (c) of the federal Child Abuse Prevention and Treatment Act. The panels' function are to examine the policies, procedures and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which State and local child protection agencies are effectively discharging their child protection responsibilities. These panels are as follows:

- The Children's Justice and Task Force
- The Statewide Citizen's Committee on Child Abuse and Neglect (SCAN)
- The Child Death Review Team (CDRT) Executive Council

Please refer to the Citizen Review Panel Report which is an attachment to the APSR.

- 3) Enhancing the general child protective system by developing improving and implementing risk and safety assessment and protocols, including the use and implementation of the differential response;

A number of system improvement categories continue to better the child protection system in Illinois. In FY13 the general enhancements to the child protective system were as follows:

- Ensuring that 138 critical Child Protection Investigator positions were filled as part of the agency wide major re-organization process. The hiring of these staff will allow for a prevailing front end investigative staff to continue to intercede in the lives of at-risk children and families with a caseload size which allows for quality service;
- Purchasing of cameras for all DCFS Investigators;
- Purchasing of cribs statewide for intact families;

- Revising the Child Endangerment and Risk Assessment Protocol, a key tool for assessing child safety. The revised CEREAP was implemented in the Spring of 2013;
- Identifying and Assessing Level of Safety and Risk Related to Domestic Violence. Assessment of safety and risk is the mechanism that workers must utilize throughout the life of the case to focus their decision-making on the level of interventions necessary to ensure the safety of children. Workers are required to complete a SACWIS/CANTS 17A/DV, Domestic Violence Screen at any phase of a case when domestic violence is identified;
- Revising and updating policy and procedures that results from current laws pertaining to child safety. The revised policy and procedures are available to the public for review;
- Ensuring the continuation of funding (over \$4 million in State funding which includes approximately \$188,293 from the Children's Justice Grant that is provided through annual contract through DCFS) to support 39 Children Advocacy Centers throughout the State to assist in coordinated investigations, victim sensitive forensic interviewing and support services to children who have been physically or sexually abused in 92 of the 102 counties in Illinois;
- Adjusting Providers' contract levels targeted for at-risk families;
- Instituting preventative service to ensure that children at risk of foster care placement remain safely in their homes;
- Working in partnership with Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC), established with University of Chicago, Children's Memorial and Northwestern Hospitals and the Division of Child Protection, to increase its scope to include assessments of child victims of not only head trauma, but also fractures and burns. MPEEC currently covers children reported to the hotline, aged 0-3 years and residents of the City of Chicago. Additionally, when subjects of an investigation fit the criteria for acceptance at the point of intake, the investigation is simultaneously transmitted to the field and MPEEC to offer a coordinated, efficient and competent medical response to allegations of child abuse and neglect. If an Investigation Specialist determines after initiating the investigation that a child fits MPEEC criteria, the Investigation Specialist will make the referral. MPEEC will also render second opinions for children who may not necessarily fit the location and age criteria, on a case-by-case basis. The Department is also exploring methods to expand the consortium statewide and;
- Ensuring that the provisions of referrals for in-home services are available so that children remain safely in their homes when possible and appropriate.

The Illinois Differential Response was implemented statewide as pilot on November 1, 2010 and the report was submitted to the Children's Bureau and is available on the CFRC website. Illinois Differential Response pilot was completed July 2012.

- 4) Developing and updating the system of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange

The implementation of the Statewide Information System continues to be a great benefit since the Department relies significantly on data to plan for future projects and initiatives. While most of the Department's informational systems are developed in-house, the Department does work with outside entities such as university partners.

The IDCFS system captures a great deal of child welfare data that is used to determine outcomes for individual families served by the agency as well as to validate program effectiveness, enhance program development and project implementation.

SACWIS system continues to enhance applications and provides updates to several functional areas in the system. SACWIS supports all aspects of the Division of Child Protection (DCP) as well as over 2,300 Purchase of Service (POS) providers' casework from intake to post-adoption and family connectedness services. This allows for increased maintenance and monitoring of DCP cases.

- 5) Developing, strengthening, and facilitating training including training regarding research-based strategies, to promote collaboration with the families; training regarding the legal duties of such individual; personal safety training for case workers; and training in early childhood, child and adolescent development:

The Department's Division of Clinical Practice and Professional Development continue to work in partnership with the division staff to set priorities for annual trainings and staff development based upon Best Practice models. State policies and procedures continues to be developed to ensure child welfare staff receives training that promotes competency in the principles stated in the Illinois' Child and Family Services Plan (CFSP) for child safety, permanency and well-being. These concepts and practices are built through a community-based Learning Collaborative Model. The Learning Collaborative approach to training remains mandatory for all staff following its implementation. The Learning Collaborative model does not replace traditional training methods but is intended to assist with improvement of quality, effectiveness provisions and availability of trauma—informed intervention service delivery. DCFS is committed to on-going training for frontline staff and ensuring compliance of 20 training hours per each two-year cycle. The training plan for the Division of Child Protection is designed for skill building, practice improvement and enhancement to the department overall safety and risk. 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. Some key FY13 trainings that were pertinent to this system improvement category were as follows:

- Child Protection Skills Training: This training supports the skill and ability of child protection investigation staff to implement the Department Rule and Procedure, Part 300. Training is conducted via train-the-trainer model of delivery utilizing designated child protection management staff utilizing web meeting and on-line technology. Training occurs at the work team level with the direct participation of the supervisory staff.
- Critical Thinking in the Assessment of Child Safety: This module supports the skill and ability of all DCFS and POS agency child protection and child welfare casework and supervisory staff to learn and apply a critical thinking model to the gathering and analysis of child safety assessment information. The module also implements the use of the Child and Adolescent Needs and Strengths (CANS)

instrument to record and document the assessment of risk, as distinct from the immediate threat to safety resulting from maltreatment. This training ensures that the following key case work practice issues are addressed: The quality of the initial and ongoing assessments of risk and safety, including the use of formal and informal assessment tools; monitoring safety plans, quality of assessment and engagement during investigations, monitoring safety for in-home cases, quality of risk and safety assessment at case closure and the identification of needed services.

- Child Endangerment and Risk Assessment Protocol (CERAP): This module supports the skill and ability of staff to use the enhanced safety assessment protocol to conduct the assessment of child safety. This module will also instruct staff on the use of the upgrades to the SACWIS information system to both record and analyze safety assessment information, and to record and document the safety plan in support of controlling safety threats and preventing repeat child maltreatment. Staff will also learn how to use SACWIS as a tool in documenting the CERAP safety assessment, CANS Risk Assessment, and other automated enhanced case planning and assessment tools. Training was conducted for all DCFS and POS agency staff. Future training will be conducted using the Departments web-meeting technology. This will enable staff to have hands-on experience with the changes to the SACWIS system.
  - Supervisory Training to Enhance Practice (STEP): This training serves to support the Department's mission and goal to integrate and sustain practice and service change through a field-based, hands on training, coaching and support model provided to direct service child welfare supervisors. The goal of STEP is to enhance the professional capacity of supervisors in the areas of casework and clinical guidance, teaching and team development, systems/data management and leadership.
- 9) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and the basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;

The Department continues to work in partnership with Illinois Abandoned Newborn Protection Act, or "Safe Haven Law," to improve public education for reporting confidential legal relinquishment of an unharmed infant within seven days of birth to staff at Safe Havens such as police and fire stations and emergency medical facilities which serve to assist the state in reporting abuse and neglect.

The Citizen Review Panel members continue to work diligently to improve the child protection system at state and local levels. Panel members have the individual responsibility to serve as a representative of DCFS in their local communities. Members of the Illinois panels are educated on their responsibilities through the CRP Orientation Guidebook which delineates various citizen review responsibilities and provides members with practical information on the operation of various committees. The members have approached their responsibilities with dedication and resolve and they serve as an integral part of the Department's outreach to communities throughout the State. Each helps educate the public about the roles and responsibilities of the child protection system and the basis for reporting suspected incidents of child abuse and neglect. Importantly, the Citizen

Review Panels continues to ascertain the impact of current procedures and practices upon children and families in communities.

DCFS continues to make available a handbook called *Protecting the Children: A School Administrators' Guide to Child Welfare Services in Illinois*. The book was published by DCFS. It utilizes materials from the "Manual for Mandated Reporters" and reframes the content for public and private educators. It describes how DCFS responds to Hotline reports made by school personnel and how DCFS investigates reports involving alleged abuse by a teacher or administrator. *Protecting the Children* was updated and reprinted. A special training about DCFS policies and mandated reporting was prepared by the Office of Legal Services and the Cook County Suburban Office of Education and delivered to over 300 schools and administrators.

On April 1, 2013, DCFS joined forces with Prevent Child Abuse Illinois and other non-profit organizations to kick off Child Abuse Prevention Month in April. The IDCFS played an active role in celebrating Child Abuse Prevention Month across the State. Prevent Child Abuse Illinois, in partnership with DCFS, hosted three Child Abuse Prevention Month "kick-offs" – one in Chicago, Springfield and Mt. Vernon. This year Director Calica announced that we celebrate the countless Illinoisans who give, volunteer and act each year to stop child abuse and neglect ensuring safe loving homes and brighter future for all children. Director Calica further states this includes thousands of professionals at DCFS and our nonprofit partners who rise every day with a single purpose: ensuring the safety, permanency and well-being of children. Over the last eight months, DCFS has received, investigated and acted upon the report of an abused or neglected child every five minutes, child sexual abuse every two hours, and the death of a child by abuse or neglect every day-and-a-half. In partnership with child welfare agencies across the State, we serve more than 78,000 of those families each year.

Director Calica further stated that our success in that mission relies heavily on others. Families, friends, mandated reporters and the public must report abuse and neglect. Delivering needed services requires parents who are willing to follow-through on safety plans and adhere to court orders, as well as a strong partnership with State's Attorneys, judges and guardians. Families across Illinois must take the first step and decide for themselves to provide a loving home through foster care or adoption. According to Director Calica, our success also depends on the support of lawmakers in the General Assembly.

These Child Abuse prevention events continue to be an orchestrated opportunity to broadcast the importance of child abuse prevention through various forms of media. Prevent Child Abuse developed and distributed a Child Abuse Prevention Month Calendar. The calendar contains notices of a variety of events that occurred across Illinois to celebrate Child Abuse Prevention Month. Prevent Child Abuse Illinois interfaces with DCFS, private agencies, domestic violence, substance abuse service providers, education, and public health and law enforcement to identify family support services available in each region and facilitate cross training. Prevent Child Abuse Illinois is able to objectively identify barriers that may exist and work along with local networking groups and service providers so that families have better and quicker access to the prevention, support, and case management services that they need. Prevent Child Abuse Illinois works to build networks of support for families through their interaction with all LANS in Illinois, as well as the Illinois Family Violence Coordinating Councils throughout the state and many

community groups. Prevent Child Abuse continues to be an excellent resource in educating the public about child abuse and neglect issues in our State.

The Child Death Review Team Executive Council continued to promote one major campaign aimed at reducing child fatalities. The Campaign, Your Baby Belongs in a Crib Not a Casket, is aimed at reducing infant deaths related to the caregiver and infant receiving services. The brochure, Safe Sleep for Your Baby, from the National Institute of Child Health and Human Development, and, following the recommendations set forth by the American Pediatrician (AAP) urges caregivers to room share and not bed share with infants. A total of 11 billboards were placed across the State in the following Illinois communities: Marion, Mt. Vernon, East St. Louis, Urbana, Rockford, Springfield, Rockford, Springfield, Rock Island, Joliet, Kankakee, Aurora and Quincy.

On January 10, 2013 the Illinois Department of Children and Family Services did a press release announcing that “Illinois Child Deaths Skyrocket in 2012: Suffocation by neglect was the top cause of Deaths in indicated neglect and abuse cases.” Child deaths caused by neglect or abuse skyrocketed in 2012 according to end-of-year analysis by the IDCFS. Neglect or abuse was indicated in the deaths of 90 children in 2012, according to investigations already completed by DCFS, with more than 60 recently reported deaths still under investigation. Indicated child deaths occurred in equal numbers in Chicago, the suburbs, and downstate Illinois; 69 percent of victims never saw their first birthday.

Suffocation by neglect was the leading cause of death in 2012, involved in 40 indicated deaths (44 percent) caused by unsafe sleep conditions. Most deaths occurred when parents, ignoring the advice of the American Academy of Pediatrics and safety experts, slept with a newborn or infant in their bed, rolling over on the child in the night and smothering him or her. In other instances, parents ignored safety warnings and allowed a newborn or infant to sleep with a blanket, on an adult mattress or couch, or on their stomachs, suffocating the child. Although the deaths might have been accidental, Illinois law holds parents and other caretakers accountable for creating a substantial risk of injury to child, and DCFS indicates perpetrators for neglect.

“The death of any child is heartbreaking, and even more so when that death may have been avoided if parents had just followed the warning of their doctor,” said DCFS spokesperson Dave Clarkin. “We hope that other parents will learn from these losses and heed the warnings of experts.”

DCFS launched a public awareness campaign to educate parent of the risks of unsafe sleep in 2012, and the Department hopes to expand those efforts in 2013. Clarkin says health care providers, particularly hospitals, pediatricians and nurses are leading advocates for the Safe Sleep Campaign, but other needs to be engaged, and the message must be reinforced by friends, family and grandparents in particularly.

On April 29, 2013 the Chicago CAC hosted a press Conference at the Chicago Daley Plaza acknowledging Child Sexual Abuse Prevention Month, recognizing the role of public partners as first responders to sexual and physical abuse cases and calling on Mayor Emanuel to form a Child Abuse Response Task Force to review and recommend improvements for the city’s child abuse response system. Simultaneously, Chicago CAC hosted a one-day public art display entitled “We Exist.” Featuring silhouettes and close-up of children’s faces, the exhibits English and Spanish 8-by-8-foot banners to raise awareness

about the realities of child abuse in Chicago, as well as the services Chicago CAC provides to victims. The scale of artwork made for great video and photo opportunities. The press conference was held because thousands of children are sexually and physically abused in Chicago each year, and they need help. Nationwide, an estimated 1 in 5 girls and 1 in 10 boys are sexually abused before turning 18, but nearly 60 percent of these cases go unreported. By raising awareness and sharing survivors' stories, Chicago CAC encourages adults to recognize and report suspected abuse.

The Press conference speakers consisted of:

Chicago CAC Executive Director Char Rivette, MSW, LCSW

Director of Illinois Department of Children and Family Services Richard H. Calica, LCSW

Executive Director, Mayor Office of Public Engagement at City of Chicago Felicia Davis

Adult Survivors of sexual abuse- available for interviews, if requested

10) Developing and enhancing the capacity of community-based program to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;

The Department continues to keep to its commitment to reinforce parental involvement and shared leadership strategies between parents and professional. Across Illinois, parents are engaging in lively, real conversation to keep their family strong. Work to date continues to be well received by parents and professionals. The capacity of community based programs to integrate shared leadership is expanding very quickly. The conversations are called Parent Cafés, and they are transforming parenting education and efforts to prevent child abuse. Parent Cafés are driven by the knowledge that parents can, must, and do tap into their wisdom and resources in order to strengthen their own families. Trained Parent Hosts and parents gather in small groups to explore questions that really matter to them. Questions that they genuinely want answered that deal with:

- Taking Care of Yourself
- Raising Strong Children
- Building Strong Relationship with Your Children

Through these meaningful conversations, parents are working to build six protective factors that benefit their families: (1) strength and flexibility, (2) friendship with other parents, (3) knowledge of child development, (4) supportive services, (5) the ability to help their children communicate and (6) give the love and respect they need. At the Parent Café, parents go from question to question as they move from table to table. Every parent participates in gathering and sharing the group's wisdom and connecting diverse experience. Together they listen for patterns, insights and deeper questions. Over the course of one or more evenings, parents harvest and share collective discoveries that unlock doors to transformation. Planning meetings are occurring to better coordinate the rapid requests for Parent Cafes involving a variety of topics across the state. Parents are encouraged to build close connections with other parents, so they are able to learn and share with others, and work together to build a healthier community.

To gain additional insights into what our grantees supported with CAPTA and CBCAP funds have told us about Integrated Shared Leadership Strategies at the

neighborhood level please review the most recent copy of the Illinois CBCAP 2013 Grant Application.

- 12) Supporting and enhancing interagency collaboration among public health agencies; child protective service system, and agencies carrying out private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse and neglect; including support prompt, comprehensive health and developmental evaluations for children who are subject of substantiated child maltreatment reports.

The Basic State Grant funding continues to be utilized to support some portion of the IDCFS community-based programs for the prevention and treatment of child abuse at the neighborhood level. These community-based programs will be discussed in the next section which discusses how the Basic State Grant funds were used alone or in combination with other Federal Funds. Also, the Department's Annual Progress and Services Report further identifies and discusses the various ways in which the IDCFS is addressing the health needs, including mental health needs of children identified as victims of child abuse and neglect; including prompt comprehensive developmental evaluations for children who are subject of substantiated child maltreatment reports.

Revisions to CAPTA in 2004 required the determination of eligibility for Part C services for abused and neglected children under the age of 0-3. In Illinois the Division of Clinical Practice and Professional Development ensure that the social/emotional behavior and developmental needs of our children and families are identified and addressed. The Early Childhood Developmental Screen program conducts developmental screenings on all children ages 0-3 who come into the care of the IDCFS. These screenings are conducted with the children by specially trained master's level developmental screeners. The division also operates several clinical assessment programs, houses the Office of Trauma Informed Practice, provides professional consultation to casework and supervisory staff in order to support critical decision-making, and conducts psychiatric hospital discharge and care planning on targeted youth.

The Illinois Differential Response was implemented statewide as pilot on November 1, 2010 and the report was submitted to the Children's Bureau and is available on the CFRC website. Illinois Differential Response pilot was completed in the state July 2012.

**Describe how CAPTA state grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan (section 108 (e) of CAPTA).**

The CAPTA Plan calls for an integrated approach with other division staff, other state agencies and collaborative partners from across the State. These established partnerships assist Illinois with making a better use of its resources to improve outcomes for children and families that results in a more comprehensive, coordinated and effective child and family service system.

It is acknowledged that no single agency or system can successfully undertake all of the broad tasks and initiatives that encompass child welfare today. Rather these activities necessitate collaboration and cooperation. This calls upon service providers, community members, and government agencies to be creative in thinking about these issues and designing action plans.

IDCFS realizes that working in cooperation with other human service providers we are best able to integrate services that provide the kinds of support that families need to reduce the stressors that often lead to child abuse and neglect. DCFS' continued vision has been to establish programs that are an integral part of a statewide network of community-based prevention efforts that are designed to improve safety, permanency and well being of children and families.

As a condition of meeting the eligibility requirement set forth under the CAPTA Grant a Children's Justice Act Grant (CJAG) is made available to States on an annual basis according to provisions of the Victims of Crime Act of 1984 and the Violent Crime Control Act of 1994 as set forth in the Child Abuse Prevention and Treatment Act (CAPTA). The U.S. Department of Health and Human Services, Children's Bureau, Office on Child Abuse and Neglect is the federal agency that administers CJA grant awards to the states. DCFS is the State agency appointed by the Governor in Illinois to apply for and manage the CJA grant.

To this end, in an effort to joint plan and blend state and federal resources the Children Justice Grant Administrator; the Children Justice Task Force (CJTF); the Community-based Child Abuse Prevention Grant Administrator; the Citizen Review Panels and the CAPTA Grant Administrator continue to play an active role in the planning process organized within the Department for developing a consolidated plan which contribute to the Department's FY2010-FY2014 Child and Family Services Plan to meet requirements for the integration of Title IV-B, Title IV-E and CAPTA services to achieve safety, permanency, and well-being of children. The CAPTA Basic State Grant funds continues to be used alone or in combination with a blend of state and federal funds supported through one or more of the funded initiatives: Community-Based Child Abuse Prevention Grant (CBCAP), the Children Justice Act Grant (CJG), State Counseling Dollars, State Child Abuse Grant (SCAG) and or other Federal sources to promote evidenced-based community-based child abuse prevention and intervention programming.

As of June 30, 2012 several DCFS employees retired unexpectedly. This includes the Children Justice Grant Administrator who was responsible for supervising and managing the 38 children Advocacy Centers for well over 20 plus years. Additionally, another DCFS staff that oversaw several of the Chicago Children Advocacy Center contracts also retired. The retirement of these two employees has resulted in some of their responsibilities being shifted to the CAPTA Grant Administrator. The CAPTA Grant Administrator is now responsible for monitoring and supervising some of the Children Advocacy Centers and the Medical Resource Center contracts that were previously supervised by the retired staff(s) in our division. The current Children Justice Grant Administrator and the CAPTA Lead will continue to work collaborative since the CAPTA and the Children Justice Grant jointly funds the 3 Medical Resource Centers in Illinois.

Since 1996, the IDCFS has steadily expanded funding for the support of Children's Advocacy Centers. There are now 39 Children's Advocacy Centers in Illinois which provides coordinated investigation, interviewing, and support services to children who have been physically or sexually abused. These 39 CAC's served child victims in 92 of the 102 counties in Illinois.

The Children's Justice Grant in partnership with the Basic State Grant has assisted in developing and promoting 3 medical resource centers for the specialized examination of child abuse victims. Links have been established with major medical schools or children's hospitals to provide leadership, training, and outreach. The Pediatric Resource Center (PRC) in Peoria, a program of the University Of Illinois School Of Medicine at Peoria, has written protocols for examining child abuse victims, has prepared residency curricula in child abuse, and has trained numerous medical, social service, and investigative personnel throughout the state. The PRC has also researched state-

of-the art information on the latest medical equipment and data systems needed to serve victims of sexual and physical abuse.

In rural Southern Illinois, the Children's Justice Grant and the Basic State Grant have funded the medical resource network for the 34 counties of the DCFS Southern Region. The Medical Resource Centers has recruited, trained, and mentored additional physicians and nurse practitioner to serve the children of the region.

DCFS in the mid 1990's began collaborating with several Cook County hospitals that reported large numbers of children with suspected abuse and neglect injuries to form hospital-based child protection teams. DCFS established the role of the Child Protection Hospital Liaison (CPHL) in order to enhance communication between DCFS child protection investigators and the hospital-based teams (which included medical personnel from a variety of departments). With a team approach, the child's medical injuries/needs and the potential allegations of abuse and neglect could be better assessed during the stages of an investigation.

The Department operates on the premise that families and children are best served in the communities in which they live. This is accomplished through an array of services provided by local agencies and carefully selected by the families to meet their individual needs. These services are directed towards handling of services for the prevention of child abuse and neglect.

The Matrix Chart below identifies activities carried out with the Basic State Grant and is fully elaborated immediately following the pages after the Matrix Chart.

**MATRIX CHART OF FUNDED ACTIVITIES UNDER THE BASIC STATE GRANT**

- A. The Children Place Association.
- B. The Chicago Children’s Advocacy Center Multidisciplinary Education and Evaluation Consortium (MPEEC)
- C. Chicago Children’s Advocacy Center: Mental Health Program / Network of Treatment Providers (NTP).
- D. Lydia Home Association: Safe for Children Home: Supported with other DCFS State Funds. The CAPTA Grant Administrator monitors the program.
- E. Illinois Central College: Growing Together Parenting Education program for both mothers and fathers and their children and families living in the largest housing project in the city of Peoria.
- F. Menard County School & Community Task Force: Rural Family Services program: Serving families in Christian, Logan, Mason and Menard Counties
- G. Family and Children Aids Network (FCAN).
- H. Hamdard Centers for Health & Human Services.
- I. Illinois Respite Coalition promoting Respite from a Lifespan Perspective.
- J. Funding for Statewide Respite Coordinator w/fringes/ benefits and travel reimbursement
- K. Springfield Community Federation
- L. Children Pediatric Resource Centers 3 location in various regions in the state
- M. The Parent Place/Peer-to-Peer Parenting Education & Support
- N. La VOZ Hispanic and Support Services
- O. The Children Home + Aid Program: Parents Care+ Share program (CHASI)
- P. United Methodist Children’s Home-Family Voices Building Stronger Communities for SILANS
- Q. Prevent Child Abuse Illinois
- R. Hobby Horse House
- S. Portable Cribs
- T. Supports to the Citizen Review Panels
- U. Community-based programs to integrate Parents as Leaders
- V. Partner Abuse Intervention Program
- W. Cameras for Investigative Child Protections Staff
- X. Enhancement to Mandated Reporter Training
- Y. DCFS Staff Training & Reimbursement
- Z. Child Abuse Prevention Training at the community level
- AA. . Child Protection Staff Paid from the Grant.
- BB. Contractual Support staff/no fringes or benefits.

A. **The Children’s Place Early Learning Center**- The program provides specialized daycare and early education for children affected by HIV/AIDS or other health or developmental conditions. The services provided are an important element of the safety net for highly vulnerable HIV/AIDS-affected families. The program is licensed and accredited to serve 60 children per day ages 3 months to five years. Program activities are designed to promote cognitive and developmental progress while promoting emotional and social growth to both caretaker and child. The families are very low-income and at high risk for child abuse and/or neglect. The Center protects children’s safety and well-being by

providing age-appropriate education, ongoing assessment of developmental progress, on-site nursing care that includes regular checkups and contact with doctors, nutritious meals during the day, and a secure, nurturing environment. The program promotes permanency by providing families with services that prevent children's placement in substitute care, including parent training, counseling, support groups, permanency planning and other assistance that maintains and strengthens the functioning of families.

**B. The Chicago Children Advocacy Center (CCAC)** is the lead program and fiscal agent for the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) that provides multidisciplinary investigations and expert medical opinions for cases of severe physical abuse for children, age 0-3. The CCAC operates under a partnership governed by a Memorandum of Understanding between the non-profit Chicago Children's Advocacy Center, DCFS, CPD, Cook County State's Attorney's Office and Cook County Health & Hospitals System. In operating MPEEC, the CCAC contracts with three Chicago hospitals that employ Child Abuse Pediatricians and have Child Protection Teams, including Children's Memorial Hospital, John H. Stroger, Jr. Hospital of Cook County, and University of Chicago Comer's Children's Hospital.

**C. The Chicago Children's Advocacy Center (CCAC)** also operates a Mental Health Program which provides services for children, ages 0-17, who are victims of sexual abuse/assault and their parents/caregivers. Characteristics of its client population include:

Gender: 77% female and 23% male  
Race: 55% Latino, 40% African-American, 5% Caucasian  
Age: 0-5 = 20%, 6-12 = 60%, 13-17 = 20%

Based on information provided by families to program staff, the CCAC estimates that 80% of families served are low-income. The majority of Latino children, and particularly their parents/caregivers, request or require services in Spanish. Services are provided to DCFS and non-DCFS clients. Individual/family therapy sessions are one hour in length. Case management services are provided by therapists for each client as needed, including arranging for transportation to and from the CCAC. Additionally, child care services are provided in the CCAC's Child Life Program for siblings and/or other children living in the client's home. Services provided with DCFS promote permanency by maintaining, strengthening and safeguarding the functioning of families primarily to ensure the safety and wellbeing of children, but also to facilitate the healthy development of children who have suffered sexual abuse. The services focus on the provision of trauma-informed, evidence-based psychotherapy services for children, age 0-17, and their parents/caregivers.

A majority of the program's clients are victims of multiple trauma experiences in addition to sexual abuse, such as physical abuse, neglect, community violence, family mental illness, death of family or friends, and poverty. The ITCT therapy model focuses on not only addressing trauma resulting from sexual abuse, but also on addressing additional trauma from other experiences the child or adolescent may have had.

As a result of unmet mental health needs the Chicago area CCAC Mental Health program along with other service providers formed a **Network of Treatment Providers (NTP)** called the **PATHH Collaboration** which is governed by a Memorandum of Understanding in partnership and collaboration with other nonprofit agencies uniting and working together to serve abused children and their families in order to broaden and bridge access to mental health services. The Chicago Children's Advocacy Center (CCAC) is the lead agency and

fiscal agent of the PATHH Collaboration. Agencies participating in the project includes: Uhlich Children's Advantage Network (UNCAN); Catholic Charities, Center for Contextual Change; Community Counseling Center of Chicago (C4); YWCA Rise Children's Center; La Rabida Children's Hospital-Chicago Child Trauma Center; Juvenile Protective Association (JPA); Chicago Children's Advocacy Center (CCAC); Children's Research Triangle; Jewish Research Triangle; Jewish Child and Family Services and Lurie Children's Hospital.

**D. Lydia Home Association: Safe for Families Home Program**

Lydia Home is not supported out of the Basic State Grant however is supported with DCFS counseling dollars. The CAPTA Grant Administrator oversees and monitors the program to ensure compliance and that goals and objectives are being met. Safe Families for Children (SFFC) is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need support to care for their children. The SFFC movement is a perspective/concept that the safety and health of children in our communities is all of our responsibilities, and that the birth parents are the key to providing that safety for their children. SFFC is about strengthening and supporting parents so they can be safe families for their own children.

The voluntary and non-coercive nature of Safe Families for Children is a hallmark of the program. Parents in crisis are able to place their children in safe homes without worrying about losing custody of their children. They are encouraged to be actively involved in their children's lives and participate in all decisions regarding their children. Safe Families are Screened and approved similar to foster care. The program accepts referrals from DCFS investigators, intact family workers (both DCFS and Purchase of Service), Child Abuse Hotline, differential response program, Family Advocacy Centers, Child Welfare Services Intake program, and the DCFS Teen Parenting Program. Safe Families also takes referrals directly from parents and other community providers. Safe Families for children directly address prevention of substitute care placement and ensure the safety and wellbeing of children. It also relies on the majority of the protective factors: knowledge of parenting of child and youth development, parental resilience, social connection, concrete supports for parents and social and emotional competence of children. The program also provides the following service: placement of children in a Safe Family, case coordination and referrals, parent mentoring, monitoring and supporting children who are staying with relatives, and youshare.org. – An expansive resource network of goods and services. Additionally, the following services are available as needed: psychological evaluations, parental competency evaluations, day care, individual counseling and parent-child interaction therapy.

**E. Illinois Central College: Growing Together Program:**

Illinois Central College enables students to reach their educational potential and to serve as a resource for the educational and cultural needs of the community. Harrison Primary School (K-5) is dedicated to the development of the whole child. Through professional development and high expectations of the learning community, students engage in an active, risk-free learning environment. These supports enable students to develop learning habits that will prepare them to become life-long learners as well as productize citizens. The Growing Together Program was started in 1990 as a partnership between Illinois Central College and Harrison Primary School for the purpose of providing a programs designed to help prevent and reduce child abuse and to help young women regain custodial care of their children who for various reasons have been taken from them. The program continues to evolve and develop and in 2011 began serving men. The Growing Together Program is

designed to provide services to (1) help parents develop a deeper understanding of their children and themselves that will enable them to raise their children in a more positive atmosphere, (2) raise the self-esteem of participants, (3) enable parents to learn to take charge of their lives (4) increase parents' knowledge of basic developmental patterns affecting the physical and emotional growth of their children and (5) reduce the number of low income children placed in foster care due to neglect and abuse. The overall outcome of this project is for participating fathers and mothers to gain a more positive self-image and thus be better equipped to take charge of their lives and create an atmosphere of family stability and security for their children. The children benefits from a greater sense of self worth, enhanced educational and social skills, and improved communication between parent and child that will better enable them to cope with their family.

**F. Menard County School and Community Task: Rural Family Services Program serving families in Christian, Logan, Mason and Menard Counties:**

The mission of the Rural Family Services program is to assist families in their natural care giving roles. This includes supporting and encouraging them to solve their own problems, as well as directing them to or providing the resources to do so. In this way, families raise their sense of self-worth, leading to greater, more independent future successes. With these supports, families are better equipped to raise emotionally healthy children, while contributing to their community. A team of family advocates work in each county in a direct service capacity with children and families in need. This work is done in the client's home, in the community, or at the children's school. In addition to these supports for the families, each child who is served by a family advocate is also being paired with a teen mentor while at school.

Rural Family Services began in 1997 as Tri-County AmeriCorps, a joint project between the Department of Children and Family Services and the Task Force to bring an AmeriCorps program to rural, Central Illinois.

Rural Family Services, as the program is now called, serves beneficiaries in the geographic regions of Mason, Menard, Logan, and Christian counties. Within the myriad of services offered through this program are:

- Parenting Education provided by an experienced, master's degree level parenting educator.
- Parent support groups to further address the needs of the parents, as well as to work on skills learned in parenting education.
- One-on-One intensive parenting education and support, in coordination with the parenting education and parent support groups, to ensure that once they have the skills, they are able to practice the skills and home the skills to their specific needs in real life situations.
- Any family referred to our agency for parenting support also has access to the whole range of mentoring, advocacy, and tutoring services offered by our agency, should their case warrant it.
- Resource referrals to address any additional unmet needs not already being addressed by Rural Family Services but identified in the process of our parenting education work with the family.
- The program provides crisis assistance need to help those families with urgent needs and or environmental problems that create barriers for families.

**G. Red Ribbon Trails Support Programming for HIV Impacted Families-** *The goal of easing family isolation:* Red Ribbon Trails offers a new opportunity for many families who are extremely isolated. Many have not met another family affected by HIV until they come to camp. They come from rural and urban areas in which HIV family support services simply do not exist. Many drive hundreds of miles for medical care, so that local professionals and others will not learn of their HIV status. Many fear the stigma of HIV, and experience discrimination if their status is known or even suspected. Many families return to this program year after year—and many children have literally “grown up” with Red Ribbon Trails. Red Ribbon Trails gives them a safe place to be, to share information, and to create lasting memories.

*Enrollment:* Many different types of families attended, including families with positive parents, grandparents raising grandchildren orphaned by HIV/AIDS, and foster and adoptive families. Twenty-four HIV-affected families, including 28 adults and 47 children and teens attended the camp. While most of the families live in the Chicago-Cook County area, families came from across the state. Campers were enrolled from 7 of the 8 Illinois HIV CARE Consortia. They came from Sangamon, Winnebago, Macon, Champaign, Jackson, and many other Illinois counties, villages, towns and cities. Most families are minorities, and almost all live in poverty.

*Statewide planning and collaboration:* A statewide steering committee of skilled professionals and consumers met via teleconference for several months to develop programming for the camp. Camper families also provided group input regarding camp sessions and activities that they wanted to attend. In addition, a Parent Advisory Committee met at the end of camp to focus on current and future programming and provide feedback.

*Programming:* Forty-four volunteers, staff and collaborators from across the state contributed their time, energy and resources to this retreat. Therapeutic and educational collaborators offered programming designed to address the stigma and isolation that many HIV-affected families experience. Sessions targeted the unique needs of each group based on age and level of HIV awareness. Session content ranged from play therapy for younger children to health education and creative writing for teens to parent debriefing, and adherence for adults. Recreation was designed, so that each age group had opportunities for fun through a variety of outdoor and indoor camp activities, including, sports, socializing, and arts and crafts. All retreat activities--including retreat opening and closing ceremonies, a family movie, garden party, swimming, and “Celebration of Life” ceremony--gave families opportunities to spend time and have fun together. In addition to programming for families a variety of programming and training exercises were held prior to the start of camp to help prepare volunteers for Red Ribbon Trails.

*Evaluations:* Camp evaluations were overwhelmingly positive. Young children especially enjoyed crafts and spending time with Daisy the Clown. Older children enjoyed the equine therapy sessions, music and photography. Teens enjoyed sessions on creative writing, soccer and photography. Adults gave high ratings to sessions on creative writing and performance, yoga and art. Family activities that were rated highest included the talent show and ice cream social. The opportunity to interact with other HIV-affected families was especially meaningful to campers and was noted on many of the evaluations. One camper enjoyed camp so much that they stated, “It was an amazing experience!”

**H. Hamdard Center for Health and Human Services:** Hamdard a not-for-profit organization established in 1992, as a proactive response to address the critical needs of the South Asian, Middle, Eastern and Bosnian communities. The

program serves intact families who are at risk of formal involvement with the child welfare system. Services promote permanency by maintaining, strengthening and safeguarding the functioning of families and ensuring the well-being of children by providing: 1) individual and group counseling, 2) supervised visitation and anger management classes, 3) psychiatric and primary health care 4) translation and interpretation services in over one dozen languages including: English, Arabic, Urdu, Hindi, Gujrati, Punjabi, Telegu, Bosnian, Serbian, Croatian, Russian, Tagalog and Spanish, 5) services for victims of domestic violence and their children including crisis intervention, emergency shelter, the provision of basic needs such as culturally-appropriate food and personal care items, transitional housing, advocacy, counseling, case management, and translation/interpretation 6) case management including assistance with applying for public benefits, 7) employment counseling, 8) academic tutoring and skill-building through the after-school youth development program and 9) outreach and education to the community.

**I. Illinois Respite Coalition:**

The Illinois Respite Coalition (IRC) is dedicated to increasing public awareness of the importance of “Lifespan Respite”, promoting education and training for users and providers of respite services; and advocating support for families by insuring universal access to quality respite services for the resident of the State of Illinois. The Coalition meets quarterly with Illinois families, caregivers, and respite providers to communicate and collaborate about ways to increase public awareness of the importance of respite services. These meetings facilitate dialogue that promote education and training for users and providers of respite services; and advocate support for families and providers by ensuring universal access to quality services for the resident of the State of Illinois. Respite offers parents and all caregivers an opportunity to revitalize their energies and enhance their abilities to perform care-giving tasks and avoid burnout. Respite services reduce family stress, the risk of abuse and neglect, feelings of depression, residential and hospital placement and other out-of-home placements. This saves public funds, increases feelings of well being, encourages community and peer contacts, and fosters family social activities. As a result of the Lifespan Respite Grant the following activities have been implemented in Illinois:

- The Illinois Respite Coalition website continues to be expanded to centralize respite services for caregivers and providers. The number of respite providers has increased on the website to over 1,000 annually.
- A map of Illinois has been integrated on the IRC website where respite services can be located and accessed by county.
- Links to various agencies have been enhanced to make the site more user-friendly.
- A separate “Emergency Respite” tab was added to the website, to enable users to retrieve information on the Emergency Respite Program and download forms directly from the website to access the services.
- The Calendar of Events page continues to be expanded to include special trainings, conferences and exhibitions occurring throughout the State of Illinois.
- A tracking tool has been installed through Gmail that provides a detailed report on the number of “hits” to the IRC website.
- The IRC submitted the Lifespan Respite Grant application for FY14
- Emergency Respite funding was established in the state to assist caregivers in paying for emergency respite services. In order for families to have access to the Emergency respite funding.

- An Emergency Respite Authorization form is available on the IRC website at [www.illinoisrespite.org](http://www.illinoisrespite.org) under the Emergency Respite Care Services tab. A caregiver or an individual acting on behalf of a caregiver can download the forms and submit an emergency respite request to the IRC. The IRC is in a position to review and respond to emergency respite request within a 48 hour period.
- One challenge faced during the project implementation phase two was the limited amount of funding that was initially allocated ( \$5,000) for emergency respite funding. It became clear that this was not enough funding. To this end, a decision was made to increase the Emergency Respite Care Services allocation to \$60,000 for Illinois families.

**J. Statewide Respite Coordinator:**

As part of a statewide initiative to develop a coordinated effort to ensure respite care for all families in Illinois, the Illinois Respite Coalition is dedicated to promoting education for users and providers of respite care, increasing public awareness of the importance of “Lifespan Respite”, and advocating support for families and providers by ensuring universal access to quality respite services for the residents of the State of Illinois.

**K. Springfield Community Federation-**

The Springfield Community Federation (Family Connection) is organized exclusively for education and charitable purpose to improve the lives and life outcomes of the disadvantaged children and families in the Springfield/Sangamon County, Illinois area. The Federation, since its inception, was designed to be more than a mere advisory group planning body, or coordinating council. Its goal was utilize the combined influence of both public and private sector leaders to make strategic decisions and recommendations on how services should be provided and funded. The Federation has evolved into that vehicle. The Federation adopted the strategy of strengthening the family support network by alleviating poverty, while simultaneously addressing the much larger and complex society issues. The Springfield Community Federation continues to find innovative ways to provide human services to children and families in Springfield. Specific services are provided directly and indirectly through the Brandon Court Resource Center. Program outreach is throughout all of Sangamon County. Additionally, the Federation is involved with the development of several statewide initiatives that educate and promote public policies which will improve the well being of low income families and children in Illinois. Many of these initiatives are intended to deflect individuals from entering into the DCFS or DHS systems. The Springfield Community Federation staff work with families who qualify for DCFS related services.

**L. Support to 3 Pediatric Resource Centers located in various regions in the State-**

The Pediatric Resource Centers (PRC)s are community service programs which provides direct services to suspected child victims of physical abuse, sexual abuse, and neglect in a child-friendly manner and setting. The program provides specialized medical evaluation of children who are reported victims of child abuse or at risk of child abuse. Using a collaborative, multidisciplinary approach, the Children’s Medical Resource Network provides services within a framework of research-based practice, professional development and community education. The core services provided are as follows: recruit and train network physicians and advanced practice nurses to provide medical consultation to DCFS, law enforcement officers, and medical personnel in child abuse investigation either by phone, record review or physical examination of a child. Provide medical advocacy for

children 0-17 who are alleged victim of sexual or physical examination of a child. The programs provide medical advocacy for children 0-17 who are alleged victims of sexual or physical abuse, neglect, or at risk of harm due to exposure to methamphetamine or a methamphetamine manufacturing environment. This includes a comprehensive medical assessment, evaluation and diagnosis. Case coordination of each child identified health needs. The programs also provides appropriate and timely follow-up on targeted medical services for each child. Documentation of finding to referral source and data tracking of each child served. The health care providers consult on difficult cases or when medical needs are identified and provide parent education and support. The Multidisciplinary staff coordinates investigations, follow-up services; and court preparation and testimony. Each program serves over 229 children annually. Additionally, Medical and social service staff also provide adjunct services to parents, guardians and caretakers. Additionally, they work in collaboration with the many agencies and systems that are involved in a child abuse case.

**M. The Parent Place: Parent Education Program:**

Services through the Parent Place provide parents with child development information to assist them in developing appropriate expectations for their children – reducing the risk of frustration and anger that can lead to child abuse and neglect. The client population at The Parent Place is reflective of the community at large. The program serves clients from all walks of life encompassing all demographics. The staff is extremely diverse and parents themselves-which reflects the program commitment to peer education/support and parent are hired to address the varied needs of the clients. A Bilingual Spanish speaking clients' needs are better served by a staff person who is a mother of 4 and is Spanish speaking. The Parent Place serve a large population of substance-addicted parents-one female and one male Parent Educator at The Parent Place are CDACs to address the specific needs of this target population. In the area of **Child Safety**-The Parent Place provides parents with updated child development information to assist them in developing appropriate expectations for their children-reducing the risk of frustration and anger attributed to unrealistic expectations, which may lead to child abuse or neglect. Participating parents learn techniques to deal with inconsolable crying in infants, whining and other behaviors that incite parental anger. Clients are taught to develop support networks throughout the community and receive referrals and resources to utilize when feeling stressed, enraged or overwhelmed. Emphasis is placed on putting parents in time outs verses children to reduce the risk of harming their children out of anger. Child proofing homes, choosing safe child care and learning and utilizing positive discipline techniques vs. punishment complete the program efforts to keep children safe through positive parenting education. **Permanency** – The Parent Place provides both education and support to create a safe environment for children. Enhanced parenting skills, provide the foundation of a safe, loving home for all children. Clients receives services that focus on child development, school success, acknowledging and meeting the physical, emotional and social needs of their children as the crux of keeping the family intact. **Child and Family Well-being** – Confidant parents with practical tools enjoying parenting and are better equipped to deal with the inherent challenges of raising children. The contract allows for seven MOMS classes and six DADS classes. The classes meet for a total of 18 contact hours each. Childcare and transportation are provided in these classes. Also, Individual Family Coaching provides 62 clients with ten one hour sessions. Clients receiving these services may be developmentally and physically disabled, extremely young, and/ or mentally incapable, of participating in a large group setting. They may have conflicting work schedules, or supervised visits that prevent them from taking the MOMS or DADS class. These clients receive minimally one home visit; many receive all session in their homes. Other clients have needed sessions to be

conducted or based on supervised visits with their children, which requires the parent educator to be in attendance. The Diaper Pantry allows for observation of the family in an unthreatening environment. The Fuzzy Baby doctrine is practiced and clients are made to feel at ease and comfortable in the Diaper Pantry setting. The time is used to assess developmental milestones in the infant/toddler and where needed make referrals to agencies for early intervention and other services. The program project served 800 *DCFS-related* clients. The total number of *unduplicated children* that the program serves annually is 600 and the total number of *unduplicated families* that the program expects to serve is 3,000. On average, the Parent Place serves 600 clients per month.

**N. La Voz Latina's PASOS (Parents Alternate Systems of Support) Program:**

The program was developed by a bilingual psychologist and a bilingual nurse-educator to meet the needs of immigrant Spanish-speaking families who find themselves in a new culture, facing many stresses, without their traditional support system. The services provided through this program focuses on prevention of child abuse and neglect. Parents may voluntarily enroll for services or may be referred by DCFS, the Courts, physicians or other providers. Services include home visiting, assessment, parent education and special events for families. The unique feature of the program is that the language and culture of the Latino population are incorporated into every aspect. All presentations are done in Spanish and include topics such as Our Roles as Parents, Family Communication, Domestic Violence, Child Development, Child Safety, and Managing Stress. The program's goal is to preserve the positive values of the culture of origin while providing educational materials and resources to increase parenting skills and confidence. A family meal, transportation, and day care are provided to participants. Scheduled guest speakers are bilingual physicians, nurses, therapists and other practitioners. The group facilitator involves the families in hands-on activities to practice new behaviors. Booklets in Spanish are distributed after each lesson to reinforce the topics covered. The estimated number of individuals to be served is 160 unduplicated clients, and out of the 160, 80 will be DCFS-related clients. The program projects to serve 40 families.

**O. The Children Home + Aid Program: Parents Care + Share program is a statewide program centered in each of Children's Home + Aid's five regions:**

Northern, Northwest Suburban, Metropolitan, Mid-Central, and Southern. Program Regional Coordinators are located in Rockford, Palatine, Chicago, Bloomington and Granite City and provide services to those communities and well beyond. Besides establishing and maintaining community based support groups, community child abuse prevention programs are also conducted every April, which is Child Abuse Prevention Month. Overall, the Parents Care + Share program projects service to 2200 unduplicated individuals statewide (1300 adults and 900 children). The Parents Care + Share program has regional linkages with DCFS and offers itself as a resource to DCFS clients statewide. The program has instituted a new data gathering form to identify DCFS clients active within the program. The Parents Care + Share program continues to pursue development of Parents Care + Share groups at Strengthening Families Initiative sites. The Parents Care + Share model couples well with the Strengthening Families Initiative—a prevention initiative focusing on relationship building between practitioners and parents in order to identify parenting problems and provide resources before abuse or neglect occur. By establishing and or maintaining three Parents Care + Share support groups, the Parents Care + Share program will enhance the Strengthening Families Initiative in these locations. These sites serve as examples for expanded partnerships between Parents Care + Share and Strengthening Families sites.

**P. United Methodist Children's Home –Family Voices building Stronger Communities for SILANS-** Family Voices Building Stronger Communities for SILAN 's (FVBSC) for SILANS's mission is to increase the number of parents who are active in their community at the local, and regional level to impacts children and family well being. FVBSC strengthens parent leadership at home, at school and in the community. FVBSC for SILAN's provides leadership training for parents-targeting those who are involved with any child welfare services. FVBSC for SILAN's core leadership training is based on the Community Organizing and family Issues (COFI) curriculum which has been replicated in over 30 Parents thus transforming them into Strong Community Leaders. FVBSC for SILAN's has adapted this leadership Training to focus intentionally on building Family Voices Building Stronger Community groups in the Southern Region.

**Q. Prevent Child Abuse Illinois:**

The mission of Prevent Child Abuse Illinois is to prevent child abuse by providing statewide leadership through education, support for community initiatives, and advocacy. Prevent Child Abuse Illinois is the chartered state chapter of Prevent Child Abuse America. The agency seeks to accomplish their mission through the goals of public awareness, partnership, advocacy, education, community outreach, program development, and organizational competence. The Child Abuse Prevention Development Project serves the entire state of Illinois, covering all 102 counties, all DCFS regions and all 62 LANs. The Project Director, 4 Prevention Specialists, a Prevention Associate, and a Healthy Families Illinois Associate provide services. The Prevention Specialists are located within DCFS offices in Cook County, Glen Ellyn, Bloomington, and East St. Louis. The specific areas are as follows:

- Child Abuse Prevention Coalitions;
- Promoting the Protective Factors;
- Addressing the connection between substance abuse and child abuse through support to the DCFS/DASA Collaboration;
- Addressing the connection between family violence and child abuse through support to the Illinois Family Violence Coordinating Council and domestic violence services;
- Child Abuse Prevention Month Leadership and Prevention Awareness Activities; and
- Promoting home visitation programs for new parents.

Prevent Child Abuse Illinois is committed to building grassroots coalitions throughout Illinois to address the needs of local communities. Child Abuse Prevention (CAP) Coalitions bring together community members, parents, health care works, law enforcement, school personnel, social service providers, civic organizations and others interested in preventing child abuse and neglect and promoting healthy communities. CAP Coalitions enhance public enthusiasm for positive family support and engages local individuals and organizations around key prevention activities. Local networking increases financial and human resources, enhances cultural understanding and addresses the needs of each unique community. Child Abuse Prevention Month Activities: were held during the month of April and is a major public awareness event. Child Abuse Prevention Month Community Resource Packets specific to Illinois was posted on the PCA Illinois website and included information designed to help and encourage communities throughout Illinois to participant with Child Abuse Prevention efforts and awareness. Many agencies throughout the state download prevention packets to assist in promoting their own local child abuse prevention month campaigns. Specific outreach to the media occurred to

increase participation at the three launch events. A combine total of 300-500 participants attend the three child abuse event annually

**R. Hobby Horse House: Serving Jacksonville, Quincy, Beardstown, Pittsfield and Green**

**County**-Services provided by Hobby Horse House include several different DCFS regions working in cooperation with the LAN 16 region. Currently programs are offered in Morgan, Cass, Scott, Brown and Schuyler counties. Individuals attend workshops and classes. Also, in-home services are provided in all five counties that coincide with the Jacksonville DCFS Field Office in the West Central Region. All areas served are very rural and much of the time rather poor communities. Many of these counties have difficulties providing services or simply lack the resources due to their locations. The Positive Parenting Program provided by Hobby Horse House has been established for the enhancement of parenting skills of parents from varying walks of life. The curriculum established is focused on a therapeutic, self-exploratory philosophy to increase the parent's knowledge of his/her own history and related feelings. The program strives to increase this awareness in hopes that he/she can better understand his/her own current parenting choices and in the future correct problematic areas and make appropriate adjustments. The Program served over 100 DCFS clients, over 250 unduplicated children and approximately 150 unduplicated families this program year.

**S. Portable Cribs-**

DCFS adopted the position that infants sleep best in separate safe sleeping arrangements resulting in several memoranda and policy guides. To this end, the Department has procured a large number of portable cribs for **investigation** and **intact** families *in the most critical need*. DCFS define "critical need" as a family with a newborn or older infant who lacks immediate financial resources to purchase a crib or comparable safe and separate sleep surface, when the Norman funds may be either exhausted or the family ineligible. An example may be a family with a substance exposed newborn without safe sleeping. Each region will be issued a supply of portable cribs that the Regional Administrator may distribute to sub-regions based upon criticality and population density, as appropriate. Regional supplies will be replenished as needed. All portable cribs tracking forms and documents have been updated for **2012** and *replace all older versions*. These include the *Portable Crib Request Sheet* and *Liability Release Form*. The *Portable Crib Request Sheet* is to be used by the Investigation or Intact Specialist making the request and every field is to be thoroughly completed, including description of the family's need and age of the child for whom the crib is intended. A supervisor or Regional Administrator's (or designee) authorizing release of the crib to the family **is required**. The parent/legal guardian to whom the portable crib is released will be asked to provide a signature on the **Liability Release Form** specifically developed by the Department's Legal Division. This document releases IDCFS of any liability in event of injury in the assembly or use of this specific portable crib. However, all portable cribs procured by the Department meet the U.S. Consumer Product Safety Commission (CPSC), ASTM and JPMA crib safety standards. Regional Administrators must account for the security and distribution of each crib in their region and must maintain a centralized file for copies of Portable Crib Request and corresponding release forms. This is essential for audit purposes. Copies of the completed *Portable Crib Request* **and** corresponding *Liability Release* forms must be faxed or signed copy scanned and emailed to the identify staff person in the Division of Child Protection. Product Safety Commission (CPSC), ASTM and JPMA crib safety standards. Regional Administrators must account for the security and distribution of each crib in their region and must maintain a centralized file for copies of Portable Crib Request and corresponding release forms.

This is essential for audit purposes. Copies of the completed *Portable Crib Request* and corresponding *Liability Release* forms must be faxed or signed copy scanned and emailed.

**T. Supports to the Citizen Review Panels:** The Illinois Department of Children and Family Services continues to utilize the Illinois Citizen Review Panels (CRP) that were established based upon federal requirements pursuant to section 106 (c) of the Federal Child Abuse Prevention and Treatment Act. The panels examine the policies and procedures of state and local child protection agencies. A portion of CAPTA funds continues to be designated for the Citizen Review Panel trainings and travel reimbursement costs. The panels are as follows:

- The Children's Justice and Task Force
- The Statewide Citizen's Committee on Child Abuse and Neglect (SCAN)
- The Child Death Review Team (CDRT) Executive Council.

**U. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between the parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106 (a) (12)).**

DCFS staff and its collaborative partners realize that families are the ultimate consumers of the programs and services supported by federal, state, and local child welfare systems. As the user of these systems, parents' voices need to be heard to expand and to improve services. Effective community-based programs incorporate ongoing parental input, participation and leadership. For this reason, community-based programs that are contractual linked to the Department are strongly encouraged to involve parents as leaders in programming decisions. Parental involvement ensures that new programs are responsive to consumer needs and are designed to directly address gaps in the current system. Parents play vital roles but often need help to make their voices heard. The CAPTA and CBCAP grantees are required to respond to the following question in their quarterly and annual narrative reports: What has your program staff done this quarter to involve parents in meaningful leadership roles within your program?

**V. Partner Abuse Intervention Program:**

The Family Violence Intervention Program, now called the Partner Abuse Intervention Program is a specialized service catering to minority males, especially the immigrant male population from the South Asian, Middle Eastern, Hispanic and Bosnian communities who have committed acts of domestic violence against their spouses or partners. Professionals are trained in the area of domestic violence ensuring they are culturally sensitive to the needs of the target population. The goal of the program is to help individuals to recognize, understand, and ultimately change their abusive behavior. Working toward that goal, the men participate in a psycho-educational program, which consists of a two-hour session per week over a twenty-six week period. Topics dealing with non-violent interactions are discussed, and homework assignments are given. It is the program hope that men who participate in this program will take full responsibility for their behavior and embrace a more egalitarian approach in partnership, respect for the rights of women and develop skills for handling conflict in a non-violent manner.

**W. Cameras for Child Protection Investigative Staff**

DCFS is in the process of purchasing digital cameras for all investigative staff.

**X. Enhancement to Mandated Reporter Training: update the on-line Mandated Reporter training course that is accessed through the Department on-line training system maintained by Western Illinois University.**

The following are highlights of the scope of the work that needed to be performed by Western Illinois University:

- Revise Existing On-Line Course to be compliant with Internet Accessibility requirements for visual and auditory standards;
- Rebuild the present English version to include user account information, including the user ability to bookmark and return to the course, track employer reports, reprint user certificates and track user history for mandated reporters who are required by their employer to annually retake the course;
- Update course content to reflect the program initiative of the Enhanced Safety Assessment Protocol, Differential Response, the allegation of Human Trafficking, and other changes that have occurred in the Abused and Neglected Child Reporting Act and DCFS Rule and Procedures, Part 300 since the present course was completed in 2007;
- Translate the English version to Latin Spanish Language for compliance with Burgos;
- Update the database and reporting framework for both Latin Spanish and English Language users.

**Y. DCFS Staff Training and Reimbursement**

Additional information about Child Death Review Teams is located in the following section of the APSR: [Workforce and Training](#).

**Z. Child Abuse Prevention Training at the Neighborhood level**

This project has an outstanding reputation for providing high-quality professional trainings. Program staff are asked to provide training on many diverse topics related to child wellbeing and positive parenting. The Child Abuse Prevention Development Project continues to present the following trainings:

- The Prevention of Child Abuse and Neglect
- The Signs and Symptoms of Child Abuse and Neglect
- The 6 Protective Factors
- The 40 Developmental Assets
- The Shaken Baby Syndrome Prevention – Train the Trainer
- The Effects of Domestic Violence on Children
- The Effects of Methamphetamine Use and Manufacture on Children
- The Happiest Baby on the Block
- Stewards of Children
- Workers Safety Training
- Response to Intervention
- Positive communication with children

**AA. Child Protection 75 Day Employee Paid from the Grant**

Child protection investigative staff are paid from the grant that provides for reporting of known and suspected instances of child maltreatment; immediate screening, safety assessment and prompt investigation of such reports; procedures for immediate steps to be taken to ensure the safety of a maltreated child (ren) and any other child in the same care

who may be in danger of abuse and neglect; and for placement of child (ren) in a safe environment.

**BB. Contractual Support Staff/No Fringe and or Benefits Included**

At present two contractual employees and one 75 day state employees are paid out of the grant. These individuals' roles and job functions are as follows:

- 1) Project Director for Federal Grants: Administers and manages the federal Child Abuse Prevention and Treatment Act (CAPTA) grant and related activities. Prepare contracts and disburses grant funds to service providers; monitors community-based organization receiving CAPTA funds in relation to provision of service and fiscal policies and practices to ensure compliance with contracts, state, and federal requirements; and collects and analyzes fiscal and client data. Prepares the annual CAPTA grant application and report that is integrated with the Department's Annual progress and services Report (APSR) due each year to the U.S. Department of Health and Human Services, Administration for Children and Family Services (ACR). Also supervise some of the Children Advocacy Center contracts and the 4 Medical Resource programs.
- 2) Children's Justice Federal Grant Administrator: serve as administer of the Children's Justice Federal Grant; the DCFS Manager for the Children's Bureau Diligent Recruitment Demonstration Grant and serve as the contract liaison for Health Family Chicago contract. Duties for the Children's Justice Grant include coordinating and facilitating the work of the Children Justice Task Force and subcommittees as dictated by legislation; providing technical assistance to the task force as needed/requested; writing the annual report; completing the DCFS contract requirements, processing vouchers and preparing and monitoring annual budgets. Duties for the Diligent recruitment federal grant include overseeing and adhering compliance to the federal requirements; working with contracted providers to ensure development and implementation of the grant; monitoring annual budget and drafting all required federal reports. Duties for the Healthy family Chicago grant include monitoring the program annually and completing the contract processes including amendments, vouchers and annual contract.

**Submit a copy of the annual report(s) from the citizen review panels and a copy of the State agency's recent response (s) to the panels and State and local child protective services agencies, as required by section 106 ( c ) (6).**

The Citizen Review Panel Annual Report is submitted in a separate document by the Citizen report Coordinator along with a copy of the letter of the Department's most recent responses.

**CAPTA Fatality and Near Fatality Public Disclosure Policy:**

Section 106 (b) (2) (B) (x) of CAPTA requires states to ensure that they are disclosing information or findings of information about a case of child abuse and neglect which results in child fatality or near fatality. IDCFS Procedure 330.70 ensures that when the State discloses information to the public that at a minimum the following information is included:

- The cause and circumstances regarding the child fatality and near fatality;
- The age and gender of the child;

- Information describing any previous report of child abuse and neglect that is pertinent to the abuse or neglect that led to the child fatality or near fatality
- Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality;
- The result of any such investigations; and
- The services provided by the State and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality.

**Finally, to facilitate ongoing communication between the Children’s Bureau and States on issues relating to CAPTA the contact information for the State Coordinator and the State Liaison Officer is as follows:**

The Lead Agency Identifying information is as follows:

**State Liaison Officer (SLO)**

Deborah McCarrel  
Chief, Bureau of Operations  
406 E. Monroe  
Station #70  
Springfield, Illinois  
Phone (217) 785-2509  
E-Mail: [Deborah.McCarrel@illinois.gov](mailto:Deborah.McCarrel@illinois.gov)

**CAPTA Project Director for Federal Grants**

Regina Young  
100 W. Randolph  
Suite 6-300  
Chicago, IL 60601  
Phone (312) 814-6964  
E-Mail: [Regina.Young@illinois.gov](mailto:Regina.Young@illinois.gov)

## **Chapter IV**

### **Programs and Services Addressing Safety, Permanency and Well-being of Children**

#### **A. Safety**

##### **Child Protection**

###### **Approaches and Challenges**

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. Concurrent with our investigation, DCFS assesses and ensures the safety of all children in the home. Whenever needed, the agency and our nonprofit partners offer and monitor voluntary services that allow the children to remain in the home safely.

When remaining in the 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 either unavailable or inappropriate for a child's needs, we rely on a broad spectrum of licensed foster families and specialized residential centers to provide a temporary safe haven with the care, nurturing and love they need and deserve until they can return home safely.

###### **Key Child Protection Indicators**

- Hotline calls in FY 2012 resulted in 65,963 family reports and 106,236 alleged child victims, an increase of four percent from FY2011;
- There were 16,972 indicated family reports during FY 2012, a four percent increase from FY 2011, and 28,825 indicated child victims, a three percent increase;
- The department took Protective Custody of 4,454 children in FY 2012, an increase of 61 children or 1.3 percent over FY 2011;
- Always Intact Family cases declined by 434, or 8.5 percent, to 4,639 in FY 2012.

###### **Critical Challenges**

As reports of child abuse and neglect rise, it is critical that we maintain a sufficient number of Child Protection Investigators to keep caseload ratios within the safe range recognized by child welfare experts and mandated by the BH Consent Decree. As the department fills the investigator positions made possible by the General Assembly's recent funding restoration, we hope to meet the critical need for additional bilingual staff to serve Illinois' growing Latino population.

The Department completed the pilot demonstration for a dual approach which is Differential Response (DR). The Division of Child Protection's responsibilities included completing on-line questionnaires and delivering (in-person) surveys to families randomized as part of the demonstration project. The data on the effectiveness of this dual approach pilot demonstration is currently being prepared by the University of Illinois Children and Family's Research Center.

Because staffing levels in some parts of the state were critically low, this dual approach further impacted staffing levels for Child Protection. Child Protection employees had the option to opt for a DR temporary job assignment of up to 18 months leaving the front end positions vacant. As a result, there was often no staff to shift for purpose of providing temporary coverage. The focus of the Department is to restore staffing levels for Child

Protection in an effort to keep every child that comes to the attention of the Department safe. The Department's approach to DR is being reevaluated to ensure the most effective use of its resources.

**Serving Children Safely – Program Highlights**

Over the past four years, the Department has received more than one million calls to our child abuse hotline. Whenever possible, DCFS provides services that enable at-risk children to remain safely in their homes. When removal is necessary, we make every effort to provide services, monitored by the courts, to ensure the child's safe return. In addition to our Intact Family Program, Family Centered prevention programs, Community Based child abuse and neglect prevention programs and Child Welfare Services intake programs administered directly by DCFS provide additional tools to ensure children have the safe, loving homes they deserve and avoid removal. As the age and the geography of the children served by the Department changes, the agency continues to shift resources and look for providers of services in regions of the state where caseload volume is increasing.

**Service Measures for Protective Services**

Units of Service	FY12 Actual	FY13 Estimated	FY14 Projected	13-14 Change	13-14% Change
Child Abuse/Neglect Hotline Calls	253,444	256,300	257,110	810	0.3%
Family Reports of Abuse or Neglect	65,963	67,216	67,429	213	0.3%
Child Reports of Abuse or Neglect	106,236	108,892	109,236	344	0.3%
Indicated Family Reports	16,972	17,223	17,278	55	0.3%
Indicated Child Victims	28,825	29,549	29,643	94	0.3%
Intact Family Caseload	4,639	4,972	4,853	-119	-2.4%
Family Cases Closed	10,234	8,600	8,554	-46	-0.5%
Families receiving Emergency Cash Assist.	3,044	2,300	2,300	0	0.0%
Families receiving Housing Locator Services	1,636	1,300	1,300	0	0.0%

**FY2014 Request**  
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Type of Expenditures	FY12 Actual	FY13 Est. Exp.	FY14 Projected	13-14 Change	13-14% Change
Child Protection Regions. (GRF)	98,973.7	97,496.7	101,352.8	3,856.1	4.0%
Children's Advocacy Centers (GRF)	1,982.8	1,961.9	1,961.9	0	0.0%
Children's Advocacy Centers (CSF)	1,398.2	1,398.2	1,398.2	0	0.0%
Purchase of Children's Services (CSF)	1,048.2	1,314.6	1,314.6	0	0.0%
Cash Asst. & Housing Service (GRF)	1,093.6	1,357.5	1,357.5	0	0.0%
Cash Asst. & Housing Service (CSF)	1,932.9	2,071.3	2,071.3	0	0.0%
Federal Child Protection Projects (FPF)	5,056.6	7,395.0	9,695.0	2,300.0	31.1%
Child Abuse Prevention (CAP)	185.3	500.0	500.0	0	0.0%
Protective/Family Maint. Day Care (GRF)	25,592.0	24,580.2	24,580.2	0	0.0%
<b>Total</b>	<b>137,263.3</b>	<b>138,075.4</b>	<b>144,231.5</b>	<b>6,156.1</b>	<b>1.7%</b>

### **Working to Ensure Success**

The success of the child protection system in Illinois depends on a strong system of: screening reports, a properly assessed “front end” investigation, effective use of investigative tools and service delivery. This continuous striving for improved, successful and sustained change is a driving force within the Department, resulting in a complete overhaul of our 32 year-old Child Abuse Hotline system this fall and the addition of 138 Child Protection Investigators as part of the agency-wide reorganization plan.

In addition, the Department continues to invest necessary resources in the “front end” of the service delivery system. This past year we have significantly intensified our intact family services by the addition of special High Risk intact positions within the department, enhancing the private sector delivery of intact family services, and front loading the services so that involvement with families is directed at short-term interventions.

When a call to the hotline does not rise to the level of abuse or neglect, but identifies a family in distress and in need of services to ensure children are safe, the Child Welfare Intake referral system extends preventative services throughout the state to provide services to at risk families. This initiative, as well as the use of voluntary, short-term, out-of-home care plans provided by the Safe Families program when appropriate and our newly-revised Family Advocacy Centers reduce the number of children removed from home. The slow, but steady decline in repeat maltreatment can be an indicator of such a positive outcome.

The Division of Child Protection (DCP) works closely with various divisions within the Department to serve families with special needs including: substance abuse; domestic violence; deaf or hard of hearing children and family members; LGBTQ family members, and children with developmental delays.

Through other divisions, DCP has the ability to request Clinical staffing meetings, as well as Clinical nurse consultations. There is also close collaboration with the Early Learning and Head Start programs as this division works to improve educational needs of children 0-6 and beyond. Lastly, in coordination with the Training Division, staff development is provided through learning collaboratives and other training methods. These effective resources within the Department help to ensure the safety, well-being and permanency of the children served.

In addition to coordinating services with other divisions in the department, the Division of Child Protection also works closely with Child Advocacy Centers (CACs) and other community resources. In particular, CACs help provide a multi-disciplinary and comprehensive response to victims of sexual and serious physical abuse. The Division of Child Protection also collaborates with CACs to ensure front-line staff is trained in innovative approaches to investigation and preventing child abuse.

### **Family Focused Trauma Informed Strength Based Enhanced Practice**

The FTSEP model is an initiative to strengthen the Child Endangerment Risk Assessment Protocol and to implement an integrated model of practice for addressing Safety, Assessment, Early Intervention/Prevention, Permanency and Family Reunification

In 2012, DCFS and private agency staffs were trained on the enhanced model, which focuses on critical concepts of safety rather than how to use the form. Fundamental areas of training encompass critical thinking, protective capacities, and protective factors, etc, as workers learn to identify threats in each of these domains. Safety threats are behaviors or conditions that may be

associated with a child being in immediate danger of harm. Caregiver protective capacities are defined as strengths that control or prevent threats of harm from affecting the child. In the past, staff associated the safety factors with the allegations. In the enhanced safety model, allegations are used but all threats are evaluated before a child victim can be assessed as safe or unsafe. This enhanced model allows employees to adopt a holistic approach when evaluating aspects of well being and safety of children. The enhanced model was implemented in three phases:

1. Enhanced Safety Model- The Concept;
2. CANS Risk Assessment- Investigation staff only; and
3. SACWIS Computer Webinar- Learning the system.

It should be noted that the Federal government requires investigation staff to complete risk assessments with the CERAP. The Department already utilizes the Child Adolescent Needs Strengths (CANS) assessment for Intact and Placement teams. It was decided that Investigation staff will utilize aspects of the actual CANS items to assess risk. As a result, a number of CANS elements were employed to develop the CANS Risk, which will be consistent with the full CANS already completed by the Intact and Placement teams.

### **Child Intake and Recovery Unit**

The Child Intake and Recovery Unit is now comprised of Child Assignment Placement Unit (CAPU), Emergency Reception Center (ERC), Shelter and Child Location and Support Unit. The Child Intake and Recovery Unit (CIRU) within the Department of Children and Family Services is responsible for providing support to children needing to access temporary shelter placement, tracking/monitoring children missing/returning to care and opening cases in SACWIS. CIRU staff is available 24/7 to address and respond to any of the areas mentioned below at 866-503-0184.

Specifically, CIRU supports field staff and external sources by providing the following:

- Provide consents (routine, medical and psychotropic)
- Provide medical card number
- Assist law enforcement in the identification of minor (ward)
- Complete CFS 1900's form (walk-ins in after hours situations)
- Issue pertinent forms from missing children database for completion by field staff
- Complete weekly internal searches (Public Aid, Jails, Claims and SACWIS notes)
- Communicate with law enforcement agencies regarding missing minors
- Communicate with the National Center for Missing and Exploited Children
- Open children cases in SACWIS for disrupted POS Intact families
- Check and review case opening packet prior to forwarding for case opening

### **Human Trafficking**

In response to human trafficking concerns, the Department:

- Established (2) human trafficking child abuse/neglect allegations and completed approximately 150 investigations of alleged human trafficking
- Drafted human trafficking procedures for casework and investigative staff
- Developed a Human Trafficking Implementation Plan which includes statewide training for all direct service staff and foster parents; preventative presentations and materials for youth; a media campaign; and standardized methods for the identification and reporting of trafficked youth
- Established a Statewide Human Trafficking Coordinator to develop and implement human trafficking procedures; provide support to field staff;

- serve as a liaison to law enforcement and monitor trafficked youth
- Established a Human Trafficking Workgroup to guide and evaluate the Department's response to human trafficking

## **Children's Advocacy Centers**

The 37 Children's Advocacy Centers (CACs) across the state serve 92 of 102 Illinois counties. There are 32 centers distributed across downstate, some serving multiple counties, while five are located in Cook County. CACs were initially created to meet the special needs of children who have been sexually abused, but over the past seven years they have also been authorized by state statute to assist with the investigation of child deaths and serious child physical abuse cases, including head injury, internal injuries, broken bones, burns, and bruises. CACs play a critical role in coordinating the activities of various agencies (particularly DCFS, law enforcement, State's Attorneys, medical providers, and mental health providers) involved in the investigation, prosecution and treatment referral of serious child abuse cases. Some CACs also offer services to assist children who are victims of family violence, severe neglect, human trafficking, and internet-based sexual exploitation.

In FY 2012, 7.7% of all indicated child abuse or neglect reports involved sexual abuse, a slight increase from the 7.59% represented by FY 2011 sexual abuse reports. The Children's Advocacy Centers received 9,433 referrals for sexual abuse investigations during FY 2012 compared to 8,774 referrals for FY 2011. The referrals represent an increase of about 8% for FY 2012 over FY 2011. Statistical increases noted for the first 5 months of FY 2013 indicate that this increase will likely be sustained. There were also 1,097 cases (1,076 cases in 2011) of serious physical abuse referred to the centers for coordinated investigation and services, bringing the total referrals of children for FY 2012 to 10,530.

CACs expanded services during FY 2011 in order to provide services to ten counties that were previously unserved in the mostly rural counties of the central and southern regions of the state. Efforts are ongoing to provide services to the remaining ten counties in Illinois that lack access to a Children's Advocacy Center. A statewide organization, the Children's Advocacy Centers of Illinois, is based in Springfield and works in partnership with the local centers to strengthen policy development and protocols; track outcome measures for children and families; organize multidisciplinary team trainings; promote achievement of accreditation standards; and assist with financial management. Most of the Children's Advocacy Centers receive locally-based funds through appropriations made by the counties or townships. The Department, other state agencies, and national organizations supplement the local funding.

## **Substance Affected Families**

Abuse of alcohol and other drugs are frequent accompaniments to incidents of child abuse or neglect. The Department's intervention with substance-affected families (SAF) is a collaborative effort between DCFS and the Division of Alcoholism and Substance Abuse (DASA). DASA is located in the Illinois Department of Human Services (DHS).

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

- Child protection investigators must complete a substance abuse screen for all adults in a household when child abuse/neglect is reported. The screening instrument describes for physical signs and symptoms that may indicate substance abuse.

- Child protection and child welfare staff must refer parents or caregivers for assessment and treatment when indicated.
- Enrollment of preschool children who are members of an intact family in protective day care.
- Collaborative monitoring of progress by the DCFS and DASA staff, including weekly home visits.
- Urine and toxicology testing when clinically appropriate.
- The provision of education and treatment services to the individual's children and other family members.
- Back up child care plans.
- Ongoing risk assessment, including for families who are making satisfactory progress in treatment.
- Completion of the AODA (Alcohol and Other Drug Abuse) Recovery Matrix.

Additional information regarding AODA services is located in the following sections of the APSR: [Title IV-E Waivers](#) and [The Children and Family Research Center](#).

## **Programs that Support Family Stability**

### **Strengthening Families Illinois**

Strengthening Families Illinois, which was convened as an early childhood / child welfare child abuse prevention coalition by the Illinois Department of Children and Family Services from 2004-2011, has been a leader in the national Strengthening Families™ movement. Among its contributions:

- Making the Strengthening Families protective factors accessible to parents through a parent-to-parent public awareness campaign called Love Is Not Enough to Keep Your Family Strong
- Creating the original model for parent cafes and training more than 704 people in Illinois on facilitating and hosting cafes
- Researching and adding a sixth protective factor – nurturing and attachment/parent-child relationships
- Developing a comprehensive training sequence for embedding the protective factors into early childhood programs
- Developing evaluation tools

In 2012, due to the state's fiscal crisis and resulting budget cuts, the primary prevention portion of SFI lost its funding. However, protective factors-building, family strengthening efforts are continuing within the SFI partner organizations. Strengthening Families Illinois is currently being convened as a voluntary collaboration of its partners by Beth Lakier / One Hope United and Kathy Goetz Wolf / Be Strong Families. See [www.strengtheningfamiliesillinois.net](http://www.strengtheningfamiliesillinois.net). One Hope United (OHU), co-convenor of Strengthening Families Illinois, provides both child welfare and early childhood services and is cross-training all staff on the Protective Factors. OHU is concentrating this year on developing ways to measure outcomes for its Strengthening Families efforts.

In 2012, a new, protective-factors-based organization emerged in Illinois. The staff team working on Strengthening Families Illinois for the past seven years launched a 501 c-3 organization called Be Strong Families (BSF) which is working nationally to strengthen families from the inside out and assist human service providers in working with families in strengths-based, family-centered, trauma-informed ways. In Illinois, Be Strong Families is working to build Be Strong Dads – a Strengthening Dads Initiative. It is using Parent Cafés as a foundation for a violence prevention

initiative in 21 Chicago / Cook County communities and has recently published an activity-based workbook for parents called *Living the Protective Factors: Journey to Being a Tight, Loving, and Fabulously Strong Family*.

Finally, beginning in the second quarter of this fiscal year, BSF has had a contract with the Illinois Department of Children and Family Services to build 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. BSF has developed a support program for parents whose children are in substitute care called *Get Real About Getting Your Kids Back* – a three-hour workshop, three-one-hour booster sessions, weekly positive check-in with a coach, and daily inspirational text messages. It has also developed a new resource for newly reunified families called *The Parents Get Real Guide to Keeping Your Kids at Home*. BSF provides on-line resources for foster parents including [bestrongfosterparents.com](http://bestrongfosterparents.com) and a vibrant Facebook page and provides parent cafes and early childhood information for teen parents who are wards of the state. BSF is also using World Café process to build the YouthThrive protective factors known to promote positive adolescent development for youth in the care of the child welfare system.

### **Norman Emergency Cash Assistance and Housing Locator Service**

Norman Services provide assistance to families who have children who are in danger of coming into DCFS care (or cannot be returned home from department) care due to lack of food, clothing, housing or other basic human needs. The program provides the following three services:

- Cash assistance to purchase items needed to care for the children that the client cannot afford to purchase themselves;
- Assistance finding housing;
- Provides a waiver to allow families to apply for Temporary Assistance for Needy Families (TANF) so that children in DCFS custody can be returned home within 90 days.

### **Family Centered Services Initiative**

Family Centered Services are offered to a family when risk to the permanency and well-being of the family first becomes apparent. Their purpose is to provide support and intervention to the family before removal of the children becomes unavoidable and imminent. Through this initiative, the state is able to continue its efforts to transform the child welfare system (public as well as private components) into a child-centered, family-focused, community-based system that is integrated with local resources and is responsive to community needs. Most of these services are reimbursable from a federal grant: Promoting Safe and Stable Family programs. The funding for Family Centered Services is \$16.49 million in FY13 and is budgeted for the same amount in FY14. Funding is included for family preservation, family support, family advocacy centers, adoption promotion and support, and time-limited reunification.

It is important to note that both families referred by the Department and families not yet known to the Department, but believed to be at risk of eventual abuse or neglect, are served in the same community programs. These programs support families regardless of their legal relationship to the Department, and thereby strengthen both the families and the social fabric of the communities in which they reside.

## **Family Preservation Services**

Family Preservation Services include services provided to intact families, families being reunified, and adoptive and subsidized guardianship families. They include crisis intervention, counseling, home-based services, family and individual risk assessment/risk monitoring, family and individual service assessment, service/treatment planning, casework and case management services, parenting training, day care services, partnered service linkage with public agencies (including the Department of Human Services, the Department of Healthcare and Family Services, school districts, public health and medical services), referral and linkage to continuing community services, and limited emergency cash assistance. These services are offered only when the child's safety in the home can be assured. If the child's safety is in question, the child is placed into a foster home or the home of a relative who can assure the child's safety.

Family preservation services are directed toward ensuring the child's development, safety and well-being in his or her home; preventing placement or reducing the time a child is away from the family. Funding for Family Preservation services is \$21.036 million in FY13 and is increased by \$2.572 million in the FY14 budget, to \$23.608 million. As the DCFS intact family caseload has been significantly reduced, additional funds in this line are needed to assure that intact family services are still available to the families who need them most through our private agency network of providers.

## **Extended Family Support Services**

Family Extended Family Support Program (EFSP) provides services to stabilize the home of a relative caregiver who has been caring for their relative's children for more than 14 days. The services are 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 stabilize the household.

## **Child Maltreatment/Deaths**

The death of a single child due to preventable causes serves as a powerful reminder that there is much to be done to protect children from harm. The latest figures indicate there were 1436 *total* child deaths in Illinois in 2012. Almost 500 of these deaths were not natural deaths and many of these deaths were preventable. Child Death Review Teams reviewed 270 of these deaths and have 63 cases waiting for review.

Nine regional Child Death Review Teams (CDRTs) were established by Illinois statute in 1994 and implemented throughout the state in 1995 in an effort to better understand the reasons for child deaths. The teams are multi-disciplinary and include a representative from each of the following disciplines: Pediatrician, Representative of the Department of Children and Family Services, State's Attorney or State's Attorney Representative, Representative from local law enforcement agency, Psychologist or Psychiatrist, Representative of a local health department, Representative of a school district or other education or child care interest, Coroner or forensic pathologist, Representative of a child welfare agency or child advocacy, Representative of a local hospital, trauma center or provider of emergency medical services, Representative of the Department of State Police.

The CDRT annual report is presented to the Governor, the Illinois Legislature, and other interested parties in a continued effort to understand and reduce preventable child deaths in Illinois. Recommendations often bridge more than one area, focusing on a specific case that has

implications for preventing future fatalities through changes in DCFS policy, other system policy and public awareness.

Since the implementation of the child death review process, individuals and agencies responding to child deaths have come to understand the importance of a coordinated, multi-agency response. Recommendations from the CDRTs have helped to develop, streamline, and implement better practices regarding child safety. Prevention recommendations encourage strengthening of public awareness campaigns related to child health, safety, and welfare, and other mechanisms for preventing child deaths.

The child death information that is reported to NCANDS is gathered through information input into the SACWIS system by direct service staff based on information they have received from medical examiners/coroners/law enforcement staff, etc through the investigative process. In FY2012, DCFS received 44 reports alleging Death due to abuse, and 30 (68.2%) were indicated. DCFS also received 164 reports alleging Death due to neglect and 67 (40.9%) were indicated.

Additional information about Child Death Review Teams is located in the following section of the APSR: [The Children and Family Research Center](#).

## **Population at Greatest Risk of Maltreatment**

Each year IDCFS publishes the DCFS Annual Statistical Report on child abuse and neglect. The information available in this report identifies the population of children who are at greatest risk of maltreatment. The report is available at the following link:

[www.state.il.us/dcf/docs/DCFS\\_Annual\\_Statistical\\_Report\\_FY2012.pdf](http://www.state.il.us/dcf/docs/DCFS_Annual_Statistical_Report_FY2012.pdf)

In addition, IDCFS has developed the following prevention/public awareness campaigns as well as initiatives based on information gathered through this process:

- Safe Sleep for Your Baby
- Get Water Wise...Supervise!
- Fire Safety
- Never Shake a Baby Campaign
- Home Safety Checklists
- Paramour Policies
- Parent resources available on the IDCFS website for prevention of child abuse and neglect: [www.state.il.us/dcf/PreventingChildAbuseandChildNeglect/index.shtml](http://www.state.il.us/dcf/PreventingChildAbuseandChildNeglect/index.shtml)

## **B. Permanency Approaches and Challenges**

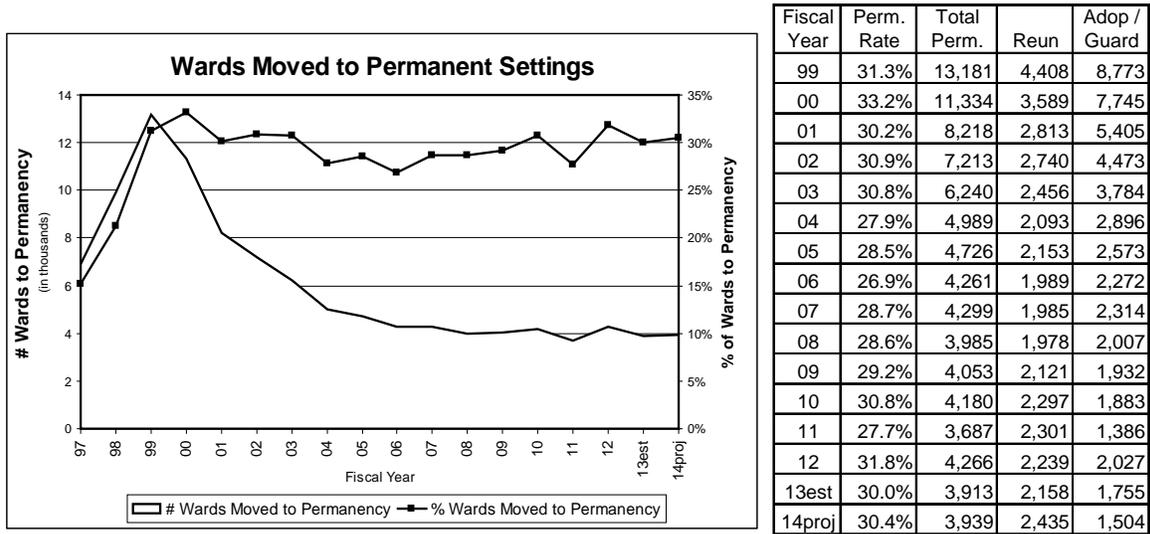
While prevention efforts are a critical component of child welfare practice, there are, nonetheless, those times when the safety of children requires their removal from their home environment. While removing children from their parents may be necessary to ensure their short term safety, research shows very clearly that there are serious consequences when children are not reunified with their parents as quickly as possible. Therefore, the Department's priority for children who are removed from their home is to reunite them with their families whenever possible and as quickly as possible. Department and private agency staff become engaged with parents to assist them in making the positive changes necessary to remediate the safety issues that cause their children to be removed from the home in the first place. A concurrent plan is developed with all children placed in substitute care settings to ensure a permanent life plan is ready for them if reunification becomes

impossible. All children need permanency, whether it is with their natural family or with another resource willing to be their family support for the remainder of their lives.

When children are removed from the home they are placed in substitute care living arrangements appropriate to their individual needs and in as close proximity to the parents' home as possible. Department representatives work closely with the substitute care providers to ensure that the children are receiving the services necessary to provide for their well-being, including appropriately dealing with the trauma of separation from their families. The substitute care providers work together with parents of the children to assist with visitation and reunification efforts. The Department supports many varied services and programs focus on children in our care.

### The Record: Securing Permanency for Children

Immediately below is a graph and table showing a 16-year history of child permanency rates, as well as estimated rates for FY13 and projected rates for FY14.



Fiscal Year	Perm. Rate	Total Perm.	Reun	Adop / Guard
99	31.3%	13,181	4,408	8,773
00	33.2%	11,334	3,589	7,745
01	30.2%	8,218	2,813	5,405
02	30.9%	7,213	2,740	4,473
03	30.8%	6,240	2,456	3,784
04	27.9%	4,989	2,093	2,896
05	28.5%	4,726	2,153	2,573
06	26.9%	4,261	1,989	2,272
07	28.7%	4,299	1,985	2,314
08	28.6%	3,985	1,978	2,007
09	29.2%	4,053	2,121	1,932
10	30.8%	4,180	2,297	1,883
11	27.7%	3,687	2,301	1,386
12	31.8%	4,266	2,239	2,027
13est	30.0%	3,913	2,158	1,755
14proj	30.4%	3,939	2,435	1,504

### Key Permanency Indicator

The rate at which children are moved to permanent settings is projected to be 30.4 percent in FY2014, which is slightly above the FY13 estimate and an encouraging indicator that service quality and outcomes continue to improve. Thanks to improvements in prevention and supportive services enabling children to remain safely in the home, an increasingly smaller percentage of children are being removed from the home and placed in substitute care. As a result, those children now entering the system have proportionally greater severity and complexity of challenges. That in turn presents a far greater challenge to the child welfare system in FY14 and moving forward, and maintaining the same permanency rate indicates a continuing improvement in services in a more challenging environment.

**Service Measures for Permanency**

<b>Units of Service</b>	<b>FY12 Actual</b>	<b>FY13 Estimated</b>	<b>FY14 Projected</b>	<b>13-14 Change</b>	<b>13-14% Change</b>
Reunifications	2,239	2,158	2,435	277	12.8%
New Subsidized Adoption Cases	1,724	1,433	1,254	-179	-12.5%
Total Subsidized Adoptions	23,996	23,082	21,736	-1,346	-5.8%
Families receiving Adopt/Guard. Pres.	1,215	1,300	1,350	50	3.8%
New Private Family Guardianship Cases	303	322	250	-72	-22.4%
Total Subsidized Guardianships	3,494	3,246	2,886	-360	-11.1%

**Initiatives to Assist with Permanency Achievement**

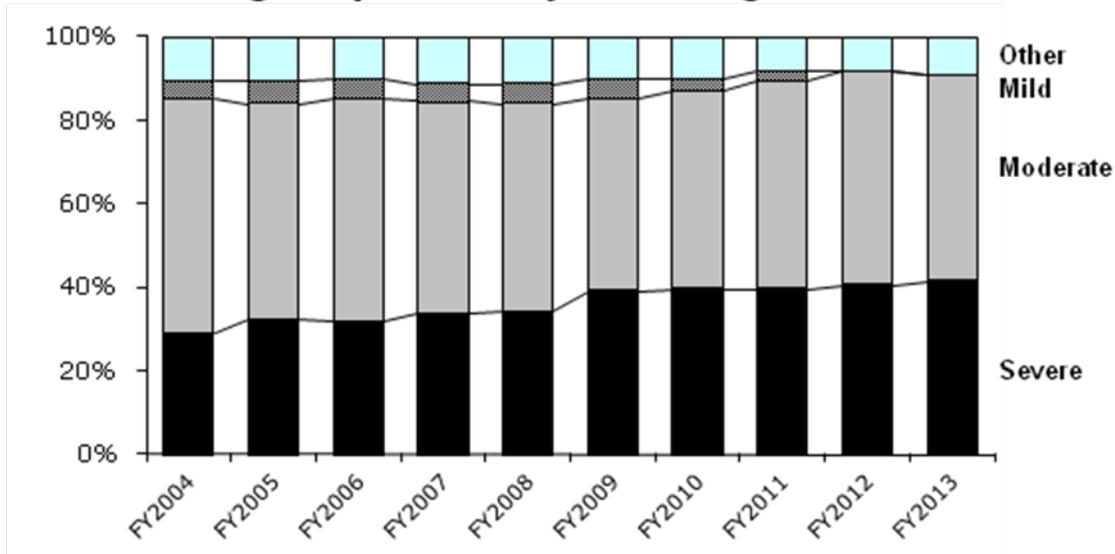
**Residential Treatment Services**

Residential treatment is provided to youth who consistently demonstrate severe emotional and behavioral disturbances such that the youth’s family or current or previous caregiver cannot safely manage or adequately respond to the youth’s needs with community-based supports and services. A primary goal of residential treatment is to provide an intensive level of services sufficient to rapidly stabilize acute risk issues of youth and enhance their emotional, behavioral and social functioning. Residential treatment simultaneously focuses on building the capacity of the receiving caregiver through involvement in treatment and linkage with community services and supports of sufficient intensity through which treatment will continue post discharge. 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 that level of restrictiveness may be placed in community group home settings. Group homes are also staffed by professional child care staff who provide daily therapeutic services but the youth attend community schools.

Although the majority of children entering substitute care in FY 2012 were under the age of five, 35 percent of the children who remain in substitute care are age 12 and over. The shortage of loving families willing and able to provide a loving home for older youth through adoption or guardianship creates a systemic challenge. The difficulties all teenagers face can compound the behavioral health challenges some child victims face. And those who enter substitute care with special medical needs are slower to exit. While the overall capacity of the residential care system is adequate, the Department continues to work to develop placement resources for the hardest to place youth.

The comparison chart below illustrates a continuing trend towards high-end care in residential services. In FY2004, 29% of the youth placed in residential treatment care required high-end services. In FY2013, an estimated 42% of the youth placed in residential treatment care will require high-end services. Note that in FY2012 the level of treatment need has increased so much that the “Mild” disturbance category of children in residential treatment has essentially disappeared.

## Residential Caseload (10 Years) Serving Proportionally More High End Cases



### Residential Transition and Discharge Protocol

The Residential Transition and Discharge Protocol is designed to improve the placement stability of children and youth after they are discharged from residential treatment programs. The protocol establishes a framework that continually focuses on transition and discharge planning throughout the residential stay and into the next setting. There is an emphasis on team decision-making and on establishing connections to the family, community and across levels of care. The Residential Transition and Discharge Protocol must be utilized with any of the following residential transitions:

- Planned moves to more restrictive residential programs;
- Lateral moves between similar residential programs;
- Moves from a residential program to an adult program;
- Step-downs from a residential program to a residential program with less intensive services, including moderate residential programs or group homes;
- Step-downs from a residential program to TLP/ILO programs;
- Step-downs to Specialized Foster Care placements;
- Step-downs to Traditional Foster Care placements;
- Step-downs to Home of Relative placements; and
- Reunification and transition to the Home of Parent.

### Clinical Intervention for Placement Preservation (CIPP) program

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

### **Centralized Matching Teams**

The purpose of the Centralized Matching Team (CMT) is to facilitate, expedite and support the placement of children and youth in a stable placement with the capacity to provide, or to access, timely and effective services. The team members consist of staff from the Bureau of Operations, Support Services. CMT staff participate in CIPP meetings to provide expertise around placement resources. Their aim is to bring their knowledge of services and placement resources, that participants may not be aware of, to the meeting with the goal of supporting foster care placements, reducing placement disruptions and when necessary providing information as to what residential programs can meet a youth needs

To better respond to youth with specialized needs, reduce the length of stay in residential and support youth in home based settings the Department has broadened the services and programs offered in Specialized Foster Care. Currently, Specialized Foster Care programs include Aggregate Foster Care and Adolescent Foster Care. Aggregate Foster Care which is a home that follows a family model that serves children and youth ages 11-20 years and has a highly-trained foster parent(s). Additional structure and support is provided by childcare staff. It also includes Adolescent Foster Care which is designed so that foster parents are “hired” by the agencies and are considered employees of the agencies. The model is critical in working with youth 12-16 years of age, in hopes of preventing youth from needing to enter residential care. The model focuses on the foster parents as mentors working with the youth to assist the youth in development of life skills and independent living skills.

### **Statewide Provider Database**

The Statewide Provider Database (SPD) is an easily accessible information system that identifies and locates community based services for children and families, describing the features of the specific service and the eligibility criteria. The SPD supports the efforts of caseworkers to locate a placement and services in the same school catchment that the child attended prior to removal from the home.

### **Reunification**

Members of the Reunification Team include the parent, caregiver, caseworker and the child. A Family Reunification Support Special Service Fee provides reimbursement for caregivers who team with parents to work toward reunification in eligible activities. After the child returns home, the caseworker visits the family twice weekly for two months and then, weekly, contacts providers weekly during the first month, and provides ongoing services and monitoring for a minimum of six months.

### **Reunification Foster Care**

This specialized type of foster care is aimed at identification of caregivers who are prepared to support family reunification and providing them the training and tools needed. To achieve reunification, foster parents serve as partners, mentors and role models for the family and are active participants in the process of reuniting a family. Financial reimbursement for travel and/or approved family activities is provided for caregivers who work with parents of children in their care toward reunification. Well-being for a child in such a placement is improved in seeing the important adults in his life cooperate in caring for him, contributes to his placement stability and facilitates productive work toward early and safe reunification with his family.

### **Family Advocacy Centers**

One DCFS initiative involves the expansion of the Family Advocacy Centers. The Advocacy Centers were established in high need communities across the state. The Centers are operated by a

variety of community-based groups that provide parents with the support and encouragement they need to follow through on the goals that will allow them to keep or regain custody of their children.

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

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

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

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

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

There are 23 Family Advocacy Center sites currently operating in communities across Illinois. To increase accountability, Family Advocacy Centers will transition from a grant based to a fee for service funding mechanism during FY13. All funding will be fee for service starting in FY14 (July 1, 2013). Family Advocacy Centers currently operating include:

1. **A Knock at Midnight** utilizes the Strengthening Families model to provide family assessment, advocacy, parent support and mentoring services to clients. Additionally, A Knock at Midnight provides linkage and referral services as well as home-based services.
2. **Bright Star Community Outreach** provides assessment services, parent coaching, intensive mediation and linkage and referral services. Additionally, they have an after school tutoring program and sponsor workshops throughout the year for youth and parents. For more information please visit [www.brightstarcommunityoutreach.com](http://www.brightstarcommunityoutreach.com).
3. **Casa Guanajuato Quad Cities** provides advocacy and linkage and referral services to the Latino community in and around Rock Island County. 95% of their clients are Latino immigrants. Casa educates clients on their legal rights and how to go about receiving services such as rental or utility bill assistance, GED or academic preparation, emergency shelter, counseling and various other services. Employees serve as mediators between tenants and landlords and help undocumented workers recoup unpaid wages. For more information please visit [www.hansonwatson.com/casa/Index.html](http://www.hansonwatson.com/casa/Index.html).
4. **Erie Neighborhood House** offers a variety of services aimed at strengthening low-income, primarily Latino families. Erie provides wellness workshops, individual and family counseling, anger management and parent training. Additionally, they provide leadership development and life skills training as well as linkage and referral services. For more information please visit [www.eriehouse.org](http://www.eriehouse.org).
5. **Family Advocacy in Champaign County (FACC)** offers a variety of services aimed at strengthening families. These services include outreach, assessment, advocacy, life coaching, life skills training, mediation services, mentoring as well as linkage and referral services to families in Champaign County. To learn more about the services they offer please visit [www.familyadvocacy.org](http://www.familyadvocacy.org).
6. **Family Community Resource Center (FCRC)** in Bloomington, IL provides assessment services and advocacy and referral services to at-risk families in the Bloomington-Normal area. In addition, the center offers individual and family counseling, as well as domestic violence intervention. To learn more about FCRC please visit [www.familyandcommunityresourcecenter.org](http://www.familyandcommunityresourcecenter.org).
7. **Family Focus Family Advocacy Centers** (4 sites) provides family advocacy services at four Chicago area sites. Programs are located in the Chicago communities of Hermosa and Englewood. Suburban sites are located in Aurora and Evanston. The Hermosa site also operates a satellite location in suburban Cicero. Family Focus' philosophy of treatment is grounded in the Family Support Principles. These principles promote respect for individual families and cultures and a commitment to working with – not for – families to achieve their goals. Each DCFS family that enters a FAC program completes an Individualized Family Support Plan that captures the goals of the individual(s). The Advocate Worker and participant work toward these goals by supporting them with the services offered by the FAC in reaching their objectives. [www.family-focus.org](http://www.family-focus.org)
8. **Fellowship Connection Family Advocacy Center** offers a variety of services in a family setting. The family advocacy center sponsors parent cafes, workshops and parenting classes. Advocates also provide informal counseling to clients as well as life skills training. At Fellowship Connection families can acquire helpful tools and strategies to build stronger relationships.
9. **Healthy Families Chicago Westside Family Advocacy Center** provides assessment, advocacy, and case management services. Additionally, they offer child development training, parent education, parent coaching, crisis intervention, support groups and intensive brief counseling.

10. **Illinois Latino Resource Institute Family Advocacy Center** offers a variety of family support services to parents, including serving as advocates for reunification, parent education and AODA outreach.
11. **Lifeline Family Services** in Peoria, IL provides case management services, outreach, advocacy, mentoring as well as linkage and referral services to at-risk families. Additionally, Lifeline assists clients in gaining education, job and life skills, as well as sponsors support groups and parent cafes in addition to serving as a family restoration center.
12. **Mujeres Latinas en Accion** provides family advocacy services including family assessments, linkage and referral services, supervised visitation, parenting classes and brief counseling. Additionally, they have immigration, domestic violence and health care advocacy programs. For more information please visit [www.mujeerlatinasenaccion.org](http://www.mujeerlatinasenaccion.org).
13. **Nicasa** provides case management services, family therapy, parenting education, early intervention and anger management services. Services are provided in English and Spanish at multiple locations across Lake County.
14. **Old Kings Orchard Decatur Family Advocacy Center** serves families in the Decatur and Macon County areas. The program provides intensive family centered, community based support services to empower and strengthen families. The range of services available to all families includes a mix of services that include advocacy, parent coaching; referral and linkage support groups and crisis intervention after hours. Families receive help in securing medical services, provision of intensive brief counseling, support groups, case management support; community referral services, and follow-up services.
15. **Primed for Life Springfield Family Advocacy Center** helps clients navigate the Department of Children and Family Services as well as other government and private agency systems to achieve family reunification and stabilization. This program focuses on the investment of skills associated to the client's growth towards self-sufficiency through basic and advanced self-advocacy, etiquette, rights and education. For more information please visit [www.primed4life.org](http://www.primed4life.org).
16. **Rockford Family Advocacy Center** provides intensive family centered, community based support services to empower and strengthen families. Two sites serve both English and Spanish-speaking clients. Services are provided by Joyner Neighborhood Resource Center and La Voz Latina. Priority is given to families referred by DCFS. The range of services available to all families include: intensive case management, advocacy, parent coaching; referral and linkage support groups and crisis intervention after hours as needed.
17. **Sankofa Family Advocacy Center** (2 sites) Sankofa's Family Advocacy Center provides supportive services (from the Chicago west & south side offices) that strengthen and protect children and families. Services offered by Sankofa consists of, but not limited to: assessments, case management/monitoring, intensive family and individual advocacy, home visits, mentoring, life skill coaching, computer training for youth as well as seniors on (the west & south side offices).
18. **SOS Children's Village Casa Tepeyac** provides family centered services to families in Chicago's Back of the Yards neighborhood and those involved with the Illinois Department of Children and Family Services. The Family Centered Services Program provides parents and youth with a critical service intervention offered within their home and community. Services are designed to provide a comprehensive assessment of family and individual risk factors and identify their needs, strengths and attainable resources to diminish anti-social and dysfunctional patterns of behaving.
19. **Southtown Family Center Mount Vernon** serves southern Illinois families in the Mt. Vernon and Jefferson County area. The advocacy center operates out of Southtown's existing community center that provides after school programs, childcare, Pre-K, summer

recreational and educational programs, parent support, collaborative work with other agencies, advocacy, and parent coaching.

### **Permanency Enhancement Project**

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

The methodology for the PEP is a systems approach to understanding how structural and/or institutional racism contextualizes child welfare practice in ways that create disparities in the determination of need and services for children and families of color. The disparities are created when services are presumptively allocated, poorly provided or inadequate in addressing a family's identified need. Disparities are also created when differences in service delivery are not justifiable based on a family's identified need, available agency resources or other objective criteria.

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

### **Caseworker Contacts with Children in Substitute Care**

This section describes the continued steps taken by the Department to ensure that children in substitute care are visited on a monthly basis by their workers and that the majority of the visits occur in the residence of the child. Illinois exceeded the FFY 2012 federally required compliance goal of 90% compliance for "The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 90 percent of the total number of such visits that would occur if each child were visited once every month while in care." The data submitted by IDCFS for FFY 2012 reflected compliance percentages of 94% for visits that should have occurred and 95% of those visits occurred in the residence of the child. IDCFS continues to place a great deal of emphasis on the practice of worker contacts with the family being served.

### **Methodology**

Beginning with the FFY12 reporting year the reporting methodology was changed by law as described in program instruction ACF-CB-PI-12-01. The methodology used in generating child/worker contact data from the Department's SACWIS system is as follows:

### **Population**

The Department uses the total children in the substitute care population, not a sample. All CYCIS placement child cases during the FFY are pulled into the report to create the base population. Cases included must have the child in care for at least one full calendar month. Also, if they are not in care the entire month of either their entry, or exit month, those months are not counted. Cases are not included if they are in the system with an open child case, but they are listed as not in care. So, to be clear, the child must be listed as open and in the Department's care. The counts are based on a month per month basis. If a child is in care, then home, then returned to care, only the months the child was in Department care for the full calendar month are counted and included per ACF.

Children coded as on run and children placed out of state and youth in college are counted if the child is under the age of majority.

### **Total Count for Visits**

Using the ICWS Contact Notes, all visit/contacts recorded by the worker with the child are counted. Data is pulled from the family case and the child case, to ensure efforts are made to capture all possible data that may have been recorded. Duplicate months/contacts are not counted. Therefore, if there are two visits/contacts within a month, only one is counted for the report. Additionally, if two contacts are recorded, the report will count the contact made in the residence over any other contact location when multiple contact notes exist for any given child in a month. In order that a visit/contact is counted, the note must be entered as a contact note in ICWS. The visit/contact must be entered as "in person" as the type of contact. The contact note has to have the child member selected as the participant seen. The contact type of "Visit-Child/Worker" must also be selected, and the "attempt" checkbox was NOT checked. For each month, all the children in care for the full calendar month are counted. In addition, we re-count the contact/visit for each child in care. If the child has one or more contact notes for the month, only one contact is counted for that child.

### **Total Seen in Residence**

The Department calculates resident counts, by capturing from the ICWS note if the child is seen in the residence. For a residence to be counted, the worker must have selected one of the following residence location types from the ICWS contact note: Substitute Caregiver Home, Parent Guardian Home, Treatment Care Facility, and Residence Other than listed. The same criteria are used to count residence.

### **Percentage Calculation**

Once the total counts per month and per year are obtained, in order to glean percentages, the Department applies the calculation provided by Program Instruction ACF-CB-PI-12-01 issued 01-06-2012.

### **Results**

In addition to reporting from ICWS, the Department has several monitoring methods that address this practice area, including its performance-based contracting review (APT) process, CQI peer review process, Regional PIP peer review data and finally its Outcome Enhancement Review (OER) process. The Department remains committed to moving the entire Illinois child welfare workforce in a direction that ensures all staff are accurately entering their case contact notes into and fully utilizing the ICWS system, and doing so in a timely manner. While the Department uses various quality assurance measures to support the practice of child contact compliance, ICWS generated data represents the "official" compliance data reported. Preliminary FFY13 data (10/1/12-5/21/13) suggests continued improvement in performance, with statewide compliance currently reporting at 95% with 95% of those visits occurring in the residence of the child.

### **Annual Performance Goals, Strategies Implemented and Strategies Moving Forward**

DCFS continues to report monthly contact compliance via ICWS and uses the data to work with staff, supervisors and teams around compliance measures. The Office of Information Technology Services (OITS) Functional Support Team provides ongoing system support for the ICWS system to staff as needed. ICWS functionality includes an online contact compliance tracking tool and online report that allows staff to easily see that child contacts have been recorded each month. ICWS note search functionality allows for a specific note search for a child/worker contact notes, which allows workers and supervisors to call up all notes recorded for a given child. IDCFS Division of Field Operations and POS Monitoring continues to monitor and work with all of the

regions and private agencies throughout the state in identifying those individual staff and teams which are underperforming in the practice area. Corrective action planning is utilized with staff and teams as necessary. In areas where evidences suggests significant numbers of underperforming staff, special follow up trainings and field support have been used. The Division of Field Operations utilizes the monthly ICWS reports to identify these underperforming areas and to recognize and encourage the teams performing well. This practice measure is also regularly discussed on the weekly Regional Administrator calls. The Department is committed to continued improvement in this practice area.

**Annual Performance Goals and Strategies Moving Forward**

The Department continues to carefully consider its annual performance goals regarding this indicator which are as follows:

<b>FFY</b>	<b>Goal</b>	<b>Performance Results</b>
10/1/08:	10%	<i>8.53% reported</i>
10/1/09:	35%	<i>41.16 % reported</i>
10/1/10:	70%	<i>72.18% reported</i>
10/1/11:	90%	<i>75.16% reported</i>
10/1/12	95%	<i>94% reported</i>
10/1/13	95%	<i>5/21/13 Preliminary 95%</i>

**Adoption Promotion and Support Services**

**Adoption and Guardianship Preservation Services**

The provision of post adoption and post guardianship services to 27,396 children and youth receiving adoption or subsidized guardianship assistance (as of December 31, 2012) continues to be a critical challenge for the Department. Many of these children and youth continue to struggle with the issues that brought them into the care of the Department. Intensive services are often required to stabilize and support their adoptive families. Fourteen years of age is now the median age of youth in homes receiving adoption or guardianship assistance and so it is clear that the special needs of adolescents will only amplify the behavioral and mental health issues of their past.

Statewide adoption preservation programs have been the cornerstone of the post adoption services offered to these families and this successful model has proven to be an invaluable resource of intervention and stabilization.

The Department’s Maintaining Adoption Connections programs began operation in Cook County and vicinity in FY09 and are continuing in FY14 to meet the ever expanding support needs of the post adoption families. These programs have been able to meet many service needs that are not covered through the normal subsidy related services and have provided much needed stabilization and support services.

In FY12 the statewide Adoption Preservation programs served 1215 families and 2098 children. In addition, we have a number of other programs that serve subsidized adoptive and guardianship families. In FY12 the statewide Adoption Respite programs served 396 families and 658 children. In FY12 the Maintaining Adoption Connections programs, located in Cook County, served 472 families and 558 children.

In FY2014, initiatives and improvements will continue which were begun in FY2009 and FY2010 as follows:

- Statewide Adoption Preservation Programs will continue to provide the most intensive form of in-home services to prevent disruptions
- Services will continue to be monitored in all post adoption programs to assure that we are meeting the critical needs of the growing population of adolescents
- Administrative systems will be improved to assure immediate responsiveness to adoption family needs
- The coordination of services to older caregivers will be improved, including service needs for the youth in their care as well as back-up and support plans as necessary.

Additional information regarding Adoption services is located in the following sections of the APSR: [Diligent Recruitment and Retention of Foster and Adoptive Resources](#) and [Services Supported by Title IV-B in FFY 2013](#)

**Adoption and Guardianship  
FY2014 Request**

Type of Expenditures	FY12 Actual	FY13 Est. Exp.	FY14 Projected	13-14 Change	13-14% Change
Adoption & Guardianship	136,281.4	109,623.8	103,173.8	-6,450.0	-5.9%
Adoption & Guardianship	75,059.5	84,373.3	84,373.3	0	-0.0%
<b>Total</b>	<b>211,340.9</b>	<b>193,997.1</b>	<b>187,547.1</b>	<b>-6,450.0</b>	<b>-3.3%</b>

**Adoption Preservation**

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

**Maintaining Adoption Connections:** The MAC programs provide an additional range of services to post adoption/guardianship families from crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy.

**Adoption Support Line:** In FY11, the Adoption Support Line was developed to manage all telephone calls coming into the Cook County Post Adoption Unit. The Support Line is staffed by Adoption Preservation Program staff on a rotating basis. The Support Line provides an 800 telephone number which individuals and families can call Monday-Friday from 8:30am-5:00pm. Each call is responded to immediately or within 15-20 minutes of the initial call. In FY12 the Support Line was expanded to serve post adoption/guardianship families statewide and the hours were expanded to Monday-Thursday from 8:30 a.m.-8:00 p.m. and Friday from 8:30 a.m.-5:00 pm.

The clinical staff at the Support Line receive calls regarding the following issues or concerns: threats to adoptive/guardianship placement of a child, mental health crisis of a child, children who are on the run or living outside the home, problems with subsidy payments or Medicaid card, family address change, family requests counseling, Adoption Preservation services or therapeutic daycare. Each telephone call is documented and the caller’s needs are assessed. The caller is linked to the appropriate person within their regional Adoption Unit to address and resolve their problem or concern. If a family is seeking counseling or mental health services, the family may also be referred to their region’s adoption preservation agency, or MAC agency, if they live in Cook County.

## **Inter-country Adoptions**

The Office of the Interstate Compact on Placement of Children reports that the database documents 4 children who were the subject of an Inter-country adoption who are currently in foster care.

- 1<sup>st</sup> case. (male) the dissolution occurred after the adoptive parent refused to allow son's return home after psychiatric hospitalization in 2013. An investigation was initiated. Minor adjudicated dependent and placed in residential treatment facility by Department due to need for specialized care. The child will remain in care until permanency or age of majority is achieved.
- 2nd case. (male) the dissolution occurred in August 2011. He was adopted from Ukraine. The adoptive parent was the subject of a DCP investigation. She signed voluntarily surrenders terminating parental rights. The out of state placing agency is not known. The child will remain in care until permanency or age of majority is achieved.
- 3rd case. (2 females) the dissolutions occurred in November 2011. Both children emigrated from Liberia and were adopted in Illinois. The adoptive parents were indicated for neglect after they refused to allow the children to return home; after being placed voluntarily in the Safe Haven program. The family refused services. This was an independent adoption (no placing agency involved). Both children will remain in care until permanency or age of majority achieved.
- 4th case. (male) adopted from Russia and is in care due to dependency. The family reported an inability to meet their son's needs due to his challenging behavior; and were unwilling to allow him to return home stating that he posed a risk of harm to their younger children. He entered care in September 2009. Adoptive parents voluntarily surrendered rights in May 2011. Minor is placed with his adoptive paternal aunt and uncle. Placing agency is unknown. Minor will remain in care until permanency or age of majority achieved.

## **Services to Children Under Age 5 to Reduce Time in Foster Care**

In FY13, approximately 35% of children in paid substitute care placements in Illinois were ages 5 and under. Intake trends have remained relatively stable over the past year with no significant changes in terms of demographics of the child population entering into substitute care. 57% of children currently in foster care in Illinois were under the age of five when they entered care.

Early in FY13, Director Richard Calica identified the need to move this vulnerable population to timely permanency as a critical strategic goal of his administration. All DCFS and private agency providers were sent listings of children under the age of 5 who were under their assignment. These lists contained detailed case information including child names, case identification numbers, caseworker and team assignments, dates of birth, age upon entry into care, age upon agency assignment, living arrangement types, permanency goals, and the number of days in substitute care. Agency CEO's were also sent a letter from Director Calica which accompanied their case lists, stating the importance of focusing agency efforts on addressing barriers impacting timely permanency for this population.

DCFS hosted Data Summits throughout FY13 that highlighted the characteristics of children in substitute care under the age of 5, as well as the needs of their families and the challenges facing the communities they came from. A total of four summits were held, in each of the Department's four regions - Cook, Northern, Central and Southern. These summits were geared towards DCFS and private agency leadership in addition to local juvenile court judges and attorneys. The data summits were designed to examine barriers and opportunities to achieve more timely permanence for this population. In addition, a re-emphasis on performance based contracting focused on reunification or permanence along with a soon to be publically available dashboard on DCFS and

purchase of service agency performance on achieving safety, well being and permanence for children in care should result in measurable improvements in all of these domains.

As part of a re-organization of staff in FY13, DCFS was able to create and fill new positions (Permanency Achievement Specialists) designed to assist DCFS and private agency staff in getting children to permanency. A key focus area for these new positions will be on the 0-5 foster care population. DCFS will also be exploring the development of a new concurrent planning model as well as a supervisory model of practice, both of which will support overall permanency planning efforts in Illinois

## **KinGap**

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

### **Background**

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

The key differences between Subsidized Guardianship and KinGAP are:

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

### **KinGap as a Permanency Option**

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

### **Licensing**

The Home of Relative (HMR) Initiative began in October 2008 after the Fostering Connections legislation passed. The focus of the Home of Relative Initiative is to license unlicensed relative homes. DCFS and Private Agency staff were asked to focus on licensing those relative homes with children who have a Subsidized Guardianship or Adoption goal because it is essential to achieve licensure prior to achieving the permanency goal for the purpose of Title IV-E claiming. However the major priority is to license all unlicensed relative homes.

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

### **Financial Eligibility**

- Payment for non-recurring expenses associated with obtaining legal guardianship of the child subject to the maximum of up to \$2000 per child.
- Assistance payments may not exceed the foster care maintenance payment the child would have received if he or she remained in a foster family home.
- Siblings of a IV-E eligible child, placed with the same caregiver can qualify for IV-E KinGAP even if they do not meet the eligibility criteria in section 473(d)(3)(A) of the Act.
- Children who receive kinship guardianship assistance payments are categorically eligible for Title XIX Medicaid.

### **KinGAP Case Plan Requirements**

The case plan must describe the following:

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

### **Additional Information**

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

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

There have been 241 new Guardianships established through KinGAP in FY'13 (July 1-April 8, 2013).

### **Title IV-E State Plan Requirements**

The Title IV-E plan requirements 471(a) (2) through (9), (12), (13), (20) (C), (25), (26), and (28) through (32) specified in the Social Security Act are applicable to the Department's KinGap program. The Department's IV-E Plan was updated this year, and all plan requirements will be implemented through the KinGap Program rules and their associated procedures.

### **Permanency Innovations Initiative**

The federal Permanency Innovations Initiative (PII) is a 5-year, \$100 million, multi-site demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency. The Illinois project is targeting youth ages 11-16 who are placed in traditional, relative, and specialized foster homes throughout the state of Illinois who, upon reaching the two-year anniversary of entering care, are experiencing mental health symptoms and/or have had at least two placement changes. A sample of approximately 650 youth will be randomized to receive either (1) TARGET in addition to services as usual or (2)

services as usual only. Trauma Affect Regulation Guide for Education and Therapy (TARGET) is a strength-based approach to education and therapy for youth, biological parents, and foster parents who have been affected by trauma or experience a high level of stress related to adverse experiences. Illinois is currently engaged in the Formative Phase of the study (year three) and moving initial cases through the eligibility screening process.

### **C. Well Being**

The Illinois child welfare system is recognized nationally as one of the strongest in the country, and also remains the largest accredited child welfare system. Thanks to recent improvements in investigations, safety assessments, family supports, performance contracting and subsidized guardianship, more children are being maintained safely in their own homes and the number of children retained in long-term foster care is declining. Continued system improvements over the past decade have resulted in the number of children in substitute care falling to 14,749 as of December 31, 2012, a decline of 6.5 percent from just four years ago and nearly 37,000 from 1997. As a state, we should be proud of the fact that we take fewer children away from their parents' than all but one other and that the children we leave at home are as safe as children elsewhere in the country. This means that we are targeting the right children for removal and not causing unnecessary trauma to children who do not need to be taken from their homes.

Despite these successes, the system still faces challenges. Over one third of the children in our care are age five and under. Despite changes in federal guidelines and advances in our understanding of child development and the need for children to have stable, loving relationships, many of these young children remain in state care far too long. Their young age makes it more likely that extended family or non related adults will be willing and able to provide them with loving and permanent homes. We intend make it a top priority to work internally and with our partners in Juvenile Courts throughout Illinois to expedite finding permanent homes for these children.

As youth move into adolescence they are less likely to be adopted or discharged to private guardianship than their younger peers. The department has a legal and social responsibility to ensure that children destined to be emancipated from our care as adults are prepared to take on the responsibilities and the challenges of adulthood. The Department will continue to make sure the needs of these youth are met.

The Department put in place system changes to address the concerns of the recent comprehensive Federal review. It identified that despite all systemic improvements, the remaining foster care caseload faces greater challenges and the Department and the child welfare aspects of the judicial system need to enhance their processes in certain areas to meet these challenges. Through the Performance Improvement Plan and resulting new direction, the Department is concentrating efforts on the weaknesses identified in order to make the child welfare system even stronger. In the coming fiscal year, the Department will continue to monitor carefully the changes that have been made.

In addition, the Department has established a Bureau of Child Well Being to help us improve our ability to measure this domain more effectively.

## **Developmental Services to Children Under Age 5**

### **Early Childhood Education Programs**

Early childhood education programs are the first steps toward getting children ready for kindergarten. A broad range of early childhood education programs are available for children birth

to five years of age. Policy states that all children for whom IDCFS is legally responsible shall be enrolled in an early childhood education program in order to achieve school readiness. The early childhood programs identified for this population include:

- Head Start or Early Head Start
- Pre-kindergarten programs for children at risk of academic failure (Pre-K)
- Accredited child care programs
- Early intervention services for infants and toddlers with developmental delays
- Early childhood special education programs for children aged 3-5 with disabilities

Foster children who meet program age requirements are automatically eligible for Head Start and/or Early Head Start. The Office of Head Start encourages Head Start and/or Early Head Start agencies to give priority to pregnant teens, children of DCFS wards, and intact families (parents who have an open case in the system but retain physical custody of their children). While children of intact families are not automatically eligible for Head Start and/or Early Head Start, agencies may prioritize these children for enrollment due to the level of risk and needs of the family. Priority is given to intact families with the highest need.

The Illinois State Board of Education's Prekindergarten (Pre-K) At Risk Initiative is an educational program delivered in local school districts and community based organizations. All children for whom DCFS is legally responsible qualify for State Pre-K and services are free.

### **Early Childhood Developmental Screenings**

The Early Childhood Developmental Screening program conducts developmental screenings on all children ages 0-3 who come into care. These screenings are conducted with the children by specially trained master's level developmental screeners. They focus on developmental needs across all domains including physical, cognitive, and social/emotional development. Children who are in need are referred for early intervention and therapeutic services. To date for FY 2011, of the 3550 children 0-3 in care, 95% or 3372 children have been screened. During FY11, we also implemented screenings for intact family cases for CAPTA (Child Abuse Prevention and Treatment Act) which is a federally mandated screening program. Through the Intact Screening Program we hired eight developmental screeners and conducted 322 screenings of children and their biological parents.

### **Early Childhood Project**

The Early Childhood Project provides developmental and mental health expertise to children age 0-5 years that are in foster care or are being closely monitored by the child welfare system. The major components of the **Early Childhood Placement Services Program** include:

- *Cook County Regional Developmental Screenings:* As part of the program, developmental screenings are conducted for all children birth to three in state care. They conduct developmental and social/emotional screenings with the aim of identifying and referring young children at risk to the Early Intervention System and other therapeutic programs providing valuable early childhood consultation to foster families caring for young children.
- *Cook County and Downstate 0-5 Early Childhood Coordinators:* The Early Childhood Coordinators are Master's level professionals with training in both early childhood development and the impact of trauma on young children. The Cook County Coordinators assure that all referrals from the 0-3 screenings are appropriate and made in the necessary time frames. They also oversee the referrals of children aged 3-5 to the various providers such as the Chicago Public School System, and ensure smooth transition of wards from Early Intervention System to CPS. The Downstate Coordinators refer all wards 5 years and

under, who are not screened through the Integrated Assessment Program, for developmental screenings and services in the downstate regions of Illinois.

- *Acquisition and monitoring of Early Childhood Services:* The program is focused on identifying available early childhood services, developing a variety of collaborations with public and private human service and early intervention organizations, in an effort to maximize the opportunities for young children in care to obtain needed support. On behalf of the Department, the Early Childhood Coordinators track referrals and monitor consistent participation in services, maintain collaborations with all referral sources, meet with providers on a regular basis, and mediate in situations where there may be obstacles towards wards receiving necessary services
- *Early Childhood Training:* Early Childhood Training Component (ECTC) is a resource available statewide to caseworkers, supervisors, clinical screeners and clinical supervisors for training and needs assessment in several key areas which include the following: proper administration, interpretation, and referral determination for the standardized screening tools used; knowledge of specific evaluation and/or observation techniques with special populations such as medically fragile infants; knowledge of child development and behavior; knowledge of early child health and growth issues in children such as failure to thrive or the impact of prenatal substance exposure on early development; and knowledge of complex trauma issues and their impact on early childhood development.
- *Child Youth and Investment Team (CAYIT):* Across the state, Early Childhood Placement staff participates in CAYIT staffings for children under the age of 5.
- *Consultation to DCFS/Contractual staff:* To support the Department's goals of serving the needs of young children in foster care, the Early Childhood Project provides a clinical view of development and the effects of trauma on very young children, via involvement with multiple divisions and programs within DCFS and the private sector. Early Childhood staff provides consultation to staff throughout the department on various topics including: development, social-emotional concerns, and policy issues.
- *Acquisition and monitoring of Early Childhood Services:* The program is focused on identifying available early childhood services, developing a variety of collaborations with public and private human service and early intervention organizations, in an effort to maximize the opportunities for young children in care to obtain needed support. Long standing collaborations with the Bureau of Early Intervention, various program affiliated with the Chicago Public Schools, Action for Children, and Erikson Institute's Fussy Baby and Center for Children and Families, have made it possible for many children to receive therapeutic and supportive services.

Major Components of the **Early Childhood Intact Family (CAPTA) Services Program** include:

- *Developmental Screenings, Referrals, and Coordination:* Through the Program's Developmental Specialists, who are licensed Master's level professionals trained in mental health and early childhood development, developmental screenings are offered by the Program to all children birth to age three in families meeting the Intact Family Services criteria as well as to clients served through the TPSN program.
- *Consultation to Birth Parents:* One of the benefits of this program is the inclusion of birth parents in the screening process. The Developmental Specialist includes the parents in every aspect of the screening, observes the parent-child interactions, and offers support and guidance that are specific to the needs of the family, as well as offering service recommendations based on the needs of the family as expressed by the parent. Parent handouts regarding everyday ways of supporting children's healthy growth and development at home, as well as targeting specific developmental and parenting issues as

needed, are given to further support parents' efforts in understanding and meeting the needs of their young children.

As of April 30, 2012, the Intact (CAPTA) Program has administered 609 screenings/assessments; 338 referrals; 60 consultations to child welfare staff and 9 trainings. The Placement team has administered 1812 screenings/referrals; 845 referrals only; participated in 124 CAYIT staffings; conducted 41 trainings and 90 consultations.

Additional information about the Title IV-E Demonstration waiver, IB3, providing services to children under the age of 3 is located in the following section of the APSR: [Title IV-E Waivers](#).

## Education Outcomes

The Department is committed to helping children do well in school, stay in school and find the best schools available for their emerging skills. Studies indicate that many abused and neglected children placed in substitute care are already behind academically when they enter care and remain at risk for educational failure throughout their teen years. From early childhood through college-level training, the attention of caseworkers, caregivers and other Department staff to educational progress of children is critical.

Results from recent studies done by Northern Illinois University (Educational Well Being Studies, 2001 to 2008) and Chapin Hall at the University of Chicago (Midwest Study, 2004-2010) include these findings:

**Academic Performance** – About 25% of children in substitute care are one year overage in grade and almost 5% are two years overage. This is particularly problematic because there is a strong correlation between being overage in grade and becoming a high school dropout. Almost four in five students perform satisfactorily (at least a C grade) in reading and math, an increase from previous years.

**Attendance, Suspension and Expulsion** – About one in four children in substitute care received at least one out of school suspension. However, expulsion rates declined to 0.5%, which is less than the state average (1.3%). High school students had the higher average number of days absent than middle and elementary school students – the overall average was almost 11%.

**Enrollment in Special Education Programs** – The overrepresentation of youth in foster care receiving special education services continues as the percentage remains just below 50% while the state average for all children is almost 15%. In addition, a large percentage of wards are classified as having an emotional disorder (about one in five students) and a learning disability.

**Educational, Vocational Training and Employment Attainment** - In a study of 19 year olds, including youth still in care and youth recently emancipated, 39.1% of former wards were reported to be enrolled in an educational program at age 19, vs. 59% of 19 year olds in a national comparison study. The percentages of former wards who completed high school was also lower by comparison. Only 62.9% of former wards had earned a high school diploma or GED by age 19, vs. 90.6% of 19 year olds in a national comparison study. By age 23-24, 75.6% of former wards had earned a high school diploma or GED compared to 92.7% their peers in the national comparison study. Also, by the age of 23-24, only 48% of former wards were currently employed as compared to 75.5% of their cohorts in the comparison study.

### **Keeping Children in Their School Area**

For many years the Department has been faced with the educational challenge of keeping foster children progressing in school even as they move from one foster home to the next and from one school district to the next. To help stabilize educational outcomes and to help stabilize a child's life, the Department has changed its policy regarding foster home locations so that every thing possible is done to keep the child in the same school catchments area. The results have been dramatic. Many more children are able to stay in the same school enabling continuous education even though they are moving from one home to another. Progress in implementing this new policy is continuing in FY2013.

### **School Readiness Initiative**

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

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

Specific activities associated with the School Readiness Initiative include:

- Supporting the embedding of the Strengthening Families Protective Factors into local practice and activities;
- Maintaining a region –based tickler system to assist in identifying early childhood learning resources and to monitor early childhood enrollment of children in care ages 3-5, children of teen parents for whom the Department has no legal relationship with and children that reside in intact families;
- Monitoring children in care ages 3-5 to ensure that their learning needs are being met in accordance with Procedure 314 “Educational Services”;
- Consulting with educational advisors, liaisons, early childhood specialist, child welfare and child protection staff to ensure successful collaborative efforts between early childhood provider and the child welfare community in promoting safety, well being permanency and positive learning experiences for children;
- Participating in and supporting the efforts to build stronger relationships between the early childhood, child welfare and caregiver communities through local events, conferences and training;
- Collaborating with Strengthening Families learning networks within their assigned DCFS region in planning and participating in local efforts related to the Department’s School Readiness Service Program;
- IDCFS and Head Start/ Early Head Start Grantee Agencies (48-Statewide) have a “Joint Collaborative Agreement”, which began in 2007 and is region specific.

### **Implementation of the Patient Protection and Affordable Care Act (P.L. 111-148)**

The objective of the Implementation Plan is to ensure compliance with the requirement that, prior to the youth's emancipation from foster care, the caseworker must develop a personalized transition plan as directed by the youth. Implementation steps include:

**Target Population**--The target population, to whom the information/education is to be provided to help them make and execute health care decisions is:

- All DCFS youth who are 17 years of age, prior to emancipation, regardless of living arrangement and participation in Education and Training Voucher (ETV) programs.

### **Personalized Transition Plan**

The recent revisions to DCFS Procedures 302, Services Delivered by the Department; Appendix M – Transition Planning for Adolescents; and Appendix N – Transition Planning for Wards with Developmental Disabilities were implemented on December 10, 2010. These revisions incorporate the goals/objective on the information and education to be provided to youth in the Youth-Driven Transition Plan. Procedures 302 - Services Delivered By The Department, *Appendix M Section g*)

Effective transition planning begins early and starts with appropriate assessment of the youth's skills and needs. Assessment tools for other children and youth may not be appropriate for youth with developmental disabilities. The child welfare worker should consult with staff of the Department's Clinical Services Division to determine assessment needs. At minimum, assessment tools must be specifically designed to assess the functioning of the adolescent with developmental disabilities and determine cognitive function, social adaptive function, and capacity for independent living.

When the child welfare worker determines, or has reason to believe, that a youth for whom the Department is legally responsible may be unable to fully manage on his or her own or manage his or her estate without ongoing supports, the child welfare worker must ensure that adult developmental services and/or adult guardianship are in place prior to the youth's discharge from care.

Not all persons with developmental disabilities require or need specialized services such as a Medicaid Waiver Eligible CILA or adult guardianship. Many are able to function independently. Others are able to function in the community with such natural supports as family, friends or neighbors. Some others may need a 24 hour CILA and a guardian of the estate and/or person. All resources should be explored before considering whether the youth may need specialized adult services.

Child welfare workers shall develop service plans for children for whom the Department is legally responsible that lead to reduced need for services and increased capacity for independent functioning, economic self-sufficiency, and community integration. Skill areas include but are not limited to: personal care, simple food preparation, safety precaution, use of public transportation, basic money management, and vocational training and placement.

The Department of Children and Family Services (DCFS) and the Department of Human Services (DHS) have entered into an interagency agreement which defines the responsibilities of the two agencies for planning and carrying out the transition of youth from the child welfare system to adult developmental disabilities services.

The Guardianship portion of the Transition Plan must contain information about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth is unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and the youth must be provided the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.

When a signature for a Power of Attorney or a Notification of Rights and Responsibilities is required, then the youth with a developmental disability must receive a communication accommodation to assure the likelihood of understanding. The caseworker/supervisor may contact the Clinical Services Division Office of Services to People with Developmental Disabilities for assistance with this notification and signature.

In addition to the above policy revisions, an Action Transmittal will be issued for the purpose of describing the amendment to federal law and the ACF Program Instructions and how these changes affect the Department concerning transitioning youth to emancipation.

### **Administrative Case Review System**

When the Administrative Case Review is conducted, one of the review items will be to make sure that the personalized transition plan incorporated the information/education to be provided to youth as well as to ensure that information/education was actually provided to youth by their DCFS/POS caseworker. This new review criteria will be incorporated in the Administrative Case Review System by:

- Review of the Service Plan to insure that the Transition Plan, including education of the youth prior to emancipation concerning health care treatment decisions, has been incorporated into the youth's service plan.
- Update ACR special needs questions to reflect this new requirement above.

Additional information regarding transitional planning can be found in the [CFCIP/ETV](#) section of this report.

### **Health Services**

In 1993 the Illinois Department of Children and Family Services (DCFS) established its HealthWorks of Illinois Program as its plan for the ongoing oversight and coordination of health care services for children in foster care. This has been in collaboration with the Illinois Department of Healthcare and Family Services (DHFS), the state's Title XIX/Medicaid agency, and the Illinois Department of Human Services (DHS), the state's Title V, Maternal and Child Health agency. As a result of this collaboration, all children taken into the legal custody of DCFS are provided coverage in the Illinois Medicaid Program from the first day of custody in order to ensure immediate access to medical care.

The scope of services in the Health Services Plan for children in DCFS custody through the Medicaid Program is the same as in the state Medicaid Plan approved by the Centers for Medicare and Medicaid Services

DCFS is working closely with DHFS staff on the upcoming implementation of Medicaid Expansion under the Affordable Care Act to ensure continuous Medicaid coverage for youth aging out of foster care until age 26.

In accordance with guidelines of the Child Welfare League of America and the terms of a federal consent decree, *B.H. v. McDonald*, each child/youth whom the Department takes into protective custody receives an Initial Health Screening within 24 hours of protective custody and prior to placement. The purpose of the Initial Health Screening is to assess the child's immediate health care needs, to document any signs and symptoms of abuse or neglect, and to provide health information to the caseworker to make the most appropriate placement for the child's assessed needs. Based on the most recent performance monitoring status reports for Initial Health Screenings for the first two quarters of FY 13, 82.5% of children for whom protective custody was

taken received Initial Health Screenings, as documented in SACWIS. Of these, 95.8% were completed within 24 hours of protective custody.

For those children or youth who remain in the Department’s custody and for whom the court awards temporary custody or guardianship to the Department, a Comprehensive Health Evaluation is required within 21 days of temporary custody. The Comprehensive Health Evaluation becomes a part of the comprehensive Integrated Assessment which identifies the developmental, physical and mental health, educational, and child welfare services needs for the child and the family. The Comprehensive Health Evaluation is conducted according to the standards of the federal EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program and the state’s Healthy Kids Program. Based on the most recent performance monitoring status reports for Comprehensive Health Evaluations for the first two quarters of FY 13, 91.7% of children for whom DCFS had temporary custody received Comprehensive Health Evaluations. Of these, 62.5% were completed within 21 days of temporary custody.

Children and youth continue to receive immunizations and preventive well child examinations and health screenings, including preventive dental examinations and prophylaxis, according to the recommended schedule of the American Academy of Pediatrics and the standards of the Medicaid/Healthy Kids Program. DCFS further requires annual well child examinations for children and youth three years of age and older.

In comparison to results of the CDC’s National Immunization Survey of children 19-35 months old for the past six years, Illinois children in foster care fared better than other children in Illinois and in the U.S.:

**Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series\* 4:3:1:3:3:1 Among Children 19-35 Months of Age by U.S., State and Children in Foster Care in Illinois.**

These data are gathered from the annual National Immunization Survey (NIS) conducted by the federal Centers for Disease Control and Prevention (CDC).

	<u>U. S.</u> <u>National (%)</u>	<u>State of</u> <u>Illinois (%)</u>	<u>HealthWorks</u> <u>Children (%)</u>
2007	77.4	73.5	86.0
2008	76.1	74.8	88.0
2009	69.9	72.6	88.4
2010	74.9	75.9	89.0
2011	77.0	77.3	91.0

\* Vaccination Series: 4 DPT, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella

The Department provides the following data to the Office of the Governor on a Quarterly basis for the Performance Metrics Report:

- Percentage of children in DCFS custody who have received the required immunizations:
 

4 <sup>th</sup> Quarter FY11 (April – June 2011)	91.3%
1 <sup>st</sup> Qtr FY12 (July – September 2011)	91.3%
2 <sup>nd</sup> Qtr FY12 (October – December 2011)	91.1%
3 <sup>rd</sup> Qtr FY12 (January – March 2012)	91.1%

- Percentage of children in DCFS custody who have received the required health examinations, per the EPSDT/Annual Schedule:
  - Under 3 Years of Age:
 

4 <sup>th</sup> Qtr FY11	91.3%
1 <sup>st</sup> Qtr FY12	91.3%
2 <sup>nd</sup> Qtr FY12	91.3%
3 <sup>rd</sup> Qtr FY12	90.4%
  - 3 Years of Age and Older
 

4 <sup>th</sup> Qtr FY11	85.9%
1 <sup>st</sup> Qtr FY12	84.6%
2 <sup>nd</sup> Qtr FY12	83.5%
3 <sup>rd</sup> Qtr FY12	83.2%

The source of this information is data gathered from the Department’s Administrative Case Review (ACR) database, which reports on the outcomes of completed Administrative Case Reviews.

**Health Needs Identified Through Screenings Are Monitored and Treated.**

The child’s or youth’s health care needs identified at the Initial Health Screening, Comprehensive Health Evaluation, and subsequent health screenings are incorporated into the Client Service Plan. The HealthWorks lead agencies work with the children’s caseworkers and caregivers to ensure that children actually receive any recommended follow-up health evaluations and services. The Service Plan, including documentation of ongoing medical care as well as identified health care needs of the child, is reviewed at the Administrative Case Review (ACR).

**Medical Information is updated and appropriately shared, which includes the development and implementation of an electronic Health Passport, which is designed to be a summary of the most significant health information related to the child.**

Medical information about the child(ren) in their care is shared with foster parents and relative caregivers at a number of occasions:

- when the child is first placed in the foster home, from the health history which the worker has gathered from the biological parent(s) and from the Initial Health Screening;
- at the Comprehensive Health Evaluation in communication with the examining physician;
- at the Family Meeting within the first 45 days of the case through the Integrated Assessment.
- following the Comprehensive Health Evaluation, the foster parent receives a Health Passport for the child which summarizes all the known medical information for the child;
- at each well child/EPSDT examination with the child’s primary care physician (PCP);
- at the 6-month Administrative Case Review (ACR); and
- at office visits with specialty care physicians, which are appropriate to the child’s special health care needs.

Medical information about the child in DCFS custody is shared with the birth parents at various points in time in foster care:

- if present for the child’s Comprehensive Health Evaluation, in communication with the examining physician;
- at the initial and subsequent Family Meetings; and

- during contacts with the child's caseworker during the foster care stay and upon the child's return home.

Child welfare caseworkers are able to produce directly from SACWIS an electronic Health Passport as a summary of the child's identified health needs and health services received. The electronic Health Passport is continuously updated with information received from an electronic interface with the Medicaid agency as well as information directly entered by the HealthWorks lead agencies and by child welfare caseworkers. Enhancements to the electronic Health Passport are planned to include data from the DHS/Cornerstone system and the Illinois Department of Public Health databases.

### **Steps to ensure continuity of health care services which includes establishing a medical home for every child in care**

All children and youth in the Department's legal custody are required to have a primary care physician (PCP) to serve as the child's "medical home" responsible for conducting ongoing examinations and screenings, in accordance with the standards of Medicaid Healthy Kids/EPSTD Program. The benchmark for the number of children in foster care who are enrolled with a PCP is 95%. As of the end of the Third Quarter of FY 2013, the percent of children enrolled with a PCP as the medical home was 96.1% statewide. The development and implementation of the electronic Health Passport will continue to facilitate this continuity of health care services.

### **Oversight of Prescription Medicines**

The Department has implemented extensive and detailed rules and procedures to ensure oversight of medications for children in its custody prescribed by physicians, particularly psychotropics, and over-the-counter medications.

When children come into the custody of DCFS, the Child Protection Investigator is to request of the parents/available caregivers the child's current prescriptions and over-the-counter medications, emergency/rescue medications, e.g., inhaler, epinephrine, etc. (Procedures 301.120)

In assessing the child's individual needs for placement, the placing worker is to provide information about the child's current medications, including prescriptions, over-the-counter, and emergency/rescue medications. (Procedures 301.60)

In the initial, comprehensive, and ongoing assessments of the child, the caseworker is to ensure that the foster parent has received instructions on when and how to administer medications and, when appropriate, to ensure that there is authorization with the consensus of the caregiver, caseworker, and prescribing physician for the self-administration of medications. (Procedures 315.100)

Foster parents and relative caregivers are required to keep a log of all medications that the child is taking. This includes psychotropic medications as well as prescription and non-prescription medications. (Rules 402; CFS 534, 8/2002) Procedures 302, Appendix H, provides for extensive oversight for the administrations of medications in Transitional (TLP) and Independent (ILO) living arrangements.

Consent for psychotropic medications requires specific review and approval by the psychiatric consultant of the Office of Guardianship Administrator. (Rules 325; CFS 431-A, Rev. 8/2006) Prescription medications for psychiatric disorders are written by psychiatrists, with oversight by an Oversight Treatment Team appointed by the Agency Director: Medical Director, Chief Psychiatric Consultant, Chief Nurse, representatives of the Division of Guardian and Advocacy and the Division of Clinical Services.

**The State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining medical treatment for the children.**

The Illinois Department of Children and Family Services actively consults with and involves physicians and other appropriate medical professionals throughout the entire life of the child case, from the investigation phase to placement, assessment, and permanency and service planning.

Child Protection Investigators can consult with a statewide network of health care professionals with expertise in child abuse and neglect to provide medical evaluations assessing children for sexual abuse, physical abuse and/or neglect. The network was developed as a joint venture by DCFS and the Pediatric Resource Center, a program of the University of Illinois, College of Medicine, in Peoria IL and now involves other physician consultant services in the northern and southern parts of the state

This network of expert physicians and nurses is closely associated with the Children's Advocacy Centers available for multi-disciplinary consultations and assessments of sexual abuse and serious physical abuses cases. The multi-disciplinary teams consist of representatives from law enforcement, DCFS child protection services, county state's attorney prosecutors, and medical and mental health professionals.

Further, Child Protection Investigators in Cook County can consult with physicians and child abuse medical experts who participate in the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC). MPEEC was established in 2001 to ensure that every child reported for serious abuse or neglect receives a timely medical evaluation by a child abuse medical expert. MPEEC providers conduct expert medical review for all cases of head trauma, fractures, internal injuries, and burns in children aged 3 and under who live in Cook County and are reported to DCFS as alleged abuse cases. This review includes the consultation for second opinions of possible cases of serious physical abuse or neglect.

At the point that DCFS has taken protective custody of a child, the Child Protection Investigator or assigned caseworker arranges for an Initial Health Screening of the child with a medical provider in the networks developed by the HealthWorks lead agencies covering all counties in the state. The range of IHS providers includes hospital emergency departments to ensure 24/7 availability, urgent care centers and community health centers, which are the preferred settings for the screening of the child, and physicians in private practice who may have been the children's primary care providers.

DCFS moved to a model for Comprehensive Health Evaluations which utilizes a limited network of qualified medical providers to conduct this evaluation. This was to ensure that a comprehensive assessment utilizing standardized health care documentation was completed for each child within the first 21 days of temporary custody. These are community-based physicians who have an interest in and experience with serving children in foster care.

A central responsibility of the HealthWorks lead agencies is to develop and maintain networks of qualified primary care providers to serve as the medical home for children placed in foster care. Over and above their participation in the Medicaid program, these physicians must be Board-certified in Pediatrics, Family Practice, Internal Medicine, Obstetrics-Gynecology or have completed an accredited residency in one of these primary care specialties and have active hospital privileges for admission and patient care of pediatric patients. There is a network of approximately 2000 Primary Care Physicians (PCPs) organized by the HealthWorks Lead Agencies to serve children in foster care. From the start of the HealthWorks Program, DCFS adopted the model of

using community health resources, rather than hiring medical professionals directly or using a closed panel/HMO model to provide for the ongoing health care of children in its custody. Foster parents and relative caregivers are assured that they have freedom of choice of the child's PCP.

DHFS/Medicaid contracts with DentaQuest refer all Medicaid recipients to dentists who accept Medicaid. Caseworkers and foster parents contact DentaQuest directly to request information about participating dentists. DentaQuest representatives provide the caller with information on enrolled providers within geographic proximity. DentaQuest provides the same service to locate specialty dental providers. The same provider locator function is available via DentaQuest's website.

The Department also contracts with the University of Chicago, Department of Pediatrics to provide a Board-certified pediatrician who serves as Medical Director. In addition to consulting with Department staff on DCFS policy and procedures related to children's health care needs, the Medical Director is also available for consultation on difficult cases, which includes Munchausen syndrome, Failure To Thrive, and developmentally disabled children.

The Department employs a Chief Nurse and child welfare nurse consultants who are co-located in DCFS Field Offices in each of the Department's six regions in the state. The nurses provide consultation services to child welfare caseworkers, particularly for children with special health care needs for the assessment of risk and safety issues and for enhanced continuity of intervention and oversight of children's health care.

Referrals for mental health consultation services are received from caseworkers and/or staff within the Children's Resource Center (CRC Shelter). Mental health needs that are identified during the child or youth's stay at the shelter will be addressed by the consulting psychologist to provide support to physicians and staff. Specific needs and responsibilities identified include accessing pertinent information needed for treatment, providing liaison with caseworkers, and participating in staffings and grand rounds. Review of the program will allow consideration as to providing additional consultation at one or more of the other seven Chicago-area specialty shelters.

### **Youth-Driven Transition Plan (YDTP)**

Additional information about Youth-Driven Transition Plan (YDTP) is located in the following section of the APSR: [Chaffee Foster Care Independence Program](#) and [Education Outcomes](#).

### **Plans for Quality Improvement for FY 14**

In addition to continuing the services described in this section of the report which are intended to ensure that children in foster care receive the health services necessary to meet their Well-Being needs, the Department is engaged in the following quality improvement initiatives:

- Development of a secured Web Portal for the use by primary care and other physicians caring for children in foster care so that these healthcare professionals have on-line access to health information to ensure continuity of care and to eliminate duplication of services provided to the child. The secured Web Portal would also serve the needs of foster parents and relative caregivers to ensure easy access to health information for the child in their care. The same access would be extended to youth ages 16 years and over who are taking over responsibility for their own health care and transitioning to independence. The secured Web Portal access would be to an on-line version of the Health Passport.
- Utilization of health care services for children in foster care will continue to be monitored in FY 14 and enhanced with the adoption of nationally recognized quality health care measures for children -- CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009) Core Measures:

- Childhood and Adolescent Immunization Status
- Well Child/EPSTD Examinations for Children and Adolescents
- Dental Care – Preventive and Treatment Services
- Developmental Screening in the First Three Years of Life
- Chlamydia and Other STI Screening for Adolescents
- Emergency Department Visits
- Children with Asthma with More Than One ED Visit
- Children with Diabetes with Hemoglobin (HbA1c) Testing
- Follow-up Care for Children Prescribed ADHD Medications
- Follow-up Care After Hospitalization for Mental Health Conditions
- Development of a Care Coordination Demonstration Project with joint planning by the Department with the Department of Healthcare and Family Services, the state Medicaid agency. The objective of this project would be to establish a behavioral health home consistent with provision 2703 of the Affordable Care Act. The target population would be those youth who are in Specialized Foster Care with behavioral issues in need of better coordinated care, youth being discharged from psychiatric hospitals, youth being stepped down from residential care, and youth in a mental health crisis. The project would integrate the provision of primary care services with the broad spectrum of behavioral health services.

## **Psychology and Psychiatry**

### **Psychology Services**

The Psychology program has grown to encompass a number of diverse clinical responsibilities within the Department and is now the Psychology and Psychiatry Program. The Department's Psychology and Psychiatry Program has a statewide referral/ consultation system and provider network for psychological, neuropsychological and parental capacity assessments. DCFS Consulting Psychologists have sole responsibility statewide for providing clinical consultation and gate-keeping to Department and POS staff regarding the use of assessments for youth in care and their families

For the first three quarters of FY13, there were 2,013 requests for Psychological Evaluations, of which 74% were accepted and 26% were deemed inappropriate. This gate keeping review process resulted in a savings of \$369,148 during this time period. Additionally, reviews of 79 Neuropsychological Evaluation and 292 Parenting Capacity Assessment requests saved \$36,800 and \$112,200, respectively, in inappropriate costs. This total of \$518,148 represents a significant savings for the department in costs for Psychological and Neuropsychological evaluations and Parenting Capacity Assessments, while ensuring that children receive those evaluations and assessments when most appropriate and useful. In addition, there were 891 consultations with caseworkers, 101 referrals to the Continuity of Care Centers (detailed below) and 834 other contacts (staffings, trainings, meetings, QI, HealthWorks, counseling treatment extensions). Added to the number of testing referrals reviewed, the Consulting Psychologists have provided 4,210 units of service during this time period.

In addition to test referral review, the Consulting Psychologists provide consultation to caseworkers and supervisors to assist with treatment needs and placement decisions and consult on Behavioral/Mental Health Services to Health Works Primary Care Providers via the Consult for Kids program. The Consulting Psychologists also provide clinical input through routine program review, high-profile case review, membership on various workgroups within the division and interagency (PMQIC), gate keeping services for program therapy contracts to ensure that continued

therapeutic treatment is indicated, and liaison with other programs such as Psychiatric Hospital, Nursing and Sexually Problematic Behavior.

Goals for FY14 include: 1) restructuring the testing payment rate in order to have a focused Psychological Evaluation and a comprehensive Psychological Evaluation. This more equitable system should result in a savings to the Department; 2) Finalizing a revised Testing Referral form that reflects the current staffings, services and information needed to have a better informed consultation and testing service; 3) Continued discussion as to how Psychological Evaluation providers can provide service in a manner which would allow for Medicaid reimbursement; and 4) The Psychology Program has begun communication with OITS on ways to utilize state of the art technology for the submission and storage of testing reports. Of the over 2,000 approved evaluations in any year, at least 1,500 are completed. Not only is this an added expense to the providers for printing and mailing, has become a difficult task of storage space and access to reports for information when needed.

### **Psychiatric Services**

In accordance with requirements of the **Fostering Connections to Success and Increasing Adoptions Acts of 2008** and the **Child and Family Services Improvement and Innovation Act** (P.L. 112-34), DCFS has implemented revisions\* to DCFS Rule 325, **Administration of Psychotropic Medication to Children for Whom DCFS Is Legally Responsible**

DCFS, along with two other state agencies (Healthcare and Family Services and the Department of Human Services) provides crisis intervention and screening through the state's mandatory coordinated SASS (Screening, Assessment, and Support Services) program. Through these services, DCFS youth are evaluated on the need for crisis intervention and screened prior to referral for psychiatric hospitalization

In order to provide coordination of psychiatric services prior to hospitalization and post-hospitalization, DCFS Clinical Services Division has established "Continuity of Care Centers". These centers are operated in communities, and provide psychiatric services along with case management and care coordination consultation to assure coordinated psychiatric care between the various treatment and placement resources. They may also be accessed by caseworkers needing psychiatric services for youth in care (intact or placement) with mental health problems that are causing significant distress or functional impairment in their family, school or other environment.

Further, the Psychology and Psychiatry Program has assigned a consulting psychologist to serve as a liaison with the Specialty Services Programs such as Psychiatric Hospital Program (PHP), Nursing & Sexually Problematic Behavior Program. With regard to the PHP program, the liaison visits children and adolescent psychiatric hospitals as well as psychiatric units of community hospitals to conduct file reviews, unit observations and clinical interviews in order to monitor care and implementation of best practices as well as to coordinate and maximize efforts and resources of SASS and the Placement and Permanency Division.

The Psychology & Psychiatry Program, in conjunction with other clinical programs, is also working to pilot a Telepsychiatry Initiative in the Northern, Central and Southern Regions where there is are limited outpatient psychiatric services for children and adolescents. This Telepsychiatry Program is designed to provide psychiatric service via a computer video network. The goal is to reduce the need for hospitalization resulting from a lack of needed community care. During this next fiscal year we will continue to work on establishing the network and protocol for the program as well as continue to discuss the program with potential sites and providers.

**Protocols to Monitor Psychotropic Medications in Children and Adolescents in the**

**Foster Care System:** The prescription of psychotropic medications to Illinois foster children is guided by the Joint Commission on Administrative Rules, Administrative Code, Title 89: Chapter III: Subchapter b: Part 325 Administration of Psychotropic Medications to Children for Whom the Department of Children and Family Services is Legally Responsible. In order to fulfill the requirements of the Rule, DCFS established the Centralized Psychopharmacology Consent Program which consists of two components: the Centralized Psychotropic Medication Consent Line, located in the DCFS Division of the Guardian, and the Clinical Services in Psychopharmacology (CSP).

In this model, board certified child psychiatric consultants in the CSP at the University provide an independent medication review of all psychotropic medication consent requests. On the basis of the review, the consultant recommends to DCFS that the request be approved; modified (approved at a different dosage, duration, or administration schedule); or denied. The consultant may request additional information in order to make the recommendation. The completed recommendation is then forwarded to the Centralized Psychotropic Medication consent line where the authorized agent formally consents to or denies the medication trial.

**Work Force Training on Psychotropic Medications:** The CSP is actively involved in the education of DCFS authorized agents and caseworkers, DCFS regional nurses, child care providers, clinicians, foster parents, and post-adoption workers through conferences, scheduled trainings, and technical assistance efforts aimed at improving quality of care institutional treatment settings. Currently, the CSP and the DCFS Office of Training and Professional Development are in the process of designing a series of concerning webinars and an on-line training program to train DCFS caseworkers on Policy Guide 2012.04 on the Administration of Psychotropic Drugs.

**Initiative for FY 2014:** The Illinois Department of Children and Family Services was one of five states selected 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 (AECF). The Psychology and Psychiatry Program Administrator is a part of this multi-agency grant team. This quality improvement collaborative will focus on improving the quality of psychotropic medication use among children in foster care. Illinois' specific goals and objectives for this initiative are:

- To improve the effectiveness of the psychotropic medication consent, oversight and monitoring program for Illinois foster children.
- To implement psychosocial and psychotherapeutic treatment strategies for common behavioral symptoms in order to reduce reliance on psychotropic medications for symptomatic control.
- To improve the safety and effectiveness of psychopharmacotherapy in foster children and to decrease the use of ineffective or inappropriate psychopharmacological practices through the development and implementation of evidence-informed policies.
- To increase access to evidence-based behavioral health services and interventions in order to decrease the reliance on and provide alternatives to the use of psychotropic medications in preschoolers.

**Support and Stabilization Services (SASS)**

The Support and Stabilization Services Program is a jointly funded program among the Illinois Departments of Children and Family Services, Healthcare and Family Services, and Human

Services/Division of Mental Health, designed to provide immediate, crisis response services to children experiencing a psychiatric emergency, requiring state-funded services.

In FY12, 2,227 youth were DCFS wards at the time of the psychiatric crisis, which brought them into the SASS program. The year-to-date total for FY13 is 1,878. Utilization patterns would indicate the total for the current fiscal year would approximate FY12.

There will be two significant changes in the SASS program in FY14.

- The contractual responsibility for maintaining the SASS database (SASSCARES.org) will shift from the DCFS to DMH/DHS. Historically, the Department has funded the SASS database through its contract with Northwestern University. For FY14, the SASS database portion of the contract will be transferred to DHS/DMH and will be administered through that department's contract with UIC.
- For FY14, HFS will fund a pilot project in Champaign, Vermilion, Ford, and Iroquois Counties for the SASS program, wherein CHOICES, Inc., a non-profit care management agency, will create a care management system within the SASS program for those counties. It is anticipated CHOICES will blend system of care principles with wraparound values and managed care technology. While initially targeted at the case management aspects of the SASS program, this project, if successful, could be expanded to include all aspects of the SASS program in the pilot area.

## **Chaffee Foster Care Independence Program**

### **Description of the Illinois Department of Children and Family Services Chaffee Independence Program and its Components**

In 1990, the Illinois Department of Children & Family Services developed transitional policies and procedures to better serve youth transitioning from state care. Key program components included continued educational opportunities, employment assistance, life skills assessments and training, placement services and other support program opportunities. The policies and procedures developed embrace adoption of the Casey Life Skills Assessment resulting in well-defined transition plans to assist youth in transitioning to self-sufficiency; expansion of post-secondary educational opportunities for youth; supports for vocational training, job skills, job placement and retention; promotion of mentoring programs with dedicated adults; and financial, housing, counseling and other appropriate supportive services.

### **Transition to Independence Philosophy of the Department**

It is the Department's position that all youth in placement, regardless of their permanency goal, will be provided developmental activities and support services designed to enhance and monitor their independent living skills development. Transition planning for adolescents for whom family reunification, subsidized guardianship, or adoption is not an option, must be an ongoing process beginning with an assessment of the adolescent's needs and allowing for input from the youth, caregiver, teachers, counselors, youth's family, and caseworker. Transition planning must also ensure accountability on the part of the youth, the Department and other service providers; and include periodic assessments of needs in light of services to promote successful transition to independence. All adolescents are unique; however, they share common needs when preparing for independent living.

In order to comply with the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), Department Procedures were revised in December 2010 to require that a

Youth Driven Transition Plan (YDTP) (CFS 2032-1) be developed for all youth in care at age 17. The YDTP (CFS 2032-1) must be completed at age 17 and must be reviewed/updated 90 days prior to discharge from care. It is also strongly recommended that the Plan be reviewed and updated on a regular basis between those times and that it be used as a tool to assist the youth in planning for self sufficiency upon emancipation from care. For youth in an ILO or TLP placement, the Transition Plan required per that Program Plan is acceptable to meet the review required 90 days prior to discharge.

Additionally, as part of the YDTP (CFS 2032-1) completed at age 17, caseworkers must also complete the following steps to comply with the informed health care decision requirements of the Fostering Connections legislation:

- Provide education regarding Power of Attorney for Healthcare to all youth in care who are 17 years of age, regardless of living arrangement, by reviewing Your Future, Your Health information sheet (CFS 2032-2) with the youth.
- Provide the youth with a copy of the Illinois Statutory Short Form Power of Attorney for Health Care (CFS 2032-2), and educate the youth regarding their option to execute the Power of Attorney for Health Care on or after their 18th birthday.
- Obtain the transitioning youth's signature on the Receipt of Information & Education Regarding Health Care Options (CFS 2032-3).
- Sign and date the Receipt of Information & Education Regarding Health Card Options and retain copies for the youth's permanent record as appropriate.

### **Developing Services under the Chafee Program for Youth Remaining in Foster Care Until Age 18 – Service Overview**

In response to the current reality of long-term placement for a growing percentage of youth in care, the IDCFS has enhanced and refocused many services. Although the average length of care in Illinois is 4.5 years, children in foster care age 13 or older, are far less likely to be returned to a biological parent, adopted, or discharged to private guardianship than younger children in care. In FFY13, of the approximately 15,000 children and youth in substitute care, approximately 35% are ages 14 and older. Long-term youth service components, for youth remaining in foster care until age 18, include comprehensive integrated assessment, coordinated case management, placement stabilization, education support, and adult transitional planning. Department services to youth comply with safety, permanency, and well-being standards, approved by the U.S. Administration for Children and Families. Specific outcomes for adolescent development and transitional preparation for adult self-sufficiency are guided by the 1999 Chafee Foster Care Independence Act, and include:

- Increased levels of educational achievement;
- Increased employment opportunities & number of youth working;
- Reduced at-risk behavior;
- Reduced non-marital pregnancy;
- Reduced incarceration; and
- Reduced homelessness and dependency.

Department service resources, allocated to reach Chafee transitional preparation goals, include intervention and advocacy to address academic achievement barriers, life skills assessments, instruction and application opportunities, recreation and cultural enrichment programs, mental health and substance abuse assessment/service, subsidized college/vocational training and successful program completion support, employment assistance, and appropriate post-DCFS self-sufficiency plans. Self-sufficiency plans may also include housing, transition to adult-care health

systems, and extended community support networks. Youth services are delivered by DCFS or POS caseworkers, clinical and administrative staff, caregivers, DCFS Office of Education and Transition Services (OETS) staff, and various contracted and volunteer service providers. In addition to expanded provider/program resource components, the Department has enhanced vital application process factors, through an inclusive, collaborative process of research-based, policy revision, staff development training, and strategic interagency and community partnerships.

### **Team Case Management Services for Adolescents: Caseworker and Caregiver**

For adolescents in care until age 18, the transition-related service plan is a vital service component. Chafee adolescent development and transition objectives are coordinated with permanency goals, through caseworkers, DCFS Transition Managers, and contracted service provider collaboration. The caseworker documents interventions and services that are to be provided, specific time frames for completion, and desired outcomes, and who will be responsible for completion. Specific adolescent service plan components include:

- Anticipated length of time support services will be needed until the ward is fully independent;
- The person(s) responsible for monitoring the ward's progress;
- How and which support services will be offered in the following areas:
  - Counseling, education training, life skills training, human sexuality education, vocational/technical training, employment, health, housing, legal services, socialization (cultural, religious, and recreational activities), support groups, and aftercare; and
- Financial responsibility of the youth and Department.

The permanency goal entails both the living arrangement and the legal relationship, which is determined to be in the best interests of the child. Permanency goals may include:

- Remain Home
- Return Home;
- Adoption;
- Permanent Family Placement with an Unrelated Foster Family;
- Permanent Family Placement with Relatives;
- Independence;
- Long Term Care in a Residential Facility;
- Substitute Care Pending Court Decision Regarding Termination of Parental Rights; and
- Kinship/Guardianship Assistance (KinGap).

For youth who may remain in DCFS care until age 18, the permanency goal will usually change, as the child and family's needs, and circumstances change. For adolescents in DCFS care, the preferred goal remains return home; however, if reunification is not possible, caseworkers explore adoption and guardianship options. When these goals have been ruled out, independence may be selected as the most appropriate permanency goal, while assessing, with each service plan, whether changing circumstances might allow return home, adoption, or guardianship to become the preferred goal. When Independence is selected as the permanency goal, the caseworker documents on the Service Plan, CFS-497, Part I:

- The reason for selecting this permanency goal;
- That the child is at least 15 years of age;
- The reasons why remain home, return home, or adoption are not appropriate permanency goals for the child; and
- That the child has demonstrated the potential to care for himself.

With an Independence goal, caseworkers also develop alternative ways to accomplish the independence goal, in the event the youth is unwilling or unable to accomplish established objectives and tasks.

For adolescents, the caseworker and caregiver relationship with the youth is pivotal to the successful and meaningful strategic planning for the youth's future. The caseworker/caregiver may assume multiple roles in relation to the adolescent. These roles may include coach, mentor, mediator, advocate, and role model. The given role may vary, and is dependent on the needs of the youth at any given point in time. Practice has proven that the following continuum of preparation services and supports are most beneficial to adolescents in substitute care:

### **1. Informal life skills development that naturally occurs in day-to-day activities**

Most youth will learn the majority of these skills from their caregivers. Caregivers are expected to take advantage of teachable moments in the home to teach youth varied skills related to housekeeping, budgeting, shopping, personal hygiene, and other skills that naturally occur in the home setting.

### **2. Life Skills Practice Opportunities**

Upon completion of a life skills assessment, youth may be referred to a life skills service provider that provides life skills instruction to the youth. Caregivers, caseworkers, and other significant others should assist youth in practicing/giving feedback to what they have learned in life-skills classes.

Southern Illinois Collegiate Common Market (SICCM) is a consortium of five community colleges and two universities. It provides the life skills program for Central and Southern Regions. The program provides individualized instruction focused on plans developed from the youth's life skills assessment. The instruction is conducted in foster homes throughout the regions. Goal specific pre/post tests are given using the Casey Life Skills Assessment. SICCM's life skill program will customize role playing, field trips and guest speakers to the specific needs of the participant. The one on one approach will ensure a timely, seamless delivery of service. SICCM conducts training in an appropriate and local environment with emphasis on the importance of community networking. Stipends and awards are given to program graduates.

In the Northern Region downstate and part of Cook County, Aunt Martha's Youth Service Center (AMYS) offers an innovative Life Skills program: "Life in Action". This program provides services to youth in foster care, ages 14-20. The program is not a classroom-based curriculum, instead, it is a mobile classroom that comes to where the youth are, and provides opportunities for youth to test their knowledge and learn how to manage their adult lives. One benefit of the "Life in Action" program is that it helps youth learn to use computers and the internet through a variety of fun, appropriate and supervised activities, all based on the Casey Life Skills curriculum. The program also provides young people with immediate and long-term incentives. Graduates may move on to mentor peers.

In the Cook County region the department has contracted with the Dime Child Foundation for life skill services for youth in care. Dime stands for Demanding Intelligence through Mentoring and Education. Dime has expertise in working with youth who are experiencing the following challenges: unclear career goals, uncertainty about adult responsibilities, lack of health awareness, no education plans, and overall self-sufficiency. Dime services youth in care between the ages of 14-20 years old whose life skills assessments indicate that transition services are appropriate. .

## **Specific Accomplishments/Progress made by the Illinois Department of Children and Family Services to Improve Outcomes for Children and Families**

Chafee funding is being used in Illinois to provide educational assistance and finance tuition and fees not covered by State and Federal financial aid grants for post-secondary vocational and educational programs. In addition to the Education and Transition Voucher (ETV) program, Illinois also has the following programs to strengthen the attainment of post-secondary educational experiences:

### **Educational Services**

The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). Education Advisors and Post Secondary Education Specialists are located in DCFS regional and field offices where they are readily accessible to families, schools, child welfare staff and communities. EAP provides educational advocacy to promote academic success for youth involved with DCFS. Staff advocate for increased access to educational services, attain enrollment, improve attendance, and reduce disciplinary actions for elementary and secondary students.

EAP staff also offer technical assistance and support to students to plan for post-secondary education, and support youth enrolled in the DCFS Youth in College and Scholarship programs, Education and Training Voucher (ETV) and the Community College Payment Programs (CCPP). Staff works to identify issues that would be barriers to academic success and offer support for improving academic performance. The EAP staff have established a Youth In Care On Campus Program at Southern Illinois University-Carbondale and have supported a “Meet and Greet” group at NIU. They identify resources available in DCFS, on college campuses and within the college communities, as well as other relevant resources. Staff also tracks information that could be used to improve educational services for post secondary youth and process ETV and CCPP funding requests.

- Approximately 1,200 youth have been served through the EAP during the first seven months of FFY 2013.

The **Youth in College/Vocational Training program** supports DCFS students attending state or private universities, community colleges, or vocational training schools. Participants receive a monthly stipend of \$471.00 per month, a medical card until age 21 or case closure, and payment for books and required supplies that are not paid for by financial aid. As of May 1, 2013, there are 238 youth in the Youth in College/Vocational Training program. Youth must remain at full time status, while maintaining a 2.0 GPA or “C” average to continue to receive grant payments. It is recommended that the monthly stipend be increased to reflect “cost of living” inflation.

The **Youth in Scholarship** program is a competitive college scholarship program open to all DCFS youth in care, youth who aged out of care at age 18 or older, and youth who left care through guardianship or adoption. Forty-eight scholarships are awarded annually. The awardees receive a monthly stipend of \$471.00, a medical card, and a tuition and fee waiver to an Illinois state university or community college. Currently, there are 160 youth in the DCFS Scholarship program.

The **DCFS College Connections Care Package Program (CCCP)** is designed to support new college students entering their freshman year by linking them to a volunteer who will offer encouragement through mailing care packages and also the possibility of establishing a mentoring relationship. While college can be a challenging time for all, DCFS students face significant challenges due to their history of growing up in the system. This often results in limited support once they enter college. The goal of this Program is to match interested youth with a supportive

adult in their area. A volunteer can offer professional advice, networking skills and guidance, as well as sending packages of goodies. The program aims to match youth by their career interest with volunteers in that profession. The eligible participants for the Care Package Program are both in their freshman year of college and enrolled in the DCFS Youth in College or Scholarship program. If matched with a student who is interested in building a mentoring relationship, some suggested activities are to mail or hand deliver packages, take the student to lunch, or attend campus events. As part of the matching process, a volunteer may be asked his or her opinions in regards to career choices, accessing resources on campus or choosing a major and /or classes.

The Department's **Project STRIVE** (Strategies To Rejuvenate Interest and Value in Education) Network is in 14 Cook County schools, using two social service agencies. The program design is simple, although the implementation is far from routine. A trained social worker is sent into the school with an average number of 30 DCFS involved youth to engage them in the educational process. The worker performs a wide variety of functions, depending on the receptivity of the school and the needs of the wards. The STRIVE worker connects and coordinates with the case manager from the POS agency or DCFS and gets to know the school intimately. The worker may counsel the student, attend staffing, initiate conferences with teachers, broker tutoring and other services, introduce a ward to an appropriate activity sponsor, help the ward find a job, help the ward get a scholarship, pick up a ward at his house when she/he is truant, etc. In each case, the worker must also engage the student's family in both the program and the school. Due to the many instances that family is unavailable or unwilling to work with the school, this can be a difficult (but crucial) process. The STRIVE worker will often go to the home, at a time convenient for the family, to discuss school progress and plans for improvement with the youth and caregiver.

**The High School to College Program (H2C)** supports the transition of 8th graders to high school and the successful transition of high school seniors to college. H2C serves young people who are currently in care of the child welfare system, or who have achieved permanency via subsidized guardianship or adoption. H2C serves a population of 30 youth focusing on academic and professional skills by linking them with DCFS resources and existing community resources. Currently the high school to college program is providing services in seven Chicago high schools and two Chicago elementary schools. The program will provide opportunities and support by maintaining ongoing relationships with the youth. Individual and group trainings are provided to promote self esteem, social skills, and positive peer networks within their schools. High school students will have the opportunity to participate in in-state college tours. Tours will allow the students to attend various college campuses, see where they are comfortable, get introduced to academic and social programs available at each campus, and help them matriculate to post secondary institutions by learning to make informed choices about their college careers.

**Introspect Youth Services** provides college and vocational program admission direction to youth in care. Youth in care receive assistance in all aspects of the college and vocational program application and decision making process. They can also visit the offices of Introspect and receive individual counseling services.

The **Community College Payment Program** pays for the tuition, fees, and books, as well as supplies and uniforms, not covered by financial aid, for those youth attending an Illinois community college. This assistance is for youth who are attending an in-district community college and is offered regardless of living arrangement. Most students are eligible for the maximum State of Illinois Monetary Award Program (MAP) and Federal Pell grants, so this funding is used only when financial aid is not available. To date, for State Fiscal Year 2013, 56 youth have participated in this program. Community Colleges are increasing the number and variety of vocational related

programs that train people for entry level and above positions in careers that need workers now. The majority of these programs are related to the health field. Because most of these courses are not funded by FAFSA related grants, the Community College Payment Program is being used to help youth get the needed education for these positions. This funding source can also be utilized by youth who are still in high school or are in a 'bridge' program that allows them to complete their high school diploma while earning college credits.

The **Alternative Schools Network (ASN)**, in collaboration with the Illinois Department of Children and Family Services, has developed the **Youth Scholars, Skills and Service (YS3)** Program with 17 community based alternative high schools for DCFS youth who are out of school and do not have a high school diploma or GED. Each school provides teachers and mentors who work closely with the DCFS students to monitor academic achievement, personal development and supportive services. All programs offer the following: year-round academic program, after school enrichment program, full-time school based mentor, student savings, and scholarship program for post-secondary education. . In SFY13 (July 1<sup>st</sup>, 2012-March 31<sup>st</sup>, 2013), 319 youth were served in the ASN YS3 program. Ten youth graduated from high school and received their high school diploma. Five youth received their GED. The Youth Scholars program continues to provide innovative and exciting educational programs and services to youth in care. There has been increased coordination with the DCFS and Purchase of Service (POS) workers. Cultural and recreational field trips continue to provide new opportunities for youth in care. The life skills workshops provide the youth with new learning experiences and help them become independent and self-sufficient. The Department requires the mentors and the youth's DCFS and POS workers to convene a meeting at the alternative schools where the student's academic progress is reviewed and problems/issues are discussed. An Annual High School Academic Plan is then completed, and can then be brought to the youth's next Administrative Case Review by the caseworker.

The **Alternative Schools Network Project New Futures (PNF)** is a program that provides pre and post graduation transition services for DCFS youth in the Alternative Schools Network Youth Scholars, Skills and Service (YS3) Program. Project New Futures provides transitional support to (YS3) graduates into employment, vocational training and/or college. Participants are tracked for three years by the Alternative Schools Network staff. The Project New Futures program began as a collaborative effort in January 2005 between the Alternative Schools Network, the Illinois Departments of Children and Family Services (DCFS) and the Illinois Department of Commerce and Economic Opportunity (IDCEO), and the US Department of Labor. The US Department of Labor withdrew funding in 2007 and the Casey Family Programs replaced the Department of Labor as a funder for PNF. However, IDCEO completed its funding for Project New Futures on June 30th, 2009 and the Casey Family Program's funding ended on September 30th, 2009. The Project New Futures services include teaching life skills, daily living tasks, self-care, social development and relationships, work and study skills, money management, information on housing and community resources, preparation for job and college placement after graduation and leadership development activities. . In SFY13 (July 1<sup>st</sup>, 2012-March 31<sup>st</sup>, 2013), 194 youth were served by the PNF program. Fifty-two youth were in-school, 142 youth were out of school and 87 youth were over 21 years of age. Youth over 21 years of age have to have an Individual Transition Plan completed every 6 months, and approved by DCFS for the youth to continue in the Project New Futures program.

The **Extra Learning On-line (ELO) Program** uses computer-based technology to promote and increase academic skills and achievement in the areas of reading, math, and science. This tutorial program offers youth the opportunity to work at their pace, while improving their academic performance in the area of reading, literature, comprehension, writing and other academic subjects.

The program offers curriculum in each subject to promote subject mastery. At the conclusion of each lesson, an assessment is administered to document mastery of that subject. In SFY13 (July 1<sup>st</sup>, 2012-March 31<sup>st</sup>, 2013), 501 youth participated in the ELO program. Ten agencies utilized the ELO program. The EdOptions Credit Access Program (ECAP) was also available to youth statewide. Sixteen youth participated in EdOptions, 1 youth in the high school credits program, 6 youth in the high school diploma program and 9 youth in the GED preparation program.

The **DCFS Find Your Futures Program** was established in the summer of 2005. The internship program originally matched DCFS youth in college with employers in the Chicago area. The Program was expanded in 2008 to include opportunities in downstate Central Illinois and a procedural change allowed interns to repeat up to two years if they meet the criteria. Interns must have a minimum 2.0 cumulative GPA and are enrolled in college full-time. Fifty-three applications were received for the summer 2013 program; 55 applicants were interviewed, and 24 youth were approved to participate in the program. Throughout April and May interns are matched with an employer in their field of interest. The Internship program includes an orientation that features business etiquette, networking and job evaluation workshops to help prepare the youth to be successful in their employment settings. Evaluation results from previous participants indicated interns wanted to participate in more networking opportunities. An additional experience consists of five networking opportunities available for the summer, which include a recreational outing, dinner etiquette course, cultural experience, volunteer experience and a closing reception. Employers, as well as others from the professional world, are invited and encouraged to attend some of these events in order for interns to develop their networking skills. These events will also allow the interns to develop relationships for future employment opportunities. Additionally, the interns are provided workshops on resume writing in July. Anonymous program evaluations will continue to be provided and program changes/improvements will be made based upon the results. Efforts will continue to get prospective employers throughout the fall in order to gain new and continuing support for Find Your Future. All past interns have an opportunity to avail themselves of staff who can assist them in their job searches once they graduate from college.

The **Work-Attitude-School-Study Youth Program (WASSUP)** is a program through the Springfield Urban League that focuses on skill building, increasing academic performance, and career development. Using the Seven Habits of Highly Effective Teens as part of the coursework curriculum, the Springfield Urban League provides services through individual case management, self-directed learning options, structured mentoring sessions, individual tutoring instruction, job shadowing and on-the-job work experience. Program participants are 16-20 years old, under court-ordered legal supervision of DCFS, and have completed the Casey Life Skills Assessment. Twenty-five (25) participants are targeted to be served: Fifteen (15) out-of-school and ten (10) in-school youth. The program is divided into semesters. All participants receive case management services where goals are established and monitored. Upon completion of the program a graduation is held. Once the work experience component is completed, participants enter into follow-up status where contact is made at a minimum of once per month. Assistance is provided as deemed necessary.

During SFY 13, ten (10) youth have participated in the WASSUP Program. All were in school youth. Program staff found that many youth in the WASSUP program require additional and more intensive case management and remedial services to get them at a comfortable point to begin the skill building necessary to more effectively participate in the program.

The **Girls Awakening Power (GAP)** Program is a Springfield Urban League program designed to find the hidden voice within each young girl and give it validation, power and a forum. The program offers a safe, yet challenging, academic and social environment that provides opportunities

for girls ages 9-15, in an all girl setting. During SFY 13, five (5) youth have participated in the GAP Program. These young girls are able to participate in computer lab and homework tutoring, project based education (visiting women owned businesses), meeting women CEO's, mentoring/job shadowing opportunities from women leaders within the Springfield community; social and emotional learning through staff guided group discussions; exploring friendships and other relationships with more support and less peer pressure; expanding their view of the range of life options available to women; building healthier and more appropriate views of their bodies, minds and potential; studying non-traditional subjects such as computer science, welding and engineering; and business etiquette classes.

The WASSUP and GAP Programs work together to ensure that youth in both programs are getting services that are beneficial. When young girls in GAP reach age 16 they are able to transition to WASSUP to further enhance their skills.

The **Illinois Inter-Agency Athletic Association (IIAA)** sponsors and organizes sports and recreational events for Illinois youth residing in child care institutions, group homes or independent living preparation programs. The sport events offered to the youth by the IIAA include softball, rugby, swimming, soccer, volleyball, dodgeball, basketball, bowling, and track and field. It also includes special events and activities, an arts and crafts exhibit, creative writing booklet, and a picnic. The IIAA also conducts staff training clinics two times a year. An estimated 1000 DCFS participants will be served during the contract period. By participating in IIAA activities, the boys and girls can grow and benefit in three areas: 1) recreational, 2) social and 3) psychological. The IIAA mission is to use sports and recreational activities to help youth build the essential social skills enabling them to become well-adjusted and productive members in their communities. The social benefits include learning how to follow directions and deal with authority, gaining impulse and emotional controls, working as a team, developing empathy/identifying with the need of others and learning appropriate public behavior. Many common problems of our boys and girls, such as negative and unrealistic self-images and undeveloped social skills can be treated effectively and economically through an organized recreation program.

### **Marketing Strategy for Programs and Services Offered by the Office of Education and Transition Services**

Regional Youth Summits geared specifically for youth in care, ages 14-20, are held annually across the state. DCFS and private agency staff from Cook, Northern, Central, and Southern regions recruit youth each year to participate on planning committees. The youth participate in monthly planning meetings with adult staff to design and plan for the execution of the Regional Summits. Adult staff volunteers serve as co-chairs to assist the youth in planning and coordinating the events. The youth on the planning subcommittees learn valuable life skills as they design the Summits, including creating workshops, scheduling and confirming venues, public speaking, performing, and motivating peers to register for and attend the Summits.

In addition, the annual Regional Youth Summits involve youth in care and former youth in care as keynote speakers and workshop co-facilitators. The Summits give youth the opportunity to develop the needed skills to prepare them to be self-sufficient and independent as they prepare to leave DCFS care. The Summits cover topics such as housing, finances, preparing for employment, post-secondary education, and understanding and utilizing services available from the Department and their communities.

Three additional resource tools have also been created as a result of youth input: a brochure titled "Get Goal'd" aimed at youth in care and a larger "cookbook" type resource guide aimed at

caseworkers and staff in the field. The Get Goal'd brochure, when folded, is the size of a baseball schedule that easily fits into a back pocket or wallet. It has been received with an overwhelmingly positive response from both youth and caseworkers. The brochure was designed along the theme of a video game. When unfolded, one side of the brochure contains the various domains of life, i.e. . . . "Get a Good Education", "Be Job Smart and Money Savvy", etc., each identified by a specific color that then matches on the reverse side to those same resources with additional information and a phone contact. In order to keep the brochure small the information provided is very minimal. The goal is to stimulate the youth who will then advocate on his or her own behalf with a caseworker, caregiver, or other adult in their life to obtain additional information on the program or resource and, if eligible, take advantage of it. The Get Goal'd brochure has been continuously updated since it's inception to include additional Department and community-based resources.

The second tool is a larger resource guide created along the same color theme that contains additional information about the programs and services, including specific eligibility criteria and corresponding Department Policy and Forms references, to be used by caseworkers as a user-friendly resource guide to Education and Transition related programs and services. The goal is to have better-informed caseworkers and youth who take advantage and utilize those programs and services. Better-informed individuals make better advocates for those services and resources that are missing or insufficient to meet a specific need. This resource was distributed to DCFS and private agency caseworkers across the state by the OETS Transition Managers. The feedback received continues to be overwhelmingly positive. The Get GOAL'D handbook was updated in FFY 2013.

The third tool is a website for youth, caregivers, and caseworkers. The website address is [www.youthincare.illinois.gov](http://www.youthincare.illinois.gov). The website design follows the same design as the brochure for youth and the handbook for caseworkers. The Department has received positive feedback from users of the site, including inquiries from counterparts in other states regarding its development.

The Department maintains "tip sheets" on the education and transition programs and services offered by the Office of Education and Transition Services (OETS). These one page "tip sheets" are available at each field office, through the DCFS Stores, which provides all DCFS documentation to all agencies contracted by DCFS that provide services to our youth, on the Youth in Care website and on the D-NET, the internal computer information system of DCFS which many DCFS contracted agencies have access to.

The Department issued newsletter, "Illinois Families Now and Forever," publishes articles and informational columns highlighting services for older adolescents. The editor established a standing column called "Movin' On Up" for youth in transition to adulthood. Additionally, recent issues contained features addressing older youth concerns such as financial aid and scholarships through DCFS and external resources; Web sites and community-based programs to help students apply to college; summer employment opportunities, rollout of the enhanced life skills curriculum; activities of the regional and Statewide Youth Advisory Boards, and information on the Education and Training Voucher Program, the Community College Payment Program, and the Employment Incentive Program. The newsletter has also included articles on search and reunion services, ways to support the emotional needs of adopted adolescents, and post-adoptive services for older youth and their families.

The State's philosophy for all of its youth in care over fourteen years of age is one of empowerment and responsibility, with heavy emphasis on education, training, mentoring, and peer-group support. DCFS continues to fund several programs and activities that provide youth with opportunities to

enhance their self-esteem, to be supportive of each other, and to develop a sense of empowerment and control in their lives. One of these opportunities is the Youth Advisory Boards. The DCFS Regional Youth Advisory Boards (RYAB's) are convened in every DCFS Region across the state. The Regional Youth Advisory Boards (RYAB's) meet once per month. The members are DCFS youth in care or youth who have achieved permanency through Adoption or Guardianship. Each RYAB has elected officers, who convene at the Statewide Youth Advisory Board (SYAB) bimonthly meetings. Guest speakers, including successful former DCFS wards, are often included on the agenda. RYAB and SYAB members represent the interests of the total population of DCFS youth in care. The RYAB mission statement focuses on partnerships, commitment, engagement, advocacy, empowerment, collaboration and responsibility for DCFS youth, particularly adolescents.

The SYAB Executive board members meet periodically with the Director of DCFS. They discuss the issues and concerns of youth. Currently the youth are addressing the following issues: Legislature and Law, Teen Parenting Services and Education. The SYAB members have recently held a meeting in Springfield where they met personally with State Rep. Sara Feigenholtz in support of HB5592, which seeks to preserve sibling relationships when in a child's best interest. The bill supports youth in care by putting into place systemic supports and requiring that DCFS develops, nurture and preserve relationships throughout the life of a youth's case; Locate potential placements with siblings when a youth first enters state care, and every time the youth requires a new placement, as long as doing so is in the youth's best interests; recruit, train, and support case worker and foster parents willing to foster sibling relationships; Support, and help foster parents understand, the importance of being actively involved in developing sibling contact support. A plan for youth in care also requires the juvenile court to review at regular intervals plans for maintaining sibling contact. Every SYAB member successfully completed the ethics training conducted by the Inspector General's office and has signed certificates located in the contract monitoring file.

### **Training**

Office of Education and Transition Services staff continue to conduct and participate in trainings as requested across the state informing foster parents, relative caregivers, adoptive parents, DCFS and POS staff, and court personnel on the availability, procedures, and requirements for applying and accessing services thru the Division of Service Intervention, including post-secondary educational services.

### **Expanding Post-Secondary Educational Opportunities**

Those in the Department's Youth in College program, who elect to continue in their educational program over the summer months, are allowed to access ETV funding or the Community College Payment Program to pay summer school tuition. Pell grant funding is no longer available for the summer semester, so there may be an increased need for this funding if youth want to attend classes during the summer semester. It is estimated that 50 youth will need funding during the summer of 2013.

Typically, youth accessing ETV funding have used the monies for tuition, fees, books, and specialized equipment required by their training or educational program that are not covered by financial aid grants at college, university, and vocational training programs. In addition, funds are used for transportation costs and paying off school loans incurred during the same academic year.

ETV funding has also been used to assist youth who begin a program, and have accessed ETV funding, in an accredited institution prior to age 21 and have not yet finished their degree to provide financial assistance for tuition, books, and fees to support these young adults in completing their education. To help facilitate caseworkers and youth knowing which programs or schools are

accredited, a resource web link to the U.S. Department of Post Secondary Education accreditation database was added in 2008. This allowed people to independently research all schools and programs that are accredited and eligible for ETV funding.

During SFY13 the ETV program has funded educational expenses for 236 youth. Of these, 116 youth had previously participated in the ETV program, 120 were new for this fiscal year. This is the number of approvals for the period of July 1, 2012 until April 26, 2013. Illinois allows youth to access the full amount (up to \$5000), if they have eligible expenses. The average amount granted per youth is \$2812.

For SFY 2013 as of April 26, 2013, 56 youth participated in the Community College Payment Program (CCPP). The CCPP is for DCFS youth in care only and pays tuition, fees, books, equipment, and uniforms if needed at an Illinois Community College after financial aid grants have been applied. The average cost per youth for SFY13 is \$855. Each community college has committed a contact person, often a guidance and/or career counselor, on the school campus to assist DCFS youth in career selection, financial aid advice, placement services, and tutoring in reaching their educational and employment goals. In addition, the Illinois Student Assistance Commission has assigned 'peer' counselors to each of the community college districts to assist young people in navigating the community college process.

## **Progress by the Illinois Department of Children and Family Services in Operating the Chafee Program Efficiently**

### **Outreach and Notification**

Regional Youth Summits are held each year. Planning Subcommittees, comprised of youth in care and chaired by adult staff, are currently meeting to develop the agenda and coordinate the events for the June 2013 Summits. The purpose of the Youth Summits is to better educate youth on programs available from the Department, provide life skills training, help youth navigate the community they live in, and to teach youth how to be better advocates on their own behalf. The Department has committed to continue holding the Youth Summits on an annual basis. Approximately 500 youth participated in the Youth Summits in 2012 across the state.

Transition Managers from the Office of Education and Transition Services are permanently housed in field offices in Downstate Northern Region and Cook County. These Transition Managers can participate in management/staff meetings and be available to assist staff on an as needed basis in their assigned offices. For the two remaining downstate regions, the assigned Transition Manager is required to participate in regional meetings, management meetings, staffing when requested, and to be available to present information and guidance on accessing all OETS programs and services. In addition, one OETS staff was assigned as a liaison to the Cook County TLP\ILO programs.

The Transition Managers provided on-site training sessions at private agencies in their respective regions for both staff and youth on programs/services offered by the Office of Education and Transition Services. The Department's Training division is working with OETS to award training credit hours to the staff who participate.

Staff from the Office of Education and Transition Services continues to conduct trainings and information seminars at foster parent conferences, Hispanic, Asian-American and African-American Family conferences, educational trainings on suspensions and expulsions, and with juvenile court personnel, which include information about the Chafee programming available to youth.

This state fiscal year approximately 158 new youth were approved for and approximately 330 have participated in the Youth in College / Vocational Training program. 48 new youth are selected each year for the merit-based DCFS Scholarship program. The number of applicants has increased each year from approximately 100 in FFY05 to 325 in FFY12. There are currently 164 youth participating in the Scholarship program, 56 youth were approved for the Community College Payment Program, and 236 youth were approved for ETV funding. Every youth and caseworker who applied for funding through one of these programs received notification from the Office of Education and Transition Services of acceptance to the program or information on why the youth did not qualify for the program.

The Department continues to sponsor annual Graduation Celebrations to honor youth in care who graduate from high school or a post secondary program. This year's events are all scheduled for June and include a fun activity for the youth to participate in following the luncheon. Youth are also given a monetary award in recognition of their efforts. Approximately 200 youth participated in the celebrations across the state.

### **Surveys**

All Youth in College participants and Department Scholarship recipients are expected to complete a survey upon their completion of the program. We continue to encourage the youth to complete the survey. We are hopeful that information gained from the required National Youth in Transition Database outcomes survey will provide additional information. Although not via a formal survey, the Office of Education and Transition Services continuously solicit youth input via Youth Advisory Board members and other youth who participate in the Youth Summit Planning Subcommittees and Regional Graduation Celebrations.

### **Program Monitoring and Data Collection**

The Office of Education and Transition Services staff are available on an on-going basis for providers to discuss issues of concern or seek clarification to ensure compliance with program guidelines. The vendors participate in an annual service and fiscal review where the provider and contract monitor discuss expenditures, and evaluate extremes to determine the success of the program. The vendors are required to submit a monthly data collection report to DCFS. This is in compliance with a Chafee certification that the State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan. OETS staff are trained annually on the use of the Department's standard monitoring tool developed by the Contracts Unit and are required to implement the tool in on-site monitoring visits.

### **Client Satisfaction Survey: Youth Who Have "Aged Out"**

To ensure the programs are meeting youth needs and that youth have an opportunity to participate in identifying their needs, Client Satisfaction Surveys were created to send out to the youth after they successfully complete transition programs. The response rate on the surveys is not as high as the Department would like. In FFY 2013, 14 surveys have been returned. The Department/OETS needs to develop a better system for obtaining outcome data from youth who have aged out of the system or completed OETS programs. The Department is hopeful that with the full implementation of NYTD, additional information will be gained through the outcomes survey component of NYTD. In addition, although Illinois is eligible to report on only a sample of the required population under the outcomes survey component, the Department is committed to endeavoring to receive outcomes surveys from the entire population in the specified age categories.

### **Monitoring to Verify Continued Program Eligibility**

All youth in the Youth in College and Scholarship programs are required to submit grade reports documenting a “C” or above grade point average to the Office of Education and Transition Services each quarter or semester to verify their continued eligibility for the programs. Youth are also required to submit schedules verifying 12 semester hours or full time status per fall and spring semester or quarter and 6 semester hours if attending summer school. Upon receipt of the Consent Form signed by the youth, OETS is also able to confirm full time enrollment via the National Student Clearinghouse. The use of the Clearinghouse is an efficient way for OETS staff to “re-verify” school enrollment and eligibility for the programs. If youth fail to meet the minimum eligibility requirements, below “C” average, or less than full time status, they are referred to an Education Support Coordinator or Transition Manager to develop a plan to implement tutoring and other supports to assist the youth in regaining eligibility. If the youth agrees to participate in this plan, he/she is given one semester or quarter to rectify problems and improve educational performance. A position of the Education Access Project focuses on follow-up with youth who are age 21+ who are struggling with their grades and/or stability in their post secondary program. In addition, OETS Education staff continue to schedule with transitional and independent living programs to discuss strategies for optimizing student success in post secondary programs.

Employment Incentive Program participants are expected to submit copies of check stubs or verification of continued employment or participation in a certified job-training program on a monthly basis to their caseworker. The caseworkers forward the check stub or verification of continued participation to either the Cook or Downstate Employment Incentive Program Coordinator. Receipt of the check stubs initiates the process for the youth to receive the monthly grant.

Youth participating in the Community College Payment Program are required to obtain a letter verifying DCFS guardianship from their caseworker. This verification must be submitted to the school along with the payment request and a signed service agreement each semester. When the application is completed for this program, students have signed a service agreement stating they are aware that the student, and not DCFS, pays for classes dropped after the 100% refund date. The schools submit current enrollment information with the billings so that DCFS can verify that the student is still enrolled at the time of the billing. Prior to any payments being made to the schools, the coordinator verifies the youth does not have other financial aid grants that should be paying the charges. The coordinator also verifies via a database tracking system that participants are eligible for the program.

Youth participating in the Education and Training Voucher (ETV) program must submit applications each term or semester to verify eligibility. The application packet must include documentation including current schedule, previous grades, and financial aid award documentation from the school. Packets are reviewed to verify they are complete and youth eligibility prior to any approval or denial of funding.

### **Program Support – Chafee/ETV**

#### **Enhancing Information and Data System Capacity**

The number of eligible youth for the CFCIP program in FFY 2013, as of 5/01/13, was 5,232. DCFS will continue to ensure eligible youth are aware of the independent living and transition services and encourage all eligible youth to participate.

The number of youth eligible for the ETV program, based solely on the fact that they are 17-20 years of age and their case is still open, as of 5/01/13, is 3,096. All of these youth may not meet the high school graduate and enrollment in post secondary education eligibility requirements. The number of youth to receive ETV services as of April 26, 2013 is 218 wards and former wards. In addition, 3 youth were able to use the ETV funding because they had been adopted or in guardianship at age 16 or older and 12 youth were eligible from the Enhanced Subsidized Guardianship and Adoption Program (ESGAP) group and three students who emancipated in other states were able to use ETV funding. In addition, currently there are 119 youth in the Youth in College program who are age 21 or older who DCFS is providing educational support through other DCFS funds. Our goal is to serve 400 youth by the end of the FFY 13.

### **Financial and Statistical Information Reporting**

The Office of Education and Transition Services (OETS) currently relies on spreadsheets maintained by the OETS Business Office and OETS Contract Monitors for gathering data for annual Chafee/ETV reporting.

In response to the establishment, via Federal Register Final Rule in February 2008, of the National Youth in Transition Database (NYTD), Illinois convened a workgroup to develop and implement the data collection and reporting requirements by October 1, 2010. The Department has implemented all data collection and reporting requirements within the mandated time frames and is in full compliance with the Rule. In addition, the Office of Education and Transition Services continues to track Chafee services and expenditures using the existing Chafee data reporting form.

### **Chafee Foster Care Independence Program: Strengthening the Chafee Programs to Assist Youth with the Transition from Dependency to Self-Sufficiency by Employing Specific Strategies**

#### **Goal Oriented Transition Service Plan**

Transition planning for adolescents for whom family reunification, subsidized guardianship, or adoption is not an option must be an ongoing process beginning with an assessment of the adolescent's needs and allowing for input from the youth, caregiver, caseworker and other appropriate individuals who have a strong concern for the adolescent's welfare (e.g., youth's family, teachers and counselors). It must also ensure accountability on the part of the youth, the Department, other service providers and include periodic reassessment of services to ensure successful transition to independence. Regardless of permanency goal, it is the Department's position that all youth in placement will be provided developmental activities and support services designed to assess and enhance their independent living skills development.

In order to comply with the Fostering Connections to Success and Increasing Adoptions Act of 2008, Department Procedures were revised in December 2010 to require that a Youth Driven Transition Plan (YDTP) (CFS 2032-1) be developed for all youth in care at age 17. The YDTP (CFS 2032-1) must be completed at age 17 and must be reviewed/updated 90 days prior to discharge from care. It is also strongly recommended that the Plan be reviewed and updated on a regular basis between those times and that it be used as a tool to assist the youth in planning for self sufficiency upon emancipation from care. For youth in an ILO or TLP placement, the Transition Plan required per that Program Plan is acceptable to meet the review required 90 days prior to discharge.

Additionally, as part of the YDTP (CFS 2032-1) completed at age 17, caseworkers must also complete the following steps to comply with the informed health care decision requirements of the Fostering Connections legislation:

- Provide education regarding Power of Attorney for Healthcare to all youth in care who are 17 years of age, regardless of living arrangement, by reviewing Your Future, Your Health information sheet (CFS 2032-2) with the youth.
- Provide the youth with a copy of the Illinois Statutory Short Form Power of Attorney for Health Care (CFS 2032-2), and educate the youth regarding their option to execute the Power of Attorney for Health Care on or after their 18th birthday.
- Obtain the transitioning youth's signature on the Receipt of Information & Education Regarding Health Care Options (CFS 2032-3).
- Sign and date the Receipt of Information & Education Regarding Health Care Options and retain copies for the youth's permanent record as appropriate.

### **Complete a Life Skills Assessment at Designated Age Intervals**

In support of the Department's ongoing commitment to provide youth in placement with targeted activities and support services to enhance the development of their self sufficiency skills, the Department requires the use of the Casey Life Skills Assessment (CLSA). The assessment may be administered to children as young as eight years old on their caseload. The assessment must be administered to adolescent youth no later than 30 days after the youth's 14<sup>th</sup> and 16th birthdays, and six months prior to the youth's planned discharge from guardianship.

Those youth entering the child welfare system after their 14th birthday will be administered the life skills assessment no later than 60 days after their entry into substitute care. Administering the CLSA at the specified intervals provides an ongoing guide for Department or purchase of service providers in developing appropriate service plans for adolescent youth.

### **Complete an Interactive Life Skills Program**

Youth between the ages of 14 to 20 are encouraged to complete life skills training. The curriculum covers an array of topics essential for successful independent living. Topics include career planning/ employment, communication, STD/ HIV Prevention, Housing, Money Management, Self Care, Social Relationships, Family Planning, Education/ Study Skills, Transportation and Substance Abuse Prevention. The Department contracts with three providers to provide an array of one-on-one, hands on and group instruction focused on the individual plans developed from the youth's life skills assessment.

The life skills agency for Downstate Central and Southern regions, Southern Illinois Collegiate Common Market (SICCM), provides one-on-one, hands on instruction focused on the individual plans developed from the youth's life skills assessment. SICCM has direct affiliations with multiple community colleges throughout their geographic coverage areas. This affiliation affords the older youth (17 & over) the opportunity to have some on campus experiences, thereby increasing the possibility of the youth attending a college or university upon completion of high school. Younger youth (14 thru 16) are provided both hands on and online training. During FFY 2013 145 referrals have been made to OETS to be served by SICCM. Of the 145 referrals, 88 of the youth served successfully completed the program. The remaining unsuccessful discharges were not the fault of the life skill provider, but rather the natural situations that occur in the child welfare system. For example, 12 of the youth refused to participate; 5 of the youth moved from the area; 2 youth ran from their placement; and 1 was discharged as a result of incarceration.

In the downstate Northern Region and part of Cook County, Aunt Martha's Youth Service Center (AMYS) offers a new and innovative Life Skills program: "Life in Action". This program provides

services to youth in foster care 14-20 years of age. Clients are referred from the Department Of Children and Family Services (DCFS) transition managers, who get referrals from DCFS or private agency (POS) caseworkers. Sixty referrals have been made to AMYS in FFY 2013.

The Aunt Martha's "Life in Action" program addresses the following eight life skills categories identified by DCFS as key areas of need: 1) Daily Living, 2) Self-Care, 3) Relationships and Communication Skills, 4) Housing and Money Management, 5) Work and Study Skills, 6) Career and Education Planning 7) Looking Forward and 8) Permanency. The program is not a classroom-based curriculum, instead, it is a mobile classroom that comes to where the youth are, and provides opportunities for youth to test their knowledge and learn how to manage their adult lives.

In the Cook County region the department contracts with the Dime Child Foundation for life skill services for youth in care. Dime stands for Demanding Intelligence through Mentoring and Education (DIME). Dime has expertise in working with youth who are experiencing the following challenges: unclear career goals, uncertainty about adult responsibilities, lack of health awareness, no education plans, and overall self-sufficiency. Dime services youth in care between the ages of 14-21 years old whose life skills assessments indicate that transition services are appropriate.

### **Discharge Planning**

The permanency goal of independence is achieved when the youth is age 18 (or older) or is an emancipated minor under the Emancipation of Mature Minors Act and, in the worker and supervisor's judgment, the youth is functioning successfully on his or her own. In most instances, the youth will be employed, be enrolled in a job training or educational program, and will have financial support or income from an outside source, and custody or guardianship has been terminated and case closure is planned.

At a minimum, the caseworker must review the **CFS 2032-1, Youth Driven Transition Plan (YDTP)**, or for youth in TLP or ILO, the Transition Plan required of those programs, with the youth 90-days prior to discharge and updated/revised as necessary or directed by the youth. This review should include discussions concerning the youth's employment and/or educational opportunities, job resume, housing, health care, counseling, health and life insurance, information on use of community resources, reference letters, and a list of emergency contact persons.

The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult. Those documents should include:

- Identification card;
- Social Security card;
- Driver's license and/or State ID;
- Medical records and documentation to include, but not be limited to: Health Passport; Dental Reports; Immunization Records; Name and contact information for Primary Care Physician, and any Specialists working with the youth; Name and contact information for OB/GYN, when applicable; Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- Certified copy of birth certificate;
- Documents and information on the youth's religious background;
- U.S. documentation of immigration, citizenship, or naturalization;
- Death certificate(s) if parent(s) is deceased;
- Medicaid card or other health eligibility documentation;
  - *Please Note: The youth should be enrolled for medical benefits, or have applied for benefits one month prior to emancipation or case closure. DFHS will not accept an*

*application for DCFS youth in care prior to 30 days before the youth's emancipation, or case closure.*

- Life book or compilation of personal history and photographs;
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
- Copy of Court Order for Case Closure;
- Resume;
- List of schools attended, previous placements, clinics used;
- Educational records, such as high school diploma or general equivalency diploma;
- List of community resources with self-referral information.

### **Educational or Vocational Training Program**

The Department encourages youth in all venues possible to be involved in educational or vocational training programs. The Youth in College/Vocational Training Program Procedures encourage caseworkers to help youth consider vocational training as a viable post-secondary option, particularly for those whose interests and/or skills don't indicate that traditional college courses are an appropriate choice.

The Department contracts with Introspect Youth Services, Inc. to provide the following services: Academic Counseling and Guidance, Post-Secondary Academic, Technical, and Vocational Placement, Financial Aid Advisement and access to the Resource Library which contains current information in a multi-media format with both catalogs and automated data on thousands of post-secondary institutions.

Each year in January the Department issues a bulletin via its internal communications system advising caseworkers that all youth in their senior year of high school or preparing to complete the GED must apply for financial aid as soon as possible. The communication includes the FAFSA website information and a directive to contact their appropriate Education Advisor or the youth's school guidance counselor for additional assistance completing the forms.

### **In-Home Services to Pregnant/Parenting Youth**

Teen parent wards of DCFS are eligible to receive educational services in their homes for up to six weeks post-partum. DCFS has also contracted with providers to make available in-home parenting skills training for pregnant and/or parenting wards, which includes hands-on instruction and collaboration with the adult caregiver in the home.

### **Teen Parent Service Network (TPSN)**

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

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

The Teen Parent Services Network (TPSN) is responsible for the overall planning, delivery and evaluation of comprehensive quality services to pregnant and parenting youth in care and their children. In cooperation with the DCFS agency performance teams, UCAN (Uhlich Children's Advantage Network) oversees clients currently being serviced by existing specialty pregnant and parenting programs and also those who are being fully case managed by the Regional Service Partners, Lakeside Community, Omni Youth Services and UCAN programs. In January 2010, TPSN expanded to provide services to downstate counties. The downstate agencies that are providing services are Omni Youth Services; Grundy and Kendall, The Baby Fold; Champaign, Dewitt, Ford, Livingston, Logan, Macon, McLean, Platt and Vermillion. Chestnut Health Systems include Bond, Clinton, Madison, Randolph, St. Clair, Monroe and Washington counties, Crittenton Center; Bureau, Fulton, Knox, LaSalle, Marshall, Peoria, Putnam, Stark, Tazewell, Woodford and The Springfield Urban League include Menard, Cass, Sangamon, Christian, Montgomery and Morgan counties.

As part of the ongoing effort to deliver specialized services to our parenting wards and their children, a pregnant & parenting teen specialty worker will be assigned to conduct a New Birth Assessment whenever a child is born to a teen ward. Specialty providers who will be conducting these assessments are: Metropolitan Family Services Mentor Moms program, Catholic Charities PASS program, Uhlich Teen Parenting Service Network, Aunt Martha's Youth Services, Omni Youth Services, Chestnut Health Systems, Crittenton Centers, The Baby Fold and the Springfield Urban League.

The New Birth Assessment (NBA) is completed within the first 60 days of birth and ideally takes place in the client's placement. When possible, the client's caseworker will also be present during the assessment.

The purpose of the assessment is to:

- evaluate the current level of parent-child interaction
- provide education to teen parents about parenting and child development and linkages to community resources
- identify any concrete needs of parent and child
- note any current safety/risk factors and how they impact parenting
- make recommendations for follow-up

Within 14-days of completion of the NBA the results and recommendations will be provided to the caseworker. Based on the recommendations, the specialty worker may continue to work with the parent and child on a regular, ongoing basis or offer referrals for community-based services. As long as the specialty worker is working with the client, they will coordinate their activities with and provide information to the assigned caseworker.

In 2010, the Downstate Pregnant/Parenting Teen Program was integrated into the Teen Parenting Service Network Program in Cook County. There is a Hill Erickson Supplemental court order that went into effect that indicated that DCFS was to have a Pregnant and Parenting Consultant to monitor the program for the next 5 years. In addition, the Office of Education and Transition Services continues to utilize the services of the three Downstate Transition Managers to also monitor cases from their respective regions. There are five agencies providing individualized services for the downstate pregnant and parenting youth (male and female) who are wards of DCFS.

As a result of poor performance and outcomes the downstate Northern Region PPT provider (AMYS) has been replaced by Omni Youth Services. Omni began working with pregnant and parenting youth this year and has experienced significant success.

**Services included:**

- 11 youth have been referred to the program since the service areas was expanded. Of the 11 youth, 10 are receiving services.
- Direct care contact, including weekly face-to-face contact with clients, twice monthly contact with caregivers and observation of the youth with their child.
- Options counseling to clients who identify they are pregnant. The PPT verifies the client received this information from their DCFS case manager. The information is reviewed with the client or if it had not been presented, the client is given the information.
- Individual counseling is provided by the PPT worker. The PPT worker also supports referrals made to therapy and substance abuse services.
- Health Care Management was provided as needed to clients. The PPT worker assisted in transporting youth to medical appointments.
- Parenting and Adult Preparation/Education/Training is provided as needed. A current example is the PPT worker has secured a portable DVD player and the safe sleeping DVD to view with clients.
- Paternity education has been provided to male clients. The PPT worker includes the father's in her service provisions to female clients. The father is often present for at least one of the meetings each month.
- Advocacy and linkage services are provided, assisting clients in finding resources in the communities they live in.
- Family Planning Counseling Services are provided by the PPT worker. The PPT worker also provides referrals to family planning services in the community.

The Statewide Coordinator monitors the TPSN contract, supports the identification of resources, provides technical assistance to DCFS/POS staff, and provides written reports upon request. TPSN receives the UIR's (Unusual Incident Reports) and the referral process for accessing services for youth in care. The Coordinator addresses client specific issues when warranted, participates in the TPSN specialty training and reviews and supports the consultant, OIG office and DCFS legal.

The TPSN program offers specialty training which was developed especially for employees who work with pregnant and parenting youth in care. After the completion of the training the staff will hold the TPSN "Specialty Worker" designation. CEU's are offered to licensed Social Workers and Professional Counselors for the Specialty and Advancement Training Sessions. The training includes the following topics: Developing Effective Helping Relationships Part 1 and 2, Preparation for Parenthood, Options Counseling and Family Planning, Individual and Family Planning, Mental Health and the Teen Parent, Strengths Based Assessment and Service Planning, Working with Child and Family Teams; Part 1 & 2, Discharge Planning, Developmental Disabilities and Substance Abuse, Domestic Violence and the Teen Parent, Compassion Fatigue for the worker, Eco Maps & Educational Advocacy.

**Providing Additional Resources to Caregivers**

The DCFS PRIDE foster parent training program continues to focus on helping foster parents learn best ways to help teens in their care to prepare for and transition to adult life. First and foremost is the annual delivery, through the state's foster parent newsletter, to all foster parents public and private, of information about the various programs the Department provides, such as Youth in

College, Independent Living Option, etc. By keeping foster parents apprised of the latest information about programs available and how to enroll, we empower foster parents to begin planning with their youth for pathways to independence early in children's teen years.

The PRIDE program also maintains close communication with the DCFS Office of Education and Transition Services and endeavors to embed and update information about transition services and supports in its various PRIDE Foster Parent In-Service Training modules that foster parents may select in order to earn their required continuing education credits that are necessary to renew their foster care license. Foster parent trainers also distribute brochures about transition services to foster parents attending certain in-service training modules.

The programs mentioned above, plus other programs and supports offered by the DCFS Office of Education and Transition Services, employ specific support and empowerment strategies designed to assist youth in care to practice independence in supervised settings, get a college education while receiving state support, and forge plans to successfully live independently upon completion of the programs and their college careers. The DCFS PRIDE Training program is explained in much greater detail in the Training chapter of this report.

#### **Update DCFS State Website, Newsletters and Resource Libraries**

The Office of Education and Transition Services developed “Tip Sheets” for distribution to youth, caregivers, caseworkers, and any other interested individuals. Currently, there are Tip Sheets on the ETV program, YIC/VT program, EIP program, YIS program, Community College Payment Program, Housing Assistance Programs, Use of the Medicaid Card, and Life Skills Program. The information contained in the Tip Sheets is also available via the Department’s internal Intranet system and external web site. OETS staff distribute the Tip Sheets at every informational meeting they attend, including quarterly meetings of private agency providers, supervisory meetings in the field, Youth Advisory Board meetings, the Caregiver Institutes, Youth Summits, and internal staff meetings.

In FFY 2012, DCFS staff continue to participate in programs with the Community Access Network. It is a cable talk show question and answer forum on various topics.

The Department also maintains a website aimed towards youth, but also valuable for caseworkers and caregivers. The website address is [www.youthincare.illinois.gov](http://www.youthincare.illinois.gov). The website design follows the same design as the “Get Goal’d” brochure for youth and the handbook for caseworkers.

#### **Coordinate Work Between the LANs and the Educational Access Project**

The Education Advisors participate in Statewide Family Centered Services (FCS) Steering Committee and Local Area Networks (LANs) as they work to reduce suspension, expulsion, and truancy. They provide consultation, technical assistance, and training services to LAN providers and DCFS LANs liaisons in the identification of educational needs and provision of services. Training on Response to Intervention (RtI) was developed and delivered statewide in conjunction with FCS Training Subcommittee, DCFS Division of Training, and DCFS LAN liaisons. Staff will continue to collaborate with the FCS Statewide Steering Committee to identify needed areas of educational training, develop curricula, and organize and conduct training as needed.

#### **Older Youth Placements to Promote Independence**

Transitional living and independent living programs, which serve older youth in DCFS care, previously lacked uniform standards or consistent program structures. The Department’s redesigned transitional/independent life skills program consists of a continuum of services designed to support

progressive responsibility with the expectation that by the age of 21 a young person will be prepared to transition successfully into adulthood. The Department believes the vision/plan for ILO/TLP programs is to make youth self-sufficient and to hold private agencies accountable for servicing older youth under care of the Department.

Performance Based Contracting for Transitional Living and Independent Living Programs is currently in its fourth year. The outcomes being measured include the Indicators of Self-Sufficiency. The Indicators of Self-Sufficiency (ISS) are measures of achievement for all youth discharged during the fiscal year in the areas of education/vocation, employment and financial stability (note that youth “discharged with potential” as well as all other youth discharged during the fiscal year are included in these measures). Youth being self sufficient when they exit the system is a challenge for the programs providing Transitional Living and Independent Living services. Programs have had to be creative in their engagement work with the youth they serve and this will continue to be their challenge to meet in FY13.

The Department’s Placement Alternative Contract (PAC) program provides selected youth, over 18 years of age, who are unable to accept a traditional placement option the opportunity to choose his/her own placement, provided the youth has:

- selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
- established written goals that promote the youth’s ability to achieve economic self-sufficiency;
- identified an advocate who will assist the youth in achieving his/her goals and cooperate with the youth’s caseworker. The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background (fingerprint and LEADS) check.

### **Design Programs to Help Youth Receive the Education, Training and Services Necessary to Obtain Employment by Employing Specific Strategies**

The Department aggressively promotes the ETV program to youth interested in attending a vocational training program or trade school. The Department recognizes that not all youth are suited for a post secondary college education, but could benefit greatly from learning a vocation or trade. From July 1, 2012 to April 26, 2013, approximately 36 youth have been assisted with payments for vocational training program or trade school with ETV funds.

### **Statewide Job Coaches**

The Alternative Schools Network Added Chance Program provides Pre-Employment Workshops and Job Placement for DCFS youth 16-20 years of age in Cook County. The Added Chance staff has had to work harder and provide youth more referrals for jobs because of the economic downturn and high unemployment rate. The Added Chance staff continues to find innovative employment strategies in meeting their goals and objectives. In SFY13 (July 1<sup>st</sup>, 2012-March 31<sup>st</sup>, 2013) the Added Chance program served 191 youth. One hundred and eighty four youth received pre-employment training. Fifty youth were placed in jobs. Seven youth were either placed directly after turning 21, or found jobs on their own after receiving services during this period, bringing the total jobs to 57.

The Community Assistance Programs (CAPs) Transitional Jobs Program serves youth, ages 17 and over in a step by step process to achieve life skills, job skills, employment training and successful job placement. The Program services DCFS youth who dropped out of high school, DCFS youth

who have completed high school or have a GED and are not going to college, DCFS youth who are teen parents, DCFS youth who are involved with the Illinois Department of Corrections systems, and DCFS youth who are seeking vocational education and employment.

The Transitional Jobs Program provides comprehensive assessments, intensive case management, mentoring, support services, personal development workshops, job skills training, educational services, transitional job paid work assignment or subsidized employment, job placement assistance and post-employment case management. In SFY13 (July 1<sup>st</sup>, 2012-March 31<sup>st</sup>, 2013), 217 youth were served in the CAPs program. One hundred seven youth completed Orientation, 90 youth completed Job Readiness, 123 youth were placed in subsidized employment, 82 youth completed customized training and 18 youth received unsubsidized employment.

CAPs made progress on their goals and objectives by adjusting their program to better serve youth in care. Monthly Chafee Reports, case notes and case files now better indicate the involvement of youth in care during CAPs Orientation, Job Readiness, Subsidized Employment and Unsubsidized Employment.

The Lawrence Hall Youth Services (LHYS) Mentoring Youth to Inspire Meaningful Employment (MY TIME) program was implemented in SFY13 and began serving DCFS youth in October 2012. MY TIME is a unique job readiness and job placement program created especially for youth in care. MY TIME has a 5-8 day Career Readiness Training component that has been provided to youth in care during the day and in the evening based on the needs of the youth. The MY TIME staff are experienced in working with youth in Group Home, Residential, Foster Care, Transitional Living Program and Independent Living programs. Youth are placed in subsidized employment, 20 hours a week for up to three months. The MY TIME staff assist employers in transitioning youth from a subsidized employee to a traditional paid employee. In SFY13, (July 1<sup>st</sup>, 2012-March 31<sup>st</sup>, 2013), the MY TIME program served 40 youth. Thirty-three youth completed the Career Readiness Training, 8 youth were placed in subsidized employment and 15 youth were placed in employment.

Youth located outside Cook County utilize the Illinois Work Net Centers. The Work Net Centers provide pre-employment workshops, career counseling, job placement, and many other employment services. Unfortunately, the Work Net Centers do not keep statistics on DCFS youth served; however, we are confident many DCFS youth have utilized these services. The Department will continue to investigate the possibility of securing a vendor outside of Cook County to do pre-employment workshops, job placement, and tracking for DCFS youth.

DCFS youth are also informed that they can participate in many employment and training programs such as the City of Chicago Department of Family and Support Services Youth Employment Programs, the Illinois Department of Employment Security "Hire the Future" program, Job Corps, Jobs For Youth, Lincoln's Challenge Academy, the National Able Network, the Safer Foundation, St. Sabina Youth Career Development Center, the Youth Job Center of Evanston, Inc., the Workforce Investment Act (WIA) programs and Youth Build.

#### **Employment Incentive Program (EIP)**

The Employment Incentive Program is a transition program for youth in care 17-20 years of age. DCFS youth who have a high school diploma or GED, and are involved in job training through a certified jobs skill training program, or are employed 20 hours a week are eligible for a monthly grant. Youth or their assigned caseworkers are required to submit monthly check stubs to the appropriate EIP Coordinator. The grant provides \$150.00 a month for a maximum of 12 months, or

until the youth reaches the age of 21, whichever comes first. The 12 months can be consecutive or intermittent. DCFS youth living in foster care, supervised independent living, group homes or institutional placement are eligible. Start-up funding for work related items (e.g. tools, work clothing, etc.) is also available to EIP participants. Funding is need based and limited to a one-time disbursement of \$200.00.

The EIP was effective 1/1/06 and since its inception a total of 1364 youth have applied for the Program. A total of 1240 youth have since completed the program either by aging out or completing the program's 12 month eligibility. As of April 30, 2013, 107 youth have been approved for participation during SFY13. There are 214 youth currently being served.

### **Strengthen and Help Youth Prepare For and Enter Post-Secondary Training and Educational Institutions by Employing Specific Strategies**

#### **Referrals of Youth with Developmental and Learning Disabilities to the Division of Clinical Services**

The Department's Procedures 302, Appendix M – Transition Planning for Adolescent Wards states that the Casey Life Skills Assessment tool is not appropriate to assess youth with developmental and learning disabilities. The Procedures directs caseworkers to refer these youth to the Administrator for Developmental Disability Services in the Division of Clinical Services. In some instances caseworkers have attempted to use the CLSA tool and subsequently make a referral to the life skill program. Life skill providers will attempt to deliver services to the youth.

#### **Educational Training for Youth Graduating from High School**

DCFS youth graduating from high school have always had access to assistance with college preparation, etc. through their caseworker and/or the Education Advisor for their region. Additionally, Annual High School Academic Planning Meetings are required where the youth, caseworker, caregiver, and other relevant participants develop an Annual High School Academic Plan. The Planning Meetings occur each year of the high school career. The primary focus of the junior and senior year meetings is on the youth's post-secondary plans including, but not limited to, participating in college tours, registering for and taking the ACT/SAT, completing financial aid forms, etc.

Services rendered by previously mentioned, i.e, Project New Futures and Work Attitude School Study Youth Programs (WASSUP) also provide valuable educational training for youth graduating from high school. Introspect Youth Services provides college and vocational program application and admissions direction to youth in care. Youth in care receive individual academic and financial aid counseling. In addition, youth are allowed access to an educational resource library.

The Department continues to provide youth with a letter confirming their legal relationship with the Department for verification purposes with financial aid offices. The Department will continue to explore the possibility of automatically providing this documentation to every youth upon case closure, rather than the youth being required to request it.

#### **Literacy Programs for Reading Skills**

The Office of Education and Transition Services is working largely with youth between the ages of 14-21 to enhance their overall academic skills through the use of the Extra Learning Program. This program uses computer-based technology to promote and increase academic skills and achievement in the areas of reading, math, and science.

This tutorial program offers youth the opportunity to work at their pace, while improving their academic performance in the area of reading, literature, comprehension, writing and other academic subjects. The program offers curriculum in each subject to promote subject mastery. At the conclusion of each lesson, an assessment is administered to document mastery of that subject. Staff can retrieve computer generated progress information on each youth, which is used to track learner usage, achievement and needs.

### **Tutoring Programs**

Presently tutoring for college students is arranged on a case-by-case basis. As part of the technical assistance provided by the Educational Access Project to solve educational problems, they often recommend tutoring for students based upon their needs and assist caseworkers and families to identify and access these services. They provide tutoring to youth and also assist them in accessing tutoring services at public schools as a part of the No Child Left Behind federal mandates.

DCFS contracts with Lydia Home to provide educational assessments for youth in care. The majority of the youth serviced by Lydia are youth who are currently enrolled in the Chicago Public School System. Referred youth receive individual, detailed assessments. Lydia Home has provided service to eight youth this fiscal year.

DCFS contracts with Lawrence Hall to provide educational diagnostic services to youth in care. Lawrence Hall is dedicated to helping students develop the necessary tools in order to succeed in school. Youth in care receive individual assessments from Lawrence Hall instructors. This fiscal year Lawrence Hall has provided service to four youth in care.

DCFS contracts with Uhlich Children's Home to provide an approved therapeutic day school specifically designed for youth who have found it difficult to succeed in traditional school environments. Youth in care attend this therapeutic school until they are prepared to return to their regular school. Six youth in care attend Uhlich Children's Home this fiscal year.

ETV funds have been utilized by youth enrolled in post-secondary programs that need tutoring services to improve their academic performance.

### **Study Skills**

The Extra Learning Program is a computer-based tutorial program designed to promote and enhance overall academic skills and performance for youth ages 14-21. The aim of the program is to promote academic performance by increasing the amount of time that each youth dedicates to studying a particular academic area(s) in order to improve performance in that area(s). Because the Extra Learning program is tailored to each youth's individual needs, it allows the youth to focus on increasing skills in specific subject areas, at the youth's pace.

Services to improve study skills are also provided by WASSUP, Girls Awakening Power, and the High School to College Program.

### **Supportive Services**

Education Advisors, via the Educational Access Project, are available on an ongoing, calendar year basis to assist youth in care with all types of educational concerns and issues, and to offer support and advocacy services as needed. The Department contracts with Sankofa Safe Child in order to refer families to specific community resources such as churches, social service agencies and health providers that give meaningful, effective solutions to the urgent needs of families.

### **Identify a Point Person for Supportive Services**

The Office of Education and Transition Services has an internal contact at a majority of the vocational training programs in the state and has attempted to identify a point person at each program who can provide information and support to DCFS youth in their program. In addition, we have a list of contact people at the colleges, universities and community colleges.

Upon request, staff from the Education Access Project and the OETS work with students who are experiencing academic difficulties and are at risk of not meeting eligibility requirements for the Youth in College or Scholarship programs. Students in these programs who earn less than a 2.0 GPA are required to complete a GPA Education Plan, on which they describe their plan for improving their grades during the upcoming semesters.

### **DCFS Field Office “Specialists”**

The OETS continues to work with the DCFS Field Offices to encourage the development of a “specialist” staff person who is knowledgeable of the services and programs available for older youth. This has been most successful in the Northern Region of the state; however with staff turnover it is difficult to sustain this over a period of time. OETS Transition Managers continue to be available to all staff in the Field Offices as a resource for older youth programming and will continue to encourage an on-site “specialist” in the future.

### **Design a Mentoring Program to Provide Personal and Emotional Support to Youth through Mentors and the Promotion of Interactions with Dedicated Adults**

The Department believes that mentoring is very critical to the long-term stability and success of youth in foster care. This was further substantiated by feedback solicited from youth in Department post-secondary programs and alumni youth, as well as current IDCFS Office of Education and Transition Services staff. The Department is committed to continuing to explore the possibility of expanding mentoring services to youth statewide. Current programs which provide opportunities for mentoring include the College Connections Care Package Program, (SIPP) and Placement Alternative Contracts (PAC) Program which have been discussed previously in this report.

### **Provide Financial, Housing, Counseling, Employment, Education and Other Support Services to Former Foster Care Recipients**

Traditionally, Illinois keeps youth in care until their 21st birthday in order to provide services. The majority of youth residing in Cook County in Illinois remain under the state’s legal care until age 21. The remainder of the state is not as consistent and practice tends to be dependent on the court system having jurisdiction over the case.

### **Trial Discharge Services**

Trial Discharge Services (TDS) is a Department program that allows former foster youth who encounter hardship upon emancipation to reengage with the Department and Juvenile Court in order to secure essential supports and services that will enable these youth to learn to live independently as adults. To be eligible for Trial Discharge Services:

- the youth must be between the ages of 18 and 21;
- the youth’s DCFS case must have been closed and coded OR (Own Responsibility), SF(Guardian-Self) or ILO (Independent Living Only); and
- the youth must request reinstatement of wardship prior to his/her 21st birthday.

Trial Discharge Services shall begin at the time a youth’s DCFS case is reopened following the reinstatement of DCFS guardianship through a juvenile court proceeding. The youth is then eligible

for all Department services he/she would have been if his/her case had not been previously closed in court.

### **DCFS Scholarship Program**

DCFS will again award 48 scholarships in FFY 2013. The Scholarship Program is merit based and is open to current and former youth in care. Approximately 85% of the recipients chosen to receive a scholarship this year are former youth in care who are adopted or under subsidized guardianship.

In addition, the Education Training and Voucher Program is available to wards that aged out of care and to former wards who achieve permanency through subsidized adoption or guardianship after 16 years of age. Youth participating, in good standing, in the Youth in College Program at age 21 are allowed to remain in the program through the semester they turn 23 years old. They continue to receive the monthly stipend and assistance with books/supplies expenses, but the medical card stops. Each year, DCFS hosts a Scholarship Luncheon to recognize the Scholarship awardees and their family.

### **Housing, Financial Assistance and Counseling**

Housing Assistance Program Activities Implemented in SFY2012, showed the Department was billed by the private contract agencies that provided housing advocacy services to 135 youth who were aging out of, or had already aged out of, the foster care system. The total amount of bills entered on the system for this service was \$87,634.72 during this time. We provided \$104,192.41 in cash assistance (not including administrative fees) during that period to 87 youth.

### **Housing Assistance Program Activities**

The Department hired a person to help coordinate the Youth Housing Assistance Program, including doing outreach for the program. The Department also enacted rules to allow Youth who aged out of care after their 18th birthday re-enter services prior to their 21st birthday. Many of these youth will be assisted by the Youth Housing Assistance Program.

### **Housing Assistance Program Activities**

A curriculum to provide housing counseling and education to youth exiting the foster care system is being developed. Training will be provided to youth referred for housing advocacy services and youth who are not. We therefore anticipate that the program will be expanded greatly, though this is likely to occur during FFY 2013. We anticipate that the program will serve 150 youth for housing advocacy in FFY13. We also anticipate spending \$100,000 in cash assistance in FFY13.

### **Employment**

The Department promotes services offered through with the Illinois Department of Employment Security and the Work Net Centers statewide. DCFS youth in care and those who leave care prior to age 21 can utilize the Work Net Centers for pre-employment workshops, career counseling, vocations, youth programs such as "Hire the Future", internships, job searches, and apprenticeship programs. Youth under legal responsibility of the Department are eligible for all employment services offered through the Department. The Department maintains a youth in care website that has an employment link where youth in care can obtain information on services and programs. This website can continue to be a resource for youth who have left care.

Education and Transition Coordinators also promoted the following employment and training programs:

- After School Matters summer job opportunities for youth in Chicago.

- IC STARS is an acronym for Inner City Computer Stars. This is a sixteen week training program for young adults that will teach them basic knowledge of computer programming and fundamental IT skills. Youth will be prepared to work in internships and entry-level positions for Fortune 1000 and mid-size businesses delivering information services.
- National Able Network youth employment program in Chicago.
- Illinois Work Net Centers, Jobs for Youth, Job Corps, Youth Build and the Youth Job Center.

#### **Vouchers for Education and Training, including Postsecondary Education, to Youth who have Aged out of Foster Care**

The Education and Training Vouchers issued by the Department are used to help pay for education expenses such as tuition, books, supplies, uniforms, and transportation. Current and former youth in DCFS care and those formerly in DCFS care, who were adopted or placed in subsidized guardianship at age 16 or older, are eligible. They must begin a program of study and use ETV funding at an accredited post-secondary school before age 21 and may continue receiving ETV funding if they are making satisfactory progress until age 23. From July 1, 2012 to April 26, 2013, the ETV program served 236 youth. Thirty six youth served by the program were enrolled in a vocational or trade program and the remainder were attending a community college or 4 year university. 155 of the youth served were wards, 63 were non-wards, three were either subsidized guardianship or adoption at age 16 or older, and twelve were ESGAP (Enhanced Subsidized Guardianship and Adoption Program) eligible, and three were from other states, but ETV eligible in Illinois.

#### **Services to Youth who, after Attaining 16 years of Age, have Left Foster Care for Kinship Guardianship or Adoption.**

The ETV program is available to youth who left foster care, after attaining 16 years of age, for kinship guardianship or adoption. Youth who have left foster care for kinship guardianship or adoption are also eligible to apply for a Department Scholarship. The Department awards 48 merit-based scholarships each year. Approximately 85% of the recipients are consistently adopted or in guardianship. Housing advocacy services are also available to youth who move to adoption or guardianship after age 14, if they wish to access it. Housing advocacy agencies will help youth prepare a budget, teach them about being a good tenant, and help them locate and acquire appropriate and affordable housing. This service is available to youth until their 21st birthday.

#### **Utilization of Option to Expand Medicaid to Provide Services to Youth Ages 18 to 20 Who Aged Out of Foster Care**

The Department traditionally keeps youth in care until their 21st birthday. This allows the youth to be eligible for all services provided by the Department. Youth who leave care prior to their 19th birthday are eligible for continued Medicaid benefits until age 19 or for an additional 12 months, whichever occurs first. Illinois does not elect to exercise the option to allow continued Medicaid benefits for youth until age 21.

#### **Consultation and Coordination with Each Indian Tribe in Illinois and Non-Discrimination in Providing Chafee Services to Indian Children in Illinois**

In Fiscal 2005, the Illinois Department of Children and Family Services updated the policies and procedures to insure Indian Child Welfare Act (ICWA) compliance and implemented a case finding/advocacy support program staffed by Native Americans. The primary goal of the advocacy program is to follow each Native American identified case for compliance and to ensure that the needs of Native American children are met. This includes access and referral to any appropriate Chafee funded program and/or the ETV program.

## **Education and Training Voucher Program**

### **Description of the Illinois Department of Children and Family Services Education and Training Voucher (ETV) Program and its Components**

Illinois developed the ETV program in 2003 to assist youth with post-secondary educational and vocational/training opportunities. Eligible youth in Illinois are current wards who begin and use ETV funding in a program at an accredited post-secondary institution prior to age 21 and are in independent living programs, foster care, relative care, or private agency care homes, post adoption or subsidized guardianship after the age of 16 or youth who aged out of care at age 18 or older. Benefits include up to \$5,000 per youth per year for tuition and fees that financial aid grants do not cover, room and board, books, uniforms, supplies, transportation, or equipment. Financial assistance for room and board is only considered for youth not participating in the Department's Youth in College, Scholarship program, or any other Department paid placement. Youth in the YIC and Scholarship programs receive a monthly grant of \$471.00 along with their Pell and other financial aid grants to assist with room and board expenses.

### **Accomplishments and Progress to Establish, Expand, or Strengthen the State's Post-Secondary Educational Assistance Program with the ETV Program**

- During SFY 2012, 311 youth were served via the ETV Program. This number includes 129 youth who began receiving services in SFY 2011 and continued receiving services in SFY 12.
- From July 1, 2012 to April 26, 2013, 120 new youth have applied for ETV benefits and 236 total youth have benefited from ETV awards. Thirty six youth served by the program were enrolled in a vocational or trade program and the remainder were attending a community college or 4 year university.
- 318 youth were served via the ETV program in FFY 12; 185 were new youth accessing the program and 133 were youth continuing from the previous year.
- 229 youth have been served to date via the ETV program in FFY 13; 115 have accessed the program for the first time and 114 continued from the previous fiscal year.
- Illinois estimates that 325 ETV vouchers will be awarded in FFY 13 and again FFY 14 and approximately 125 youth will continue participating in the program that entered in a previous federal fiscal year.
- The Department's ETV program is available to former wards that were adopted or placed in guardianship at age 16 or older. Of the youth who received ETV funding in SFY 13, 155 of the youth served were wards, 63 were non-wards, three were either subsidized guardianship or adoption at age 16 or older, twelve were in the ESGAP group, and three were from other states, but ETV eligible with Illinois funding.
- All youth having a current email address on file with the business office will receive a reminder notice during spring of 2013 to review their college expenses for the year to see if there was a need for ETV funding and to make sure they file their FAFSA so they will be eligible for the maximum federal and state grant funding. The Department will continue to develop and implement ways to identify these youth and then reach out to them.
- Staff from the Office of Education and Transition Services continues to conduct trainings and information seminars at foster parent conferences, Hispanic and African-American Family conferences, educational trainings on suspensions and expulsions, and with juvenile court personnel, which include information about the ETV Program. This will continue through FFY 13.
- Information regarding the ETV program will be presented to youth at all four Youth Summits during June 2013.

**Administration of the ETV Program**

Illinois administers its ETV Program independently. A full time staff position is dedicated to reviewing, approving, and processing applications for the ETV Program. When necessary, this staff person requests input/approval from the supervisor before approving requests that might not conform to regulations governing the program. This position also maintains statistical reports on the program, conducts extensive outreach to youth and caseworkers to solicit referrals to the program, and tracks funding disbursements to youth to ensure compliance with the maximum \$5,000 per youth per year allowance.

Recipients of ETV funds must re-apply each school semester for additional funds up to the \$5000 per fiscal year maximum. This is to ensure the youth are still participating in and making satisfactory progress toward completing a post secondary educational or training program. The requests are reviewed by the OETS ETV Program Monitor to ensure the youth meets the eligibility criteria and the expenses are allowable under the program guidelines.

**2013 APSR  
 Annual Reporting of State Education and Training Vouchers Awarded**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Final Number: 2011-2012 School Year</b> (July 1, 2011 to June 30, 2012)	311	182
<b>2012-2013 School Year*</b> (July 1, 2012 to June 30, 2013)	325	180

**Outreach for ETV Program**

The ETV program will be offered to youth in care, youth who were discharged from care at age 18 or older, and youth who went to adoption or guardianship at age 16 or older who are interested in attending any accredited school or institution, such as a junior college, 4 year college or university, or vocational program to help increase their employability. In order to increase outreach efforts in FFY 13, the OETS plans to send a targeted mailing with ETV program information to all youth who were placed in adoption or guardianship at age 16 or older and are still within the age parameters of the ETV program and will outreach to all youth currently in a post-secondary program who have not accessed the ETV program.

**D. Specialty Areas**

**Indian Child Welfare Act (ICWA)**

**Tribal Consultation: Compliance with the Indian Child Welfare Act of 1978**

All of the benefits and services described in this Child and Family Services Plan available to other children in Illinois are also available to Native American/Alaskan Native Indian children. The Department continues its non-discriminatory policy in providing services and benefits to all youth and families served. Currently, 35 cases have come to the attention of the Department’s Indian Child Welfare Advocacy Program which are in the process of having their status verified as enrolled members and or *eligible* for membership with a federally recognized Tribe reviewed for ICWA legal application in child custody proceedings through notification to all identified tribes. An additional 18 cases have been deemed eligible for membership and/or enrolled members with a

federally recognized tribe. Which brings the total identified population of Native American Indian children's cases in substitute care through the Department to approximately 53 as of June 2013.

The Department takes very seriously its responsibility to Native American/Alaskan Native Indian children—both those currently in substitute care and those whose families are receiving remedial and rehabilitative services to prevent out of home placement. Active efforts is designed to prevent the breakup of the Indian family (§1912(d)) are provided through the provision of Intact family services to Native American Indian families, as well as within case service provisions when Native American Indian children have been placed into substitute care. In 2007, the Department updated and amended its policies and procedures (Rule 307) to ensure compliance with the Indian Child Welfare Act including placement requirements when making a foster care or adoptive placement of an Indian child.

Ongoing weekly participation of the ICWA Specialists in activities within the Native American Indian community has led to opportunities for collaborative work with Native American Indian community members including joint planning for youth and families through community planning meetings, outreach and other forums. In addition, the Native American Indian community has continued to refer Native American Indian families to ICWA program staff in situations where a family is in need of child welfare support and/or is seeking supports and or some form of assistance. This communication between the Program and community has facilitated coordination of prompt, culturally sensitive services and response to families at risk of disruption with the goal of preventing out of home placement of a child. The weekly participation and involvement with the Native American Indian community has slowly cultivated a trust relationship that has present in the Native population involving child welfare.

Specific policies and procedures regarding ICWA services within IDCFS can be reviewed as part of Rule 307 and Procedures 307, available at the following links:

Rule 307 – [www.ilga.gov/commission/jcar/admincode/089/08900307sections.html](http://www.ilga.gov/commission/jcar/admincode/089/08900307sections.html)

Procedure 307 - [http://www.state.il.us/dcf/docs/ocfp/procedure/Procedures\\_307.pdf](http://www.state.il.us/dcf/docs/ocfp/procedure/Procedures_307.pdf)

### **Indian Child Welfare Advocacy Program**

The Department's Indian Child Welfare Advocacy Program was developed to serve Native American/Alaskan Native Indian Children and their immediate family members to ensure compliance with the Indian Child Welfare Act in child custody proceedings. Increased awareness and compliance with the Indian Child Welfare Act through ongoing education and training of Illinois child welfare staff has resulted in increased timeliness of referrals to the Program. From May 2011 through May 2012, there were approximately 90 new referrals to the ICWA Program which inquired a child's reported Native American/Alaskan Native Indian heritage and to obtain information regarding necessary compliance with the Act. From May 2012 through June 2013, there were approximately 62 new referrals to the ICWA Program which inquired a child's reported Native American/Alaskan Native Indian heritage and to obtain ICWA information regarding necessary compliance with the Act.

DCFS-ICWA Program Specialists serve as liaisons between the court, the child's case work team and tribal representative(s) for the child and the child's family. The program works with tribal representatives Nationwide to determine a child's enrolled membership and or eligibility for membership with a federally recognized Tribe under the ICWA, as well as to ensure the provision of child welfare services consistent with its mandates. DCFS ICWA Specialists maintain ongoing communication with the child's tribe and report any recommendations and culturally appropriate resources identified by the tribe to the court and child's case management team. The ICWA

Specialist work with the child's family team including identified tribal representatives to review services and participate in case planning provisions for the child and family to ensure that active efforts are made consistent with the Indian Child Welfare Act to prevent disruption and/or facilitate reunification of the child with their family, as well as ensure that diligent search efforts are made in identifying and locating extended family members as possible care givers for the child.

If a determination is made that a child is eligible for services under the Indian Child Welfare Act, the ICWA Specialists work closely with the child's tribal representatives, the court, the child's family and case management team to ensure coordination of services consistent with the Indian Child Welfare Act including active efforts in service delivery to the family, diligent search efforts recommended for extended members of the child's family as potential resources and education/advocacy regarding the child's Native heritage. In situations in which a child is placed in a non-Native Indian foster or adoptive home, the ICWA Specialist provides the non Native foster or adoptive parents with referrals and resources to address the unique needs of the Native American Indian child and his/her family. Resources have included but are not limited to culturally sensitive information about scheduled activities, cultural events, traditional ceremonies, drumming, Powwows, Native American Indian language and storytelling, to name a few.

The Indian Child Welfare Advocacy Program includes the following components:

**The Program's Mission:**

- To enhance services and facilitate communication between the Illinois child welfare system and communities involved with Native American Indian/Alaskan Native children and families.
- To identify and advocate for Native American Indian/Alaskan Native children and families.
- To ensure 100% ICWA compliance.

**The Department:**

- Maintains two Native American Indian Specialists on staff, who are enrolled members of a Native American Indian Tribe and who are active in their community with various community outreach efforts
- Provides clinical consultation and case support to child welfare professionals and tribal representatives on ICWA cases.
- Participates in bi-monthly teleconferences sponsored by the Child Welfare League of America and National Association of State Indian Child Welfare Managers to promote optimal child welfare practice for Native American Indian children and families.
- Convened a group of Native American Indian community leaders throughout the state to enlist their participation on a DCFS Native American Advisory Council to obtain guidance on matters involving or affecting the provision of child welfare services to Native American and Alaskan Native children and their families and support efforts to recruit Native American Indian foster homes.
- Created an internal workgroup to guide the process of amending documentation and procedures to ensure ICWA compliance throughout the life of a case.
- Collaborates with Native American Indian programs within the State including Chicago Public School's Native American Title VII Program, the American Indian Center, American Indian Health Services, American Indian Association of Illinois, Positive Pathways Program for Native American youth, Kateri Center of Chicago-American Indian Ministry of the Archdiocese of Chicago and California Indian Manpower Consortium

### **The ICWA Specialists:**

- Work with Illinois child welfare staff, agencies and the legal system to ensure ICWA compliance throughout the life ICWA cases.
- Participate in the reported Native American Indian lineage by providing child welfare staff with support in the exchange of information for membership enrollment and or eligibility options with the identified tribes.
- Initiate and maintain and cultivate connections with the identified tribes of the child [ren] and families involved.
- Attend child and family meetings, ACRs, and any case related meetings including court hearings.
- Identify community support, organizations, programs and activities for Native American Indian children and families.
- Provide training to DCFS licensed foster parents and community members around ICWA, its history and relevance to the child welfare and Native American Indian community.
- Developed a two-hour presentation involving ICWA's historical base and relevance to the child welfare system including information regarding the Department's advocacy program; the Specialists have presented the PowerPoint to child welfare stake holders in both the public and private sector throughout the State.
- Participate on the Chicago American Indian Community Planning Initiative with Native American community leaders and members with the identified goal of building unity and collaboration within the Native American Indian Community.
- Participate weekly in community outreach activities within the Native American Indian community including volunteer work at the American Indian Center and American Indian Association of Illinois.

### **Communication with Tribal Nations/ICWA Professionals Nationally**

The ICWA Program continues to communicate with tribal entities throughout the country to clarify a child's membership and or eligibility for membership with an identified tribe and ensure that tribal representatives are involved in case planning/permanency for those children who are members/eligible for membership of a specific tribe. In situations in which Native American Indian ancestry is suspected but insufficient information is available to contact any specific tribal groups, the Bureau of Indian Affairs (BIA) is contacted for assistance. Although Illinois, historically at one time had tribes, currently, Illinois does not have any (federally recognized) tribes within its borders and thus all of its communication and collaboration is with tribal nations outside of the State.

As part of efforts to coordinate services for Native American Indian children and families consistent with the mandates of ICWA, the Department participates in a national ICWA work group. This work group is sponsored by the Child Welfare League of America and was established with the goal of best serving Native American Indian children and families consistent with the Indian Child Welfare Act. It is composed of ICWA child welfare professionals from across the country and convenes monthly to bi-monthly via teleconference.

### **Engagement of the Native American Community within the State of Illinois**

The ICWA Specialists have continued to participate in weekly outreach activities within the Native American Indian community. These activities include volunteer work at the American Indian Center, the American Indian Association of Illinois, the Kateri Center of Chicago (formerly Anawim Spiritual Center) and American Indian Health Center, as well as participation in major Native American events such as the annual largest Midwest Pow-wow hosted by the American Indian Center. Other interactions within the community include collaboration with the Native

American Title VII Program through Chicago Public Schools and Positive Paths, a Native American Youth Group sponsored through the American Indian Center in Chicago. These interactions have afforded opportunities for trust relationships, collaboration with the Native American Indian community, as well as have helped build relationships in which community leaders have felt comfortable facilitating linkage between the ICWA Specialists and Indian families who have recently come to the attention of the child welfare system; this has permitted opportunities for prompt, culturally relevant services for Native American Indian families at risk of disruption.

To help provide input and collaboration between the Native American Indian community and the Department, the Program has continued to consult with community leaders and members who are active in the Native American Indian community and experts in the area of Native American Indian culture, as well as to enlist Native American Indian leaders throughout the state to participate in developing a state-wide Native American Indian Advisory Council for DCFS. While there has been some positive response from downstate Native American Indian leaders, it has been more difficult to enlist Native American Indian community leaders outside the Chicago metropolitan area. In the past year, the program contacted all of the universities throughout the state that either identified having a Native American faculty member and/or course work related to Native American Indian studies with one very interested Native American Indian community leader identified. This outreach work to interested Native American Indian leaders and members throughout the state will continue in the coming fiscal year and will continue to be a goal of the Program. In addition, a bi-monthly meeting of agencies/programs working with Native American Indian families within the Chicago metropolitan area was convened beginning in early spring 2012 and included representation from the ICWA Program.

To assist with the goal of improved communication and access to resources for Native American Indian community members, the ICWA Program set up a website for the program within the Department's D-Net. It includes extensive links to other resources within the Native American Indian community throughout the State including contact information for prospective Native American Indian foster parents. The program's foster care recruitment brochure has been made available to Native American Indian community organizations and agencies throughout the Chicago area for distribution, and has been distributed at community outreach activities throughout the year as a continuous basis by Program staff. Illinois does not have any federally recognized tribes within its borders; therefore, we do not have specific tribes with which to exchange APSR or CFSP information.

### **Training to Support Compliance with the Indian Child Welfare Act**

The Department continues to provide training led by Native American Indian staff to educate child welfare professionals, mental health professionals, legal staff and members of the Native American Indian community regarding the Indian Child Welfare Act. These trainings include the historical foundation of the Act, relevance to the child welfare community, as well as an overview of Departmental procedures when there is a question as to whether a child may be identified as a Native American Indian child. Training material covered includes the importance of inquiry of Native American Indian heritage throughout the life of the case, implications for case and service planning, placement preferences and permanency planning factors to be considered for Native American Indian children under the Indian Child Welfare Act. One goal of the ICWA program has been to provide training to court communities throughout the state. Towards that goal, a presentation was given in DuPage County to 250 participants including juvenile court judges and attorneys at the 18th Judicial Circuit Child Welfare Issues Committee Symposium in April 2012. Prior to April 2012 presentation, ICWA Program provided a presentation exclusive for Juvenile

court Judged in 2011. An ICWA webinar training has been developed with the goal of providing easily accessible presentations to a broader geographical audience, particularly downstate, which includes, child welfare professionals, community members, court personnel and families.

**Summary of Goals and Specific Activities to improve or maintain compliance with ICWA**

- Increased collaboration between the Native American Indian community and the Department. In addition to ongoing outreach activities and participation on advisory committees within the Native American community, the program has done extensive outreach to Native American Indian leaders and community members throughout the state to develop a statewide advisory council; informational meetings for interested Native American Indian community leaders and community members have been convened. This advisory group continues to be in development with a goal composition of community members throughout the state including educators, Native American parents, religious and or spiritual leaders and downstate Native American Indian community leaders as well as Chicago area Native American Indian participants.
- The ICWA Program will continue to collaborate with other Native American Indian programs within the State serving Native American/Alaskan Indian children including the Chicago Public School Title VII program, American Indian Center, American Indian Health, American Indian Association of Illinois and Kateri Center of Chicago. The ICWA program is also participating in a community planning initiative composed of agency leaders from Chicago area programs that serve Native Americans. A community conference is scheduled in June 2012 for 300 community participants to better address the needs of the Native American Indian community and will include participation of the ICWA Program. The conference resulted in a group of 16 Native American Indian agencies and programs (Chicago American Indian Community Collaborative) that created a 39 page Community Action Plan (covering many sectors) to be carried out by 16 collaborative/all community members. Throughout FY 2013, The ICWA Program served as a core member in the decision making process by committing to serve Native American Indian children in care and maintain communication with tribal counterparts; commitments of the program were approved by Deputy Director Dyer.
- A webinar presentation has been developed on the Indian Child Welfare Act and has been provided to child welfare professionals, attorneys, judges and community members throughout the state.
- A web site for the ICWA Program within the Department's D-Net has been developed with links to resources within the Native American Indian community throughout the state including contact information for prospective Native American Indian foster parents, community programs and resources.
- A foster care brochure has been developed which targets specifically at recruitment of Native American Indian foster homes for recruitment efforts beginning in the summer of 2010.
- A procedure to stream line licensing referrals was developed with the assistance of the DCFS Licensing unit. Beginning in the spring of 2011, ICWA Program staff began checking in with prospective foster parents during the licensing process to provide support and address any concerns that they might have with the anticipated goal of expediting the licensure process of prospective Native American Indian foster parents. This continues to be an area of need. Per Director Richard Calica, the ICWA Specialists will become trained in licensing certification so as to prevent potential Native American Indian foster parents seeking licensing being "lost in the system." As well, the ICWA Program did create a short video that utilizes cultural, traditional tribal practice of storytelling (via digital media) targeting the recruitment of potential Native American Indian foster parents.

- Development of downstate resources for Native American Indian children and families also continues to be an area of need. Currently most of the resources for Native American Indian families are centered in the Chicago metropolitan area. Outreach to Native American Indian faculty on staff at universities downstate and community programs has been made and ongoing efforts to engage in collaborative work will continue. Prior communication initiated with the United Methodist Native American Indian community about building relationships to support Native American Indian children outside of Chicago did not result in formal collaboration but will be re-attempted as will other avenues for Native American Indian collaboration downstate.
- As part of ongoing services to Native American Indian children and their families, the Indian Child Welfare Program will continue to strengthen its case and clinical supports to the child's direct service team in situations in which ICWA has been determined to be applicable. Potential resources for grants to expand services within the Department's Indian Child Welfare Advocacy Program to fund an additional Specialist position downstate will continue to be explored, as well as opportunities to support overall quality services to Native American Indian children and their families within the State.

Additional information about foster parent recruitment in Native American families can be located in the following section of the APSR: [Diligent Recruitment and Retention of Foster and Adoptive Resources](#).

## Juvenile Justice

**Juvenile Justice Transfers: Report the number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system in Federal FY2011. Provide contextual information about the source of this information and how State defines the reporting population (section 106 (d) (14) of CAPTA).**

Below is information produced by the DCFS Quality Assurance Division that lists the number of children under the care of the State child protection system who were incarcerated sometime during the Federal Fiscal Years 2000 through 2013(year to date). The methodology and the process for compiling this data consisted of the following sequential:

- A unique count was made of youth for each respective fiscal year; and
- A unique count was made of the cases placed into DET (a county detention center) and IDC (Illinois Department of Corrections facility).

It should be noted that adding the two living arrangement columns (DET Cases and IDC Cases) in the following data table will not add up to the Unique Cases column total and this is due to the fact that some youth were placed into both DET and IDC during the year.

Illinois Department of Children and Family Services  
Annual Progress and Services Report  
Federal Fiscal Year 2013

<b>Federal Fiscal Year</b>	<b>Unique Cases</b>	<b>DET Cases</b>	<b>IDC Cases</b>
FFY 2000	1,301	1,100	355
FFY 2001	1,256	1,032	375
FFY 2002	1,274	967	487
FFY 2003	1,350	1,131	398
FFY 2004	1,398	1,138	516
FFY 2005	1,353	1,131	424
FFY 2006	1,345	1,216	350
FFY 2007	1,183	1,029	357
FFY2008	1,116	962	281
FFY2009	1,119	1,013	247
FFY2010	1,097	981	288
FFY2011	1,037	935	249
FFY2012	875	778	189
FFYTD 13 as of 4-30-13	731	661	145

The following constraints and limitations in producing the required data must be kept in mind:

- The coding problem affects the data. Some cases that should be coded **IDC** are inadvertently coded **DET** and vice-versa.
- The language in the Program Instructions implies that children can be transferred from child welfare to juvenile justice, even at arrest or probation. That may be the case in other states, but is certainly not the case in Illinois. In Illinois, youth are not necessarily transferred from the Child Protection/Child Welfare System into State Juvenile Justice System. In many cases youth end up being clients of both systems.
- Under state legislation passed in June 2008 three hundred and eighty three (383) youth fifteen and under who were adjudicated as delinquents in the juvenile courts were transferred to the guardianship of the Department by Juvenile Court Judges and thus became dually involved in both systems.
- Child welfare in Illinois is a state responsibility and, therefore, the child welfare system is a single statewide system. Juvenile justice is primarily a local responsibility (with the exception of juvenile corrections) and, therefore, is made up of hundreds of local juvenile justice systems (starting with local law enforcement). Therefore, in Illinois, children do not transfer between the systems but may be engaged in both systems simultaneously.
- The ACF Program Instructions asked for a count of cases placed into the State juvenile justice system. The Department can only provide a count of DCFS youth placed into DET or IDC regardless of the type of facility. Therefore, if a youth was placed into an adult DET or IDC facility, he/she is still counted. Note that the Department continues to have under its guardianship youth in both the juvenile justice and the adult justice system and provides services to both populations.

The Department believes that the above information describes the contextual information about the source of this information and how the reporting population was defined.

**Youth Involved in the Department of Juvenile Justice (DJJ) - Statewide**

In January 2013 the Department operationalized the Dually Involved Unit to provide services to youth in the Child Welfare System who are also involved in the juvenile and adult criminal justice

systems. The population includes youth in adult and juvenile detention, those in adult and juvenile correctional facilities and those involved in the probation or parole systems. The unit is a statewide unit and comprised of a manager and a dually involved specialist in each Department Region and in each of the three Cook Sub Regions. Under this structure the number of staff working with this population on a daily basis increases from three to a total of seven.

The general role of staff in this unit is to provide support and consultation to this population and the casework staff who directly serve them in order to promote successful completion of their sentence, timely discharge from secured detention, successful re-integration into the community and ultimately permanency.

Important specific objectives for this unit include:

- Real time, ongoing monitoring and support of youth in Juvenile and Adult Correctional facilities in order to promote timely release to appropriate placements. This replaces the quarterly reviews that were done in previous years.
- Assist Department and POS staff navigate the Juvenile and Adult Correctional systems and provide consultation about both systemic and individual case issues. Actively participate in problem resolution.
- Develop and promote casework “best practices” with regards to this population including ensuring that family connectedness is maintained, regular casework visitation is occurring and allowance is being provided to incarcerated youth.
- Prepare needs assessment related to placement and other services and promote the development of programs and services which are evidence based and effective with the dually involved population.
- Serve as liaisons with the Department of Juvenile Justice and the Department of Corrections to resolve systemic and case related issues which affect dually involved youth in their care and, where applicable, meet the requirements of the Gomez Consent Decree.
- Promote multi system collaboration to comprehensively address the safety, risks and needs to dually involved youth to promote personal and public safety of youth within the community a large as well as within the Department of Children and Family Services.
- Develop management reports and tracking systems to accurately capture the dually involved population and share this information with the regions focusing on problem identification, service needs, and trends that develop.

## **Chapter V**

### **Research and Child Welfare Waiver Demonstration**

#### **A. Title IV-E Waivers**

##### **Substance Abuse Services Recovery Coach Program**

The Department's IV-E waiver for substance abuse services began in April 2000. A five year extension was granted effective January 2007 and ran through December 2011. The Department received a couple of short term extensions through March 2013 allowing DCFS to submit its final project report by the independent evaluators. In this time period the Department has also submitted a request for an additional five year extension of its waiver to provide earlier intervention outreach efforts. The ACF Children's Bureau has reviewed the final reports and has approved the extension requests and is in the process of reviewing the terms and agreements for the next five year time period.

The project initially focused on DCFS parents in Cook County with identified substance abuse problems who had lost custody of their children. At the time of the 2007 extension, the project was expanded to Madison and St. Clair Metro East Counties in downstate Illinois. Current revisions will include all three counties for the next five years. Additional outreach efforts will be made to engage parents in order to assist them in not only attending the temporary custody hearing but to also participate in an AODA assessment immediately following the temporary custody hearing.

##### **Service Components**

The project provides a standardized substance abuse assessment and referral to treatment either at the Juvenile Court Assessment Project (JCAP) in Cook County or by the TASC Court Assessment project (TCAP) in the Metro East counties.

In addition to the standardized substance abuse assessment services, Recovery Coaches provide intensive AODA outreach and case management services to families assigned to the demonstration group. The Recovery Coaches are employed by an independent agency to help ensure continuity of services when the client changes treatment providers, while also remaining an objective advocate for the client and entire family throughout the treatment process.

The primary goals for the Recovery Coach enhancement are to actively assist parents to address their AODA issues and to help parents move towards reunification as safely and quickly as possible. These AODA experts work in close partnership with the Child Welfare worker assigned to the case and remain engaged with the family even after the parent's AODA treatment has been completed. Recovery Coaches work to ensure AODA treatment engagement and consistent attendance, coordinate staffings and family meetings, conduct home visits to provide on-going support and education to the family, ensure random urinalysis testing, and submit monthly progress reports to the child welfare worker and courts as needed.

At the time of the substance abuse assessment, parents in need of substance abuse treatment are randomly assigned to either the control or demonstration group. Families in the control group needing treatment receive a level of care determination and an intake appointment at a treatment provider funded by DASA, the state substance abuse agency. The family's child welfare caseworker coordinates substance abuse care for the family. Families in the demonstration group receive all these services plus the services of a Recovery Coach. The coach helps the worker and treatment agency coordinate their substance abuse treatment services and provides outreach, engagement, and case management throughout the life of the child welfare case. The Recovery

Coach eliminates any barriers to treatment the family may be experiencing and provides support and encouragement to the family throughout the course of treatment and eventual reunification. The coaches also provide regular monthly updates to the caseworker on the parent's progress in treatment. Information from these reports is shared with the judge and other court personnel so informed decisions can be made about the parent's readiness for reunification.

### **Evaluation Findings**

In addition to the service components of the project, an independent evaluation is required for federal financial participation. The University of Michigan School of Social Work serves as the project evaluator. Additional information about evaluation findings can be located under The Children and Family Research Center.

### **The Intact Family Recovery Program**

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

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

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

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

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

The parent is considered part of the IF/R team. Although recovery takes a lot of work, being part of a team can provide additional support that can help balance responsibilities and strengthen the recovery process. The IF/R team can help connect the family to a flow of services and resources that are important for recovery. The IF/R team will also work closely with the parent to identify and develop strengths and personal goals. Lastly, the IF/R team works with the parent and other family members to create positive lifestyle changes. Reaching and maintaining recovery allows parents and families to take control and produce long-lasting, healthy changes in their lives. The

IF/R program currently operates in Cook County. One team of child welfare and alcohol and other drug outreach and case management workers serves each of the three DCFS Cook County regions.

### **Array and Collaboration for Substance Abuse Services**

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

### **DASA/DCFS Family Recovery Partnership**

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

### **Family and Child Treatment Services (FACTS) Program**

Family and Child Treatment Services (FACTS) was a collaborative effort between Children's Research Triangle (CRT), Southern Illinois Healthcare Foundation (SIHF), Chestnut Health Systems (CHS), and the Illinois Department of Children and Family Services (DCFS). The program promoted the permanency and stability of children and families affected by methamphetamine and other substances of abuse. FACTS was funded through a five year grant from the Administration for Children and Families, Children's Bureau (ACF) designed to promote the development of strategies to improve collaboration between substance abuse treatment providers and the child welfare system in order to improve safety, permanency and stability of children and families affected by methamphetamine and other substances of abuse.

FACTS was originally developed to meet gaps in service allocation in southern Illinois. The three main program components included:

1. Clinic based evaluation and treatment services for children and families affected by prenatal and environmental exposure to methamphetamine and other substances of abuse.
2. Community based trainings for individuals directly affected by, or working with, the methamphetamine epidemic and substance abuse.
3. A work group to address issues related to systems integration and service delivery in southern Illinois.

FACTS also had a strong program evaluation component, driven by outcome-based measures. Over the 5 year grant term, FACTS was successful in providing clinical services to children throughout southern Illinois, particularly children with active DCFS involvement.

The psychologists and pediatricians at FACTS conducted 467 evaluations during the 5 years of the grant on children from birth to 23 years of age, saving our families and the child welfare system

over \$700,000 in evaluation services over the past several years. The youth presenting at FACTS came from a wide demographic base, although it was representative of the overall region

Of all the children evaluated at the clinic, 60% had a history of prenatal substance exposure and 49% had a history of environmental exposure with alcohol, cocaine, and marijuana the most prominent. Of the children exposed to alcohol, 59% received a Fetal Alcohol Spectrum Disorders diagnosis, including Fetal Alcohol Syndrome and Alcohol Related Neurodevelopmental Disorder.

Forty (40)% of the children seen for assessment services had active involvement with DCFS. The DCFS children seen ranged in age from 1 month to 18 years and their racial distribution was again similar to the overall clinic distribution and population of the region. Additionally, they faced similar rates of prenatal substance exposure, mental health issues, and developmental issues as the overall population.

### **The Family Program**

The Family Program is a collaborative effort between Children's Research Triangle (CRT), the Illinois Department of Children and Family Services (DCFS), SOS Children's Villages Illinois (SOS), and Haymarket Substance Abuse Treatment Services. Based in Chicago, the specific aim of this project is to use evidenced-based, trauma-informed practices to increase the well-being, improve permanency outcomes, and enhance the safety of children and families affected by substance abuse while meeting the broad needs of these complex families. Funding is provided, starting in 2012, by a five year grant from the U.S. Administration for Children and Families.

The Family Program will provide developmental, behavioral, and physical health services to children ages birth to 18 years at SOS Chicago Children's Village, a unique, therapeutic foster environment in which children and their siblings live together in a private home with a full-time, professionally trained foster parent. Additionally, biological parents/families remain involved with the children and have the opportunity to participate in the Fostering Families program, which allows biological parents to live in the same home as their children during the reunification process. Utilizing a transdisciplinary team approach, in which there is a high degree of collaboration and joint decision-making among team members and parents (both biological and foster), the Family Program will increase the existing capacity to meet the needs of these complex families. Specifically, the Family Program will:

1. Provide each child/family unit with a Family Support Specialist (FSS) who works with them from the time they enter the SOS Children's Village. The FSS will collaborate with the DCFS case worker and the SOS case manager to provide advocacy and ongoing family support, referrals, access to services and coordination of services for both the children and biological family involved in the case. As substance abuse and mental health treatment is a priority in this population, all FSS will have backgrounds in family and substance abuse treatment and serve as the primary liaison between the child/family and the transdisciplinary team.
2. Conduct comprehensive medical/psychological/developmental evaluations to all children entering the SOS Children's Village to enhance development of a comprehensive, individual treatment plan.
3. Expand existing therapeutic services by implementing individual, family, and group therapy interventions for the children and their caretakers using evidence based, trauma informed practices specifically geared towards integrating the impact of prenatal/environmental substance exposure on the child's behavior and development.

4. Develop an Early Start program for children under the age of 5 that includes regular developmental screenings, caregiver education on development, and evidenced-based interventions for improving the relationship between the child and his/her caregiver.
5. Help establish a medical home for all children within the Villages and provide medication management for Attention-Deficit/Hyperactivity Disorder (ADHD) and behavioral difficulties associated with prenatal substance exposure.
6. Conduct mental health and trauma screenings for biological and foster parents.
7. Provide on-site, outpatient substance abuse and mental health treatment for biological parents involved with SOS utilizing evidenced-based practices.
8. Integrate into existing staff, foster parent, educator and biological parent trainings a series of trainings related to prenatal and environmental substance exposure and parenting/educating the complex child.
9. Utilize FSS to assist with the transition to permanency by providing the family with ongoing supportive and therapeutic services through the transition period, whether it is reunification with the biological parent or a move to a pre-adoptive placement.
10. Provide specialized mental health services to adolescents as they age out of the child welfare system.

All services provided by the Family Program will be co-located at the Village, minimizing barriers to treatment such as transportation, scheduling and multiple appointments. The goals of the Family Program address outcomes for the child and the family:

1. Improve placement stability
2. Improve permanency rates
3. Decrease time to permanency
4. Enhance access to care
5. Improve child well-being
6. Improve compliance with service plans
7. Improve parent/caregiver well-being.

### **Assertive Adolescent Family Treatment Program**

This program partnership enables Alternatives, Inc. and the Illinois Department of Children and Family Services to provide intensive and sustained interventions and/or treatments using the Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC) program to child welfare-involved adolescents in 18 neighborhoods on the north side of Chicago, covering an area of approximately 12 square miles. DCFS partnered with Alternatives Inc., a Chicago youth agency specializing in substance abuse and mental health services to apply for a competitive grant from SAMHSA to fund the services. The University of Illinois School of Social Work was selected as the evaluator.

The program utilizes two empirically supported treatments called the Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC) with substance abusing, child welfare-involved adolescents from 12 to 17 years of age. The former is an outpatient treatment delivered over the first three months of treatment, and the latter is an aftercare model for youth that need continuing support to remain drug and alcohol free. The treatments have been empirically tested and found to be efficacious and cost-effective treatments. By interviewing youth at treatment intake, as well as at 3, 6, and 12 months following intake to treatment, the program gains knowledge about the longitudinal effects of treatment with this population. Additionally, as some youth in this study no longer have parents with full parental rights, we will examine the feasibility of using alternate support people in sessions that typically involve parents or guardians.

At the February 2013 project status meeting, the evaluators reported the following information on youth served in the program:

- 70 youth have been enrolled in the program;
- Ages range from 14-18 years old; most (60) are 15-17 years;
- 14 youth are female;
- Over half the youth (59%) are African American;
- 34% of the youth are currently involved with DCFS;
- 59% of the youth are involved with probation/parole;
- To date 81% of the intakes have resulted in services.

At the baseline measurement a total of 63% of the youth in the program report weekly alcohol or drug use in the past 90 days. The most commonly used drugs were marijuana and alcohol. Program staff have also reported an increase in use by youth of dextromethorphan, or DXM, an over-the-counter medication that produces hallucinations and a sense of dissociation when taken in large doses. Criminal justice involvement is higher for this program's youth than for the other 33 SAMHSA grantees across the country.

### **Illinois Birth Through Three (IB3)**

DCFS is conducting a five-year Title IV-E Waiver Demonstration project through the Children's Bureau of the Administration for Children and Families. The demonstration project, titled the Illinois Birth through Three Waiver: Child and Family Intervention or "IB3," will provide therapeutic and psycho-educational services to very young children, ages birth through three, and their caregivers. The demonstration will serve both IV-E eligible and non-IV-E eligible children entering care in Cook County.

Developmentally focused parent training and support interventions, the Nurturing Parenting Program and Child-Parent Psychotherapy, will be implemented with targeted cases to address the developmental effects of maltreatment and trauma and to promote attachment with permanent caregivers. Nineteen agencies throughout Cook County, including 3 DCFS offices, have been selected to participate in the waiver.

The waiver demonstration will test the hypothesis that children aged zero through three years old, initially placed in foster care will experience reduced trauma symptoms, increased permanency, reduced re-entry and improved child well-being if they are provided trauma informed Evidence Based Interventions compared to similar children who are provided "services as usual."

The Waiver Demonstration Project began its developmental period on October 9, 2012. The official implementation will last from July 1, 2013 through June 30, 2017.

The waiver is important because in Illinois, and particularly in Cook County, young children come into foster care at rates considerably higher than the national average. They also stay in foster care longer, with low reunification and permanency rates.

### **Service Delivery**

Children and parents in the target population will be randomly assigned to "Intervention" or "Comparison" groups, when they have been identified through enhanced assessments as having high to moderate levels of trauma symptoms. Those in the Intervention group who have moderate trauma symptoms, along with their caregivers will participate in the Nurturing Parent Program ([www.nurturingparenting.com](http://www.nurturingparenting.com)) in either a birth-parent or foster-parent version. Those with high

levels of trauma symptoms will participate in Child Parent Psychotherapy ([www.nrepp.samhsa.gov/ViewIntervention.aspx?id=194](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=194)).

### **Waiver Evaluation**

The waiver will be evaluated by a third-party using tools and measures which will track reductions in trauma symptoms; improved child and parent functioning; improved child-well being; and increased permanency and reunification rates.

## **B. The Children and Family Research Center**

### **The Children and Family Research Center Research and Evaluation Projects for FFY 2013**

The Children and Family Research Center (CFRC) was created in 1996 through a cooperative agreement between the University of Illinois at Urbana-Champaign School of Social Work and the Illinois Department of Children and Family Services (DCFS). The original mission of the CFRC was to maintain a research program responsive to the Department's mission and responsibilities under statutes and court orders, and contributes to scientific knowledge about child safety, permanency, and child and family well-being. In particular, the Illinois child welfare system was operating under several federal consent decrees, including the B.H. Consent Decree, that mandated improvement in the care provided to children removed from their homes and placed into substitute care. The B.H. parties agreed to establish a Children and Family Research Center "responsible for evaluating and issuing public reports on the performance of the child welfare system operated by DCFS and its agents." These B.H. outcome monitoring reports remain a core component of the Children and Family Research Center's mission to improving outcomes for children involved with the child welfare system.

An equally important part of what we do at the CFRC is conduct research that contributes to child welfare policy and practice and advances both scientific understanding and public discourse on child maltreatment. Our research activities span the entire continuum of scientific inquiry, including:

- Gathering information on emerging areas of interest or concern and synthesizing the information into comprehensive literature reviews;
- Using administrative data to track system performance on a wide variety of measurable indicators;
- Conducting large-scale evaluations of service interventions and system reforms;
- Conducting small-scale studies of topics that are practice and policy relevant;
- Providing consultation and technical assistance on survey development, evaluation design, and practice implementation;
- Fostering conversation and collaboration among child welfare stakeholders by convening conferences, meetings, and summits that focus on specific topics of significant policy and practice relevance;
- Disseminating knowledge to a wide variety of audiences, both practice and research, through a range of communication strategies in ways that are useful and informative.

The following sections describe the research conducted by the Children and Family Research Center for the Illinois Department of Children and Family Services during FFY 2013. The research projects are grouped into three areas:

- Maltreatment Prevention, Investigation, and Intact Families
- Substitute Care and Child Welfare Services
- Foster Care Utilization Review Program (FCURP)

The CFRC and FCURP's work, through the methods described below and the utilization of findings, help monitor and/or inform progress on all nine (9) of the CFSP goals and all thirty-five (35) related objectives.

### **Prevention, Investigation, and Intact Families**

#### **Child Endangerment Risk Assessment Protocol Annual Evaluation (CERAP)**

**Purpose and Objective:** This evaluation fulfills the Department's mandate to provide an annual report to the Illinois General Assembly that examines the reliability and/or validity of the Child Endangerment Risk Assessment Protocol (CERAP). Each year, specific research questions are developed in conjunction with the DCFS Director, the DCFS Division of Child Protection, and the statewide CERAP Advisory Committee.

CERAP procedures state that a new safety assessment should be completed at the following milestones during an investigation:

- 1) Within 24 hours after the investigator first sees the alleged child victim;
- 2) Whenever evidence or circumstances suggest that a child's safety may be in jeopardy;
- 3) Every five working days following the determination that any child in a family is unsafe and a safety plan is implemented. If the new safety determination is that the child or children remain unsafe and the safety plan will continue, the worker must make a notation in Part B1 of the CFS 1441 documenting the reasons why the safety plan should remain in effect. Such assessment must continue until either all children are assessed as being safe or all unsafe children are removed from the legal custody of their parents.
- 4) At the conclusion of the formal investigation, unless a service case is opened. This provision may be waived by the supervisor if the initial safety assessment was marked safe and no more than 30 days have elapsed since it was completed.

Previous CERAP evaluation conducted by the Children and Family Research Center indicated that only around half of the investigations that require a safety assessment at the conclusion of the investigation actually have one. Additional analyses examined the relationship between the presence of a safety re-assessment at the conclusion of the investigation and maltreatment recurrence, defined as an additional indicated maltreatment report within 6 months of an earlier indicated report, and found that children in investigations in which a second CERAP was completed were significantly safer (that is, less likely to experience additional indicated maltreatment) than children in investigations without an additional assessment.

The FY 2013 CERAP evaluation re-examined the relationship between CERAP assessment at the conclusion of the investigation and child safety (i.e., maltreatment recurrence) using both descriptive and multivariate statistical analyses, including:

- 1) 6-month recurrence rates for the state of Illinois over the past decade
- 2) the percentage of investigations that have a CERAP re-assessment at the conclusion of the investigation
- 3) The relationship between CERAP completion at the conclusion of the investigation and 6-month maltreatment recurrence.

**Methodology:** Using DCFS administrative data, investigation data was collected for all investigations completed during FY 2003 through FY 2012. The investigation sample was then limited to those that required a safety re-assessment at the conclusion of the investigation. It was then possible to determine: a) how many had a safety re-assessment at the conclusion of the investigation, b) if the presence of a safety re-assessment was related to maltreatment recurrence.

Results indicated that:

1. Less than half of the investigations that required a safety assessment at their conclusion had one.
2. Safety re-assessment at the conclusion of the investigation was significantly related to 6-month maltreatment recurrence.
3. The relationship between safety re-assessment and maltreatment recurrence remained significant even after the effects of other variables known to affect maltreatment recurrence (such as prior reports, age of the child) were taken into effect in a multivariate statistical model.

**Utilization of findings:** The findings of this research can inform the Department's ongoing efforts to increase child safety and decrease repeat maltreatment. They can also be incorporated into new worker trainings, to emphasize the importance of safety assessment throughout the life of a case.

### **Illinois Child Death Review Team Annual Report**

**Purpose and Objective:** The Children and Family Research Center collaborates with the Department and the Illinois Child Death Review Teams (CDRT) Executive Council to produce a report that examines child fatalities in Illinois. The purpose of this report is to examine the causes and circumstances surrounding child deaths in order to reduce preventable child fatalities and serious injuries among Illinois children. The CDRT report is sent to Illinois legislators and other interested parties. The CDRT annual report provides descriptive information about child fatalities in Illinois using data from the CDRT database and compiles CDRT recommendations and agency responses.

**Methodology:** The Children and Family Research Center analyzes data on all Illinois child fatalities (as reported to DCFS) and a subset of these deaths, which were reviewed by CDRTs. CDRTs are required to review the deaths of all children aged 17 or younger if the deceased child was:

- A ward of DCFS;
- The subject of an open DCFS service case;
- The subject of a pending child abuse or neglect investigation;
- The subject of an abuse or neglect investigation during the preceding 12 months, and/or;
- Any other child whose death is reported to the DCFS State Central Register as the result of indicated child abuse or neglect.

CDRTs are also statutorily permitted to review any unexplained or unexpected death of a child under 18 at their discretion.

Total child deaths are examined by children's gender, age, race, manner of death (accident, homicide, suicide, natural causes, and undetermined), and category of death (illness, premature birth, vehicular accident, SIDS, suffocation, injuries, firearms, fire, drowning, poisoning/overdose, and undetermined). Each category of death is also examined by children's age, race, and gender to identify any groups that may be at increased risk of serious injury or death. Trends in categories of death over the past 10 years were also reported.

**Utilization of findings:** Based on the findings of their reviews, the Illinois Child Death Review Teams make recommendations to the DCFS Director and Inspector General concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths. The Director must review and reply to recommendations from the CDRT within 90 days. The intention of these recommendations is to develop and/or change policy in primary prevention, DCFS system, or related systems.

## **Evaluation of Differential Response in Illinois: Pathways to Supporting and Strengthening Families**

***Purpose and Objectives:*** In FFY 2010, the Department applied for and received federal funding from the Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR) to become one of three research and demonstration sites to implement Differential Response in a randomized control trial (RCT). The Children and Family Research Center assisted the Department in writing and submitting the application for funding to the QIC-DR and now serve as the project evaluators for the Differential Response evaluation. The main objectives of the DR evaluation are to:

1. Provide detailed documentation of the implementation process.
2. Document the differences in practice between the DR pathway and the Investigation pathway.
3. Examine the outcomes associated with the DR pathway and the Investigation pathway.
4. Examine the costs associated with implementing DR in Illinois as well as the differences in overall case costs associated with the DR pathway and the Investigation pathway.

***Methodology:*** The DR evaluation employs a mixed methods design and contains several separate components:

1. The process evaluation is utilizing focus groups, semi-structured interviews, and documents reviews. A pre-post survey of workers and supervisors is examining changes in attitudes and behaviors over time as DR is implemented.
2. The outcome evaluation consists of a randomized control trial (RCT) that examines differences in DR-eligible families that are randomly assigned to either the experimental (DR) group or the control group (traditional investigation). Data is being collected from the families using a family exit survey, and from caseworkers using a case specific case report. Administrative data will examine differences between the two groups in outcomes such as maltreatment re-report and child removals.
3. The cost evaluation will primarily utilize administrative data that tracks both worker time and services provided.

Differential Response was implemented statewide in Illinois on November 1, 2010. The randomized control trial data collection began December 1, 2010 and concluded on May 22, 2012. A site visit, which documents the implementation of DR from November 2010 through June 2011, was conducted in June 2011, and a report was submitted to the Children's Bureau and is available on the CFRC website. Results of the outcome evaluation and cost evaluation will be available in September 2013 and will be submitted to the Department and the Children's Bureau, and will be available to the public on the CFRC website.

***Utilization of findings:*** The findings of the DR evaluation will be used to determine its effectiveness in both strengthening families and keeping children safe.

## **Substitute Care and Child Welfare Services**

### **B.H. v. Calica Monitoring Report**

***Purpose:*** The Center monitors DCFS performance under the *BH* Consent Decree and each year produces a report that is provided to both the plaintiff and defendant attorneys, the DCFS Director, administrative staff, and interested parties throughout the state of Illinois. This report is a comprehensive analysis of outcomes for children in Illinois and looks at child safety, substitute care placements, legal permanence, and the well-being of children in foster care. Each chapter of the report:

- Presents an array of outcome indicators for each outcome area. The indicators are provided in the text of each chapter in easy-to-understand graphics that look at outcomes for the entire state. In addition, a technical appendix of the report contains a comprehensive list of each indicator broken out by race, region, gender and age.
- Contextualizes data by describing current research and innovative practices.

**Objective:** To provide the Department, its attorneys, the plaintiffs' attorneys, the court, and other stakeholders with current and comprehensive data and interpretation about the Department's performance in relationship to the children in its care and the stipulations of the *BH* consent decree. This report aids the Department in assessing its progress toward several of the goals and objectives listed in its FFY 2010-2014 Child and Family Services Plan (CFSP).

**Methodology:** A series of indicators have been developed to monitor the Department's responsibilities to children in or at risk of foster care in Illinois. The report is organized around several major outcomes, each with specific indicators.

Child Safety (similar to CFSP Safety Goal: Children are protected from abuse and neglect):

- Maltreatment recurrence within 12 months of an indicated maltreatment report (similar to CFSP objective 2);
- Maltreatment recurrence within 12 months of an indicated maltreatment report among intact family cases;
- Maltreatment recurrence within 12 months of an indicated maltreatment report for families who did not receive services;

Substitute Care Placements (Continuity and Stability):

- Maltreatment recurrence in substitute care (similar to CFSP Objective 4).
- Restrictiveness of initial and end of year placement type (placement with kin, non-kin, specialized foster care, or congregate care);
- Placement with siblings;
- Placement stability: Number and rate of children who achieve stability in substitute care (two or fewer placements within a year or two years; similar to CFSP Objective 14);
- Number and rate of children 12 and older that run away from substitute care;
- Median length of stay in substitute care.

Legal Permanence:

- Number and rate of children in substitute care reunified within 12 months, 24 months, and 36 months (similar to CFSP Objective 16);
- Number and rate of children in substitute care adopted within 12 months, 24 months, and 36 months (similar to CFSP Objective 18);
- Number and rate of children in substitute care placed into guardianship within 12 months, 24 months, and 36 months;
- Re-entry into substitute care from reunifications, adoptions, and guardianships at two years, five years, and ten years.

Well-Being: A wide range of well-being indicators have been examined in the report, including mental and physical health status and service receipt, educational outcomes, and juvenile delinquency and teen pregnancy.

Data on each indicator are presented for the past several years so that trends can be monitored. In addition, each indicator is examined by geographic region, child age, race and gender.

**Utilization of findings:** In addition to fulfilling the BH requirements, the BH monitoring report provides a means for POS and DCFS agency staff and administrators, scholars and researchers to understand the state of child welfare in Illinois.

### **AODA Waiver Evaluation**

**Purpose and Objectives:** Alcohol and other drug abuse are major problems for the children and families involved with public child welfare. Substance abuse compromises appropriate parenting practices and increases the risk of child maltreatment. It is estimated that one half of children taken into foster care in Illinois are removed from families with drug and/or alcohol problems. Because untreated substance abuse delays reunification, children removed from such families tend to remain in care for a long time. As a result of this delay, as many as 70 percent of children in foster care on any given day are from families in which alcohol and other drug abuse presents significant barriers to rehabilitation and permanence. In 1999, the Illinois Department of Children and Family Services applied for a Title IV-E waiver to improve reunification and other family permanency and safety outcomes for foster children from drug-involved families. To achieve this purpose, Illinois has received waiver authority to redirect IV-E dollars to fund Recovery Coaches to assist birth parents with obtaining needed AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and concurrent permanency planning. USDHHS approved the State's application in September of 1999 and the demonstration was implemented in April of 2000.

### ***Findings***

- Of the 3,718 caregivers who met the waiver's eligibility criteria, 2,568 (69%) have been assigned to the experimental group and 1,150 (31%) have been assigned to the control group as of December 31, 2012. Of the 2,568 caregivers assigned to the experimental group, 487 (19%) are "active clients" (i.e., parents who are currently in treatment, have recently completed treatment, are pending initial treatment, or have been enrolled in but failed to complete treatment).
- Accessing Services & Participating in Treatment: According to DASA treatment service data, parents in the experimental group (85%) are more likely to access AODA treatment services compared with parents in the control group (65%). There is significant difference on treatment entry between experimental group and control group. In general, parents in the experimental group enter treatment at a faster pace. For caregivers in the experimental group, 68% of them enter treatment within four months (120 days), and 81% of them enter treatment within twelve month (360 days). Comparatively, less than 70% (66%) of caregivers in the control group enter treatment within twelve month (360 days). This difference is statistically significant.

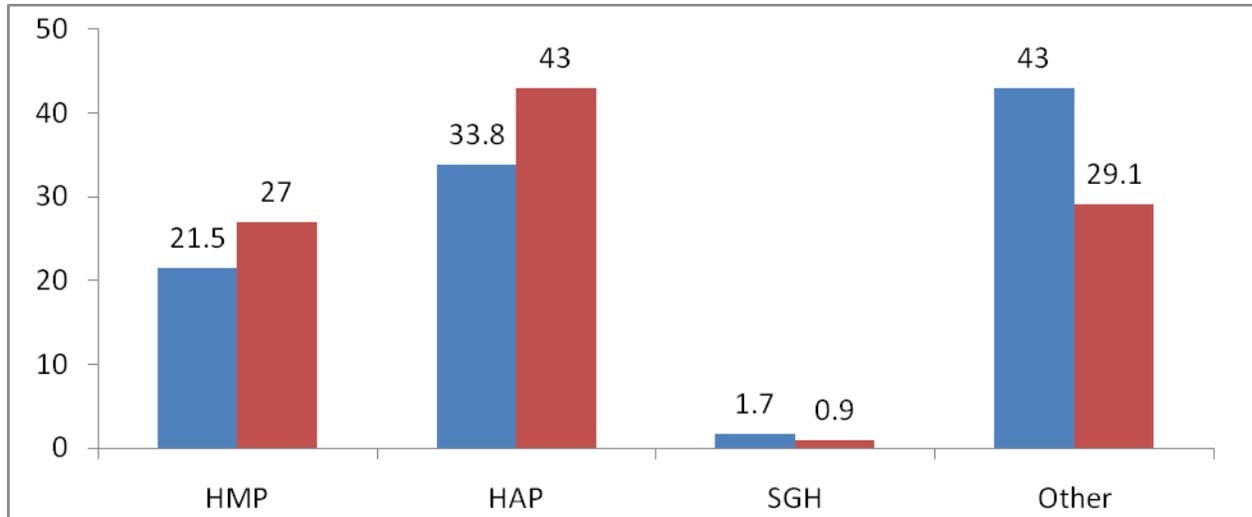
### ***Outcomes***

There is no doubt the recovery coach model achieved success. The families in the demonstration group (those randomly assigned to work with recovery coaches) accessed treatment at higher rates, spent significantly less time in foster care, were significantly more likely to achieve reunification and were significantly less likely to be associated with a subsequent substance exposed infant. Critical to note is that these results were accomplished without compromising the safety of the children. From an economic perspective, as of December 2012 the State of Illinois has benefited approximately from \$7 million of cost savings. So what are we learning – and how might our findings to date help shape the future (in terms of improving effectiveness)?

**INCREASING REUNIFICATION AND THE TIMING OF REUNIFICATION REMAIN A PRIORITY:** When we look at the permanency rates for children associated with substance abusing (or substance

dependent) parents five years after assessment at JCAP – we find that children in the demonstration group are significantly more likely to achieve reunification (27% vs. 21.5%) and permanency via adoption (43% vs. 33.8%). Yet one will also note that many children are still living in substitute care settings at the five year follow up (43% of the children in the control group and 29.1% of children in the demonstration group) (see Figure 1). We suspect there are ways to improve the AODA waiver demonstration so that significantly fewer children are living in long term substitute care settings.

Figure 1: Placement of Children by Assignment Group at Five Years post JCAP



**SO WHAT HAVE WE LEARNED FROM THE DATA THAT WILL INCREASE TIMELY PERMANENCE?**

One suggestion to improve reunification is to focus serious efforts on early family engagement. This would require some initial assessments – to better understand the barriers to engagement – and to better understand what families expect from the child welfare system. Central to family engagement is the timing of contact between workers and parents. Within the context of the AODA waiver, only 50% of the parents are screened at JCAP within 10 days of Temporary custody (TC). For 35% of the families, more than two months elapse between the TC hearing and the substance abuse assessment at JCAP. We need parents to be present at the temporary custody hearing (or at least shortly thereafter) for at least two reasons (1) the more time that passes, the less likely we are to engage families, (2) the more time that passes the more likely caseworkers and judges are to establish negative (e.g. noncompliance, lack of concern) opinions about the parents that will undoubtedly influence subsequent decisions to reunify and (3) the more time that passes without family contact the less able caseworkers are to assess family progress with regard to parenting.

**EARLIER ENGAGEMENT**

The empirical evidence to date indicates that within the AODA waiver demonstration, the parents that we get to JCAP and screened within ten days of the TC hearing are significantly more likely to achieve reunification – AND that the recovery coach model is far more effective for families who we engage early. The evidence supports these arguments. For example, when parents attend the TC hearing - and get screened within ten days - the effects of the recovery coach model are quite large (32% achieve reunification in the recovery coach group as compared with only 21% in the control group). For parents who get to JCAP three months and longer after the TC hearing, reunification rates drop to 21% for the recovery coach group and 19% in the control group. In short, the recovery coach model is more effective when there is only a short gap between temporary

custody and the JCAP assessment (see figures 2 and 3 below). Figure 2 displays the reunification rates for families that are assessed at JCAP within one month of temporary custody. We label this the early engagement group. The red solid line (top line) represents the time to reunification for families in the demonstration group (those assigned a recovery coach). The blue dotted line (bottom line) represents the time to reunification for families in the control group. Figure 3 displays the reunification rates for families that are assessed at JCAP in two or more months. We label this the delayed engagement group.

Figure 2: Effectiveness of the Recovery Coach Model when Engaged Early (less than 1 month)

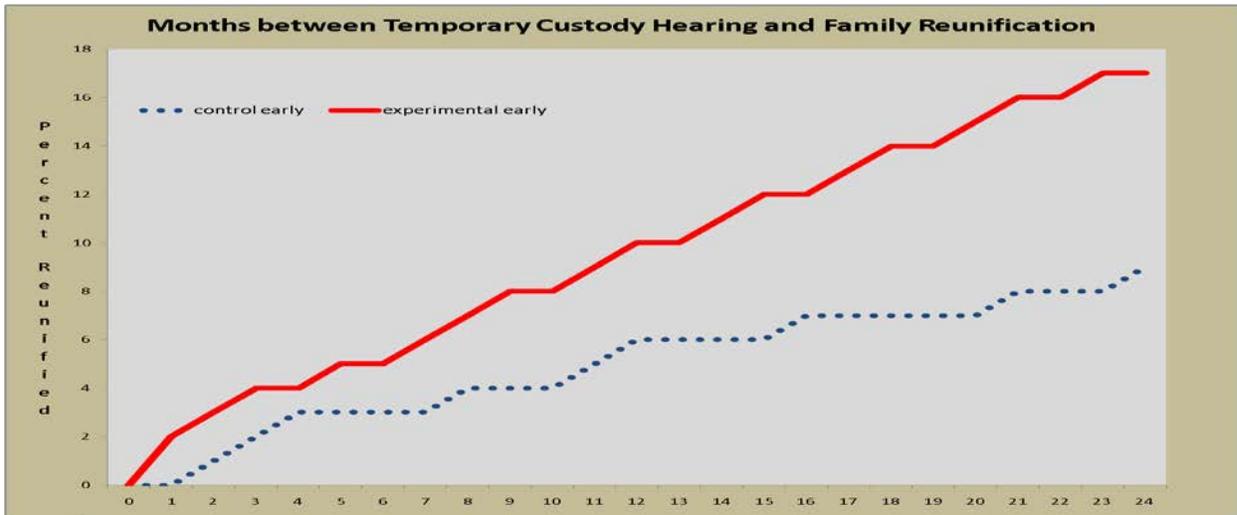
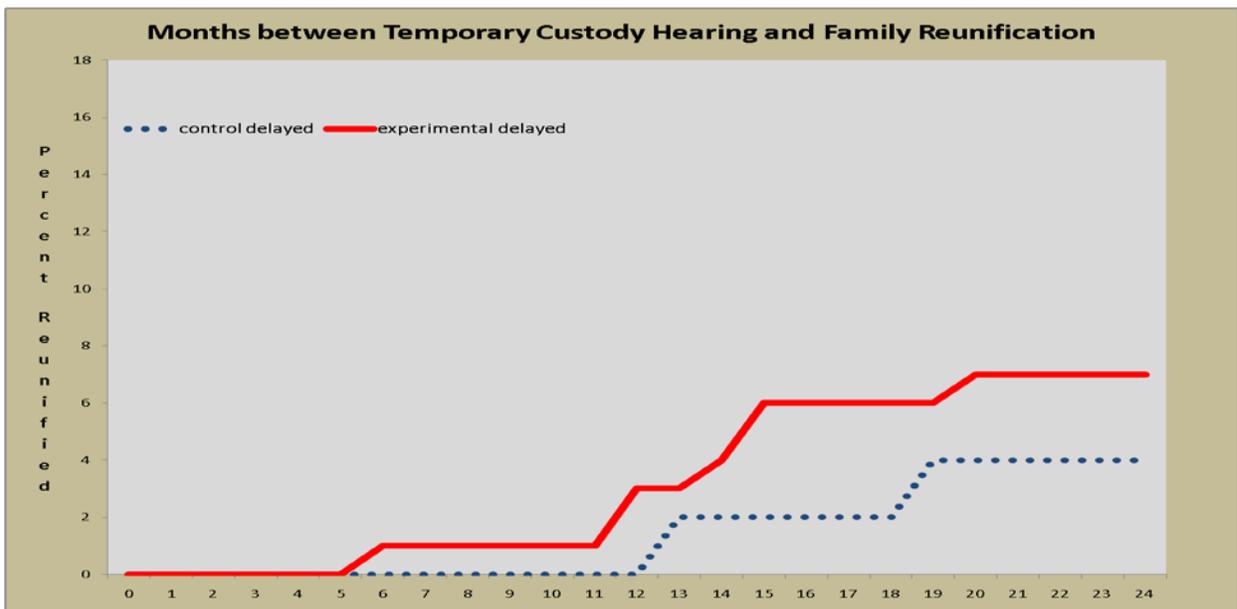


Figure 3: Effectiveness of the Recovery Coach Model with Delayed Engagement (two or more months)



To improve the effectiveness of the recovery coach model (specifically improve the reunification rates for families), it is critical that we *close the gap* between temporary custody and screening. This will help speed up client engagement and consequently lead to better outcomes. So how might we modify the AODA waiver demonstration to help facilitate and speed up engagement? One possibility is that the Case Assignment unit flags all cases that fail to show up for the initial hearing and communicate this information to an Engagement Outreach Worker within a relatively short time period (perhaps within 48 hours). This worker would do immediate outreach to the parent(s) and offer support and logistical assistance such as transportation to the court for assessment. Another option would be to take the assessment out into the field. This approach is often referred to as a suitcase assessment. There is nothing that requires the JCAP screening to be completed at the courthouse. The assessment could be loaded on an iPad or laptop or even distributed via hard copy (although less efficient) and taken to the parent's residence. This strategy is designed to engage families earlier in the process and thus increase their overall chances of achieving reunification. Early screening and engagement should also help shorten the length of time children spend in foster care. We are also proposing a second modification to the demonstration project that will also significantly reduce the time to permanency.

#### **BENCHMARKING FOR EARLY REUNIFICATION**

On average, it takes families in the demonstration group 710 days (slightly less than 2 years) to achieve reunification. Although this is far better than the 968 days (more than 2.5 years) it takes families in the control group to achieve reunification – we believe there are ways to safely achieve permanency in significantly shorter period of time. We propose working with the judges, caseworkers and recovery coaches to move up the timing of reunification for a small (and well defined) subset of families in the demonstration group. Specifically we would identify families (at the JCAP assessment) that are not struggling with a long list of co-occurring problems. We would also target families who have not previously experienced multiple years of children living in substitute care, specifically those families with children age 5 and under. That is, we would identify parents that are not reporting major issues with mental health, domestic violence and chronic unemployment. We would then develop a plan – based on the Recovery Matrix (a quarterly checklist completed by child welfare workers and recovery coaches, used to measure a parents' progress in substance abuse recovery and the resumption of positive parenting responsibilities) and comprised of specific benchmarks – that would serve as the foundation for an expedited reunification. The Recovery Matrix worksheets provide caseworkers, parents, and the court with criteria, guidelines and a visual representation for assessing and discussing a parent's progress in recovery and movement toward reunification. The parents and judges would have an agreement that parents would progress through specific treatment milestones (e.g. supervised visitation, unsupervised visitation, unsupervised overnights and reunification) as certain specific (and measurable) expectations are met (e.g. completion of substance abuse treatment, negative urinalysis, engagement in a substance free after care community, compliance with service plan goals, improved parenting, improved home environment). We would use well established and standardized assessments of the home environment and parenting skills to help in the determination of treatment progress. We will also incorporate an established measure of child well-being so that caseworkers and judges can make decisions based not only on the treatment progress associated with the parent(s) but also on the developmental gains associated with the children. It is important to note that benchmarking will help improve the likelihood of achieving all permanency options by providing caseworkers and judges sufficient and compelling evidence (in a timely and agreed upon fashion and for all families ) that warrant increased efforts with regards to concurrent planning and/or the termination of parental rights. Without specific measurable benchmarks in place, cases tend to linger in the system.

**Utilization of findings:** In summary, the findings indicate that the recovery coach program is successful. The families assigned to a recovery coach are more likely to access treatment services, are more likely to achieve reunification, and are less likely to give birth to a second substance exposed infant. Moreover, the AODA waiver demonstration has saved the state of Illinois money (savings that can be reinvested in other services for children and families). With regard to the utilization of findings, within the first five years of the waiver demonstration we reported that co-occurring problems were a major obstacle to families achieving reunification. We used these findings in two ways. First, we modified the recovery coach model so that coaches could better connect families with a wider range of services (e.g. mental health, housing, domestic violence). Second, we used these findings and the modified recovery coach model to advocate for a five year extension of the waiver (2007). We have currently proposed new ideas – based on the findings discussed – to modify the waiver demonstration moving forward. These changes were approved by DCFS leadership and representatives from the Children’s Bureau. We have a research and planning meeting scheduled for June 3, 2013 to discuss implementation and evaluation moving forward.

### **The Illinois Survey of Child and Adolescent Well-Being (ISCAW)**

**Purpose:** The purpose of the Illinois Survey of Child and Adolescent Well-Being (ISCAW) is to monitor safety, permanency, well-being and service delivery over time for the population of Illinois children involved in child maltreatment investigations. The Illinois component forms a major part of the federally funded second cohort of the National Survey of Child and Adolescent Well-Being (also known as NSCAW II), but also provides a large sample size representative of the Illinois child victim population as whole. This makes it possible to conduct analyses that provides Illinois estimates and have a ready comparison given the non-Illinois data in NSCAW.

**Methodology:** The ISCAW represents a total of eight counties plus three Cook County regions. The sample includes children from these counties who are the subjects of indicated reports for a period of one year. Interviews take place with caseworkers, caregivers, and children. The advantages of ISCAW over the existing well-being study approaches are notable. Specifically, the full instrumentation for NSCAW/ISCAW is more extensive than existing instrumentation and includes standardized assessments of growth and development as well as aptitude and achievement that are not available in existing instrumentation. Both a baseline and follow-up dataset are currently being used for research reports.

**Utilization of findings:** The study allows for timely, comprehensive, and state-of-the-art information to guide decision making at both policy and practice levels. ISCAW responds to many DCFS priorities and objectives.

### **Foster Care Utilization Review Program (FCURP)**

**Purpose and Objectives:** The Foster Care Utilization Review Program (FCURP) works in close partnership with the DCFS Division of Quality Assurance to prepare for, conduct, and respond to the Federal Child and Family Services Review (CFSR). Using a continuous quality improvement structure, FCURP plays a vital role in maintaining a viable public-private framework for supporting ongoing efforts to enhance child welfare outcomes in Illinois at the state and local levels.

**Methodology:** In FY 2013, FCURP continued to support DCFS and its private sector partners in their efforts to achieve the goals and objectives outlined in the Child and Family Services Plan (CFSP) by:

- Assisting the DCFS Deputy Director of Quality Assurance with monitoring and reporting to the Children’s Bureau Illinois’ progress toward completing CFSR Program Improvement Plan (PIP) action steps and meeting identified PIP goals.

- Managing the Outcome Enhancement Review (OER) process, an ongoing statewide public-private continuous quality improvement process.
- Facilitating Regional PIP workgroups and Supervisory Forums that meet on a quarterly basis to plan regional casework practice improvements related to federal outcome performance.
- Beginning implementation of the POS Agency Continuous Quality Improvement (CQI) Capacity Assessment project to assess the ability of POS agencies to self-monitor and use CQI systems to impact child welfare performance.
- Participating on various ad-hoc child welfare issue specific workgroups, i.e. implementation of the Supervisory Training to Enhance Practice (STEP) Program, development of an Administrative Case Review quality improvement system, and implementation of the Enhanced Safety Model.
- Training DCFS and POS field staff as case reviewers prior to each OER.
- Providing onsite Practice-to-Outcomes (PTO) training designed to help case managers and supervisors make the link between their day-to-day casework practices, the federal outcomes and indicators measured in the CFSR, and DCFS Rules and Procedure. The training has a strong emphasis on the core elements of casework practice that impact OER/CFSR findings.

FCURP expects to continue these activities in FY2014.

*Utilization of findings:* The OER process is the primary measurement method for providing qualitative data to evaluate and monitor the state's ongoing performance on the federal outcomes; it was designed to be similar to the CFSR process. The OER tool was designed to ensure comparable measurement of outcomes performance with the Federal review tool, as well accurate evaluation of adherence to key child welfare policies and procedures specific to Illinois. Findings from the OER are used both on the regional and statewide levels. On the statewide level, OER data is used to measure progress toward Illinois' CFSR PIP goals and is reported quarterly to the Children's Bureau. On the regional level, OER findings are used by Regional PIP Workgroups to plan local practice improvements.

### **C. Chapin Hall**

#### **CASEWORK REFORM SURVEY**

In order to help evaluate DCFS' efforts in implementing a family-centered, trauma-informed, strengths-based model of child welfare practice, Chapin Hall conducted and completed a web-based survey of all DCFS and private agency caseworkers and caseworker supervisors in FY11. Preliminary and descriptive analyses have been completed and a summary report will be provided at the end of FY12. In-depth analysis will be conducted in FY13 in consultation with the Project Manager, Director and other DCFS leadership. These analyses will draw on survey data that is linked to caseworker activity data and case outcomes.

#### **FY13 Activities and Deliverables**

- Conduct in-depth analysis of the casework reform survey, and address the following primary research questions: What are the relationships between organizational or supervisory contexts, caseworkers' engagement of families, and child placement outcomes?
- If the Department determines to conduct repeat the survey on the proposed three-year cycle, engage a team of DCFS program administrators in the review of round 1 data collection and the design of a round 2 instrument

- Conduct additional analyses upon request
- Produce one or more written summary reports of findings
- Conduct presentations of findings upon request
- Provide a quarterly written summary of project status reporting project activities and accomplishment of deliverables

#### Outcomes

- Through increased knowledge of factors affecting child placement outcomes, improved casework practice, increased engagement with families, improved child well-being, and reduced the length of stay in care

#### **Work completed in Q1 and Q2**

- Memo dated July 3, 2012 submitted to Director Calica, Kendall Marlow, and Shaun Lane re: findings from the analysis examining the nature of caseworkers' attitudes and priorities concerning casework practice
- Report dated 12/14/12 submitted to Director Calica and Joan Nelson-Phillips titled "Measuring Parent Engagement when Caseworkers are Working with Two Parents."

#### **Work to be completed yet in FY13 - none**

A decision was made in fall of 2012 that this particular piece of work would be discontinued.

### **EVALUATION OF EDUCATIONAL EXPERIENCES OF CHILDREN IN FOSTER CARE**

Since 2003, Chapin Hall Center for Children has conducted research on the educational experiences of youth in out-of-home care. These studies have provided important indicators and markers for Department initiatives aimed at supporting child welfare-education partnerships and initiatives. More recently, the Department has been working to improve the collection of education data by having caseworkers update education screens in SACWIS, and they have also begun to implement data exchanges with the Illinois State Board of Education.

#### FY13 Activities and Deliverables

- Provide consultation and data analysis to support the Department's education initiatives or other initiatives that include an education component
- During the first quarter of FY13, DCFS and Chapin Hall will develop a written set of priority research questions to be addressed regarding educational services for wards.
- Subsequently, Chapin Hall will conduct the agreed upon analyses
- Produce one or more written summary reports of findings
- Conduct presentations of findings upon request
- Provide a quarterly written summary of project status reporting project activities and accomplishment of deliverables

#### Outcomes

- Through increased knowledge of the factors affecting the educational experiences of children in foster care, achieve improved systems-level planning for educational services, increased percentage of foster children enrolled in school, increased percentage of foster children with identified special service educational needs who receive such services, increased school attendance, and improved academic performance.

### **Work completed in Q1**

- Memo dated 8/16/12 providing suggested overarching research questions and guidance on types of reports that DCFS might want with respect to ISBE data and the educational needs of DCFS Youth. An accompanying paper by Casey Family programs and the national Center for State Courts on educational well-being and court outcome measures for children was also shared at this time.
- Consultation on establishing agreements with CPS and ISBE that allow the sharing of education data that would enable DCFS to monitor and address concerns related to the educational experiences or performance of children involved with DCFS. This consultation included provision of language aligned with FERPA and provision of documents related to the recent passage of the Uninterrupted Scholars Act.
- Completion of paperwork necessary to obtain DCFS IRB approval for analysis of education data received or gathered by DCFS. A copy of the executed approval from the DCFS IRB was provided.
- Participation in CWAC education subcommittee meetings and activities.

### **EVALUATION OF DCFS FAMILY ADVOCACY CENTERS**

The establishment of Family Advocacy Centers (FAC) in Illinois was intended to provide families with community-based support that would prevent their children whenever possible from coming into care as well as to assist them in successfully following through on planning goals that would allow them to successfully reunite with their children once in substitute care. The FAC initiative is a key component of the Illinois PIP, particularly as it relates to strategy IV: “Improving the accessibility and individualization of services to Children and Families throughout Illinois.”

#### **FY13 Activities and Deliverables**

Chapin Hall will support action step 4.5 by creating and supporting the implementation of standardized intake and service plan data collection forms with the FACs. The use of these tools will allow the Department to examine not only the number of clients served but also specific service needs and service provision for each family served as well as progress made on treatment goals and successful case closure.

#### **1st Quarter FY13 (July - Sept 2012)**

- Chapin Hall will also support action step 4.6 by analyzing the data captured in the intake and service forms that FACs complete and submit to the Department.

#### **2nd Quarter FY13 (Oct - Dec 2012)**

The analysis of the intake and service form data will focus on the following topics:

- identifying gaps in identified service needs and service provision
- timing and proportion of cases with successful discharge outcomes as captured in the Treatment Goals section of the service progress form

Once DCFS has achieved consistency and quality in the collection of intake and service data, Chapin Hall will link available service client data to DCFS administrative data to track more distal outcomes such as the reoccurrence of maltreatment, reunification (if applicable), and subsequent entry to foster care.

### 3rd Quarter and 4th quarter FY13

- Analyze monthly intake forms and quarter service progress reporting data
- Provide a year-end report for all FAC data collected in FY13, to include an assessment of the need for further changes to data collection forms or processes

### Outcomes

- The FAC initiative is a key component of the Illinois PIP, particularly as it relates to strategy IV: “Improving the accessibility and individualization of services to Children and Families throughout Illinois.” This research will assist in achieving that outcome.

### Work completed Q1 - Q3

- Client Intake and Progress forms were finalized, including adjustments made to reflect feedback from the FAC providers
- Excel data entry templates were constructed and provided to DCFS for both the intake and service progress forms
- At least three conference calls were convened to coordinate efforts across Daniel Fitzgerald and his team (data receipt and FAC liaisons), Greg Smith and his team (data entry), and Chapin Hall
- Individual Technical assistance was provided to Katherine Finnegan and Greg Smith as they implemented the processes for data receipt and entry
- Data files were compiled and cleaned, and a preliminary report on Q2 data for client intake forms was provided to the entire team

Chapin Hall staff have been spending the majority of their time and effort supporting the data collection and entry processes. As of April 19th, many agencies had submitted forms for fewer than 50% of the clients listed in the billing data and billing data were not available for all agencies. Chapin Hall recommended that it would not be an efficient use of resources to produce additional reports until more data have been gathered and entered.

### Work to be completed in Q4

- Continue to convene conference calls to coordinate efforts across the data collection team, particularly given staff departures or turnover
- Continue to compile and clean data received from the QA data entry team
- Align intake, service, and billing data to better understand whether the data being collected from the agencies adequately represent the client population being served by the FACs as reflected in the billing data
- Provide a year-end report for all FAC data collected in FY13, to include an assessment of the need for further changes to data collection forms or processes

## INTEGRATED ASSESSMENT RESEARCH

### FY13 Activities and Deliverables

- DCFS and Chapin Hall will develop a written set of priority data questions that will inform discussions within the Department regarding types of cases (intact or placement) that might be prioritized in allocating IA program resources.
- Based on the priority data questions, Chapin Hall will conduct the analyses and produce written summaries for DCFS
- Chapin Hall will provide consultation to support the Department's planning efforts regarding IA program modifications

- When requested, Chapin Hall will conduct presentations or participate in monthly IA directors meetings or clinical division meetings to share data and discuss implications for program changes
- Chapin Hall will provide a quarterly written summary of the project status, reporting project activities and accomplishment of deliverables

#### Outcomes

- The IA program is exploring possible modifications both to its current approach and the targeted types of cases referred to the program. Data and analysis provided under this contract will assist the Department in systems-level planning that seeks to leverage the resources of the IA program to achieve the greatest impact, supporting the caseworker's role in identifying and delivering appropriate services and improving child and family functioning.

### **Work completed Q1 - Q3**

- Preparation of summary materials and participation in clinical division meeting (8/2/12) to share overview of IA research and discuss with the Director future planning/goals for IA.
- Participation in meetings convened by DCFS to discuss IA program capacity and which DCFS populations - other than those currently referred to the IA program - might benefit from the involvement of an IA screener.
- Consultation on the specification of output and outcome measures for the IA program.
- Consultation on the development of tools to support a peer review process aimed at maintaining or improving the quality of IA reports produced by the IA program. Draft materials were provided regarding language and scoring of items for consideration in developing a peer review tool to be implemented by the IA contract agencies.
- Summary data were provided re: children currently in care who have not had an assessment produced jointly by a caseworker and IA screener.

### **Work to be completed in Q4**

- Participation in meetings convened by DCFS to discuss IA program capacity and which DCFS populations - other than those currently referred to the IA program - might benefit from the involvement of an IA screener.
- Analysis of the timeliness of IA report completion, including # of days between different segments of the IA process from TC date to supervisor approval in SACWIS.

### **Evaluation of DCFS Changes to Intact Services**

In FY13, Illinois DCFS restructured their staffing for intact services and implemented a new policy for the criteria by which families with indicated investigations can be referred for intact services. Research using national data indicates that approximately 40% of victims of abuse and neglect investigations do not receive services at that time (Dolan, M., Smith, K., Casanueva, C., & Ringeisen, H. (2011). Research in this area represents an opportunity to inform Department policies and processes while also contributing to knowledge of how those processes and structures might be associated with service provision patterns and recurrence of maltreatment.

DCFS has asked Chapin Hall to evaluate both the implementation and implications of the new intact policy as well as implications of potentially changing or lifting that new policy. The overarching research questions include:

1. What can be said about the implementation of the new policy (e.g. compliance with timelines, eligibility criteria, exceptions, etc.)?
2. What are the implications of no longer serving certain cases as intact (e.g. outcomes of cases previously but no longer eligible for intact as well as unintended consequences such as shifts in investigation timelines or findings)?
3. What are the assessment, service delivery patterns, and outcomes for intact cases assigned after policy implementation and being served under the new staffing structure?

Chapin Hall will provide research and evaluation services to support DCFS efforts to monitor the implementation and implications of the changes in policies and staffing for intact services. Specifically, Chapin Hall will engage a workgroup of DCFS staff in discussions, prepare an evaluation plan, analyze administrative data, and present/lead discussions of the findings.

#### FY13 Activities and Deliverables

- Participate in intact workgroup discussions regarding changes to the referral criteria for intact cases
- Provide consultation on new performance measures for intact
- Draft an evaluation plan to assess the implementation and implications of the new policy.
- Work with a data group to assess the flow of investigations to intact and identify the potential implications of different scenarios for revised referral criteria
- Work with the data group to assess the flow of investigations and intact cases and address the identified research questions
- Provide the data group with summaries of findings and lessons learned
- Provide a year-end report for work done under this task.

#### Outcomes

- Research in this area represents an opportunity to inform Department policies and processes while also contributing to knowledge of how those processes and structures might be associated with service provision patterns and recurrence of maltreatment.

#### Work completed Q1 - Q3

- Participated in intact workgroup discussions for the purposes of drafting an evaluation plan and performance outcomes measures
- Submitted a draft plan for tracking monitoring and evaluation issues related to the DCFS Intact policy (originally submitted Aug 22, 2012; revised and resubmitted Sept 24, 2012)
- Worked with the DCFS QA data group to diagram and track the flow of investigations to intact, focusing on FY12 and a 10-week post-policy implementation period.
- Participated in CWAC front-end subcommittee meetings to share findings
- Participated in Region V Children's Bureau conference call to explain intact evaluation work
- Provided a summary of intact evaluation efforts to date (February 27, 2013)
- Participated in discussions with DCFS legal regarding intact evaluation work
- Examined the distribution of intact case openings that occurred after the policy implementation for the purposes of informing discussions of investigation cases flowing to intact and high risk specialists

### **Work to be completed in Q4**

- Participate in meetings with DCFS legal regarding questions about the intact evaluation work
- Produce an end of year report summarizing intact evaluation efforts to date. This report will extend the work detailed in the February summary to describe cases that did not meet the eligibility criteria under the new policy.

### **Text Mining**

This project will use the most up to date technologies to mine text data to develop better information and understanding. Chapin Hall is partnering with the Computation Institute at the University of Chicago to create text-mining software to explore the unstructured text data within SACWIS. Previously, if researchers wanted to analyze text data, the process required trained researchers to go through the text data manually to highlight any patterns that have occurred. The hours of work that this requires has made research using text data largely unfeasible. Text mining will allow Chapin Hall to highlight patterns mechanically, reducing the amount of time needed to find patterns.

These data, when compiled across thousands of children and their families will provide new learning. The text mining process holds promise for improving the information available to DCFS. With text mining, it is possible to consider the narrative parts of case data in such wide-scale examinations and this would provide additional data that can be used to explain the outcomes of cases or assist in better case planning.

### **Status of current activities:**

During the reporting period the following activities were performed:

#### *Topic Defined –*

We have identified the topic of permanency in our text mining effort. Specifically, we will be using the Outcome Enhancement Review (OER) process to explore permanency goals and barriers to permanency. In the OER protocol, question number 35a examines timely and progressive movement toward permanency and the primary reason for any delay. We will begin by using this question as a guide to explore particular delays to permanency as identified in this question including court delays, substance abuse by parent, and lack of concurrent planning activities by caseworker.

#### *Data*

Chapin Hall receives data on case notes and service plans as part of the data sharing agreement with DCFS and this data is stored in our data warehouse. We have set up a secure location where Computation Institute and Chapin Hall staff are able to access the data. Additionally, we have worked with DCFS Office of Information Technology staff to obtain access to SACWIS.

#### *OER Review Process*

Chapin Hall has been working with DCFS quality assurance staff to learn more about the OER process as well as to inform them about text mining. A day-long meeting took place with DCFS and Chapin Hall staff to walk through the process of completing an OER and the data that is necessary to complete questions relating to permanency. Chapin Hall staff also participated in an OER training to learn about the review protocol and how data is used by staff to address the items relating to permanency and the steps involved in completing a review.

### *Coding the Text*

The next step with DCFS quality assurance staff is to hold a day-long meeting where staff will assist in coding the text. We will have the experts (DCFS staff) identify the words and phrases that are indicative of permanency progress, in particular, focusing on specific items in question 35a in the OER protocol, such as substance abuse and court delays. In order to capture this language and to know what text to mine for, we hope to code as many documents (case notes, Integrated Assessments, and Service Plans) as possible to help identify common words and phrases. This process would involve a reviewer marking text as indicative of the particular permanency issue of interest (for example, substance abuse treatment of parent as the primary reason there is not timely and progressive movement towards permanency) and call out the detailed words or phrases that specifically point to the issue.

Based in the information collected from DCFS staff, a computer program will be created to mine the text. In this example, a computer program “comprehends” text by mapping words and phrases to concepts. By mapping words and phrases to concepts, text mining creates structured data from unstructured; each x concept is connected to a y word or phrase by the text mining program..

### *FY13 final activities*

Once patterns have been noted and the data has been organized into a structured format, researchers can analyze the data in various ways. With text mining, patterns of court delays and/or substance abuse, for example, are noted by the software program. Chapin Hall researchers will then analyze how different types of delays correlate with permanency outcomes. This work will be completed by June 30<sup>th</sup>.

## **Performance contracting for ILO/TLP:**

### **Progress report, anticipated work for FY13 & proposed work for FY14**

#### Work scope from FY13 contract

#### PERFORMANCE CONTRACTING IN RESIDENTIAL CARE AND ILO / TLP

Over the past several years, DCFS has been in the process of implementing performance-based contracting (PBC) for both their residential care and ILO / TLP providers. In collaboration with DCFS managerial staff, private providers, and other local universities, Chapin Hall has helped to develop various components of the PBC system, including the performance measures and goals, incentive mechanisms, and a process to account for differences in the characteristics of provider caseloads. At present, these PBC systems are either still in development, or have yet to yield tangible improvements in provider performance.

#### FY13 Activities and Deliverables

- Conduct an assessment of the performance contracting system and develop recommendations for specific modifications necessary to achieve improved provider performance
- Conduct additional analyses upon request
- Produce one or more written summary reports of findings and recommendations
- Conduct presentations of findings and recommendations upon request
- Provide a quarterly written summary of project status reporting project activities and accomplishment of deliverables.

Outcomes

- Through planned modification of the performance contracting system, improved provider performance, including decreased length of stay in residential care and improved child well-being.

Progress report for Quarter 1 -3 (July 2012 – March 2013) of FY13

1. Learn process & complete ILO/TLP measures for FY11

Beth Weigensberg took over the performance contracting aspects from Andy Zinn at the start of this FY. Beth Weigensberg and Chapin Hall colleague Cristobal Gacitua, worked closely with Andy to learn the process, data, analysis and role in working on ILO/TLP performance contracting with DCFS. The learning process took several months and coincided with the process to analyze and provide the FY11 ILO/TLP performance data/measures. Specifically, the performance contracting task involves multiple steps, including data acquisition, data processing/management, data analysis to produce child-level data files, a reconciliation process with DCFS and providers to identify and resolve any discrepancies in child-level data, and final estimation of FY benchmarks and actual performance by provider. FY11 ILO/TLP results were shared with McKenzie Smith and Brice Bloom-Ellis in November 2012.

2. Document process and identify efficiencies to improve process

In general, the ILO/TLP performance contracting process takes several months to complete, with extensive time and efforts involved in the data reconciliation process. The data analyzed by Chapin Hall may differ from data available to DCFS and providers, due to bridged information during data analysis or variability among data sources (such as entry/exit dates and reasons for discharge). DCFS and providers review the data and submit corrections to be included in the ILO/TLP analysis. However, much was learned from the FY11 effort to identify ways to improve the efficiency of this process in the future.

Starting in January 2013, Chapin Hall staff worked with McKenzie to begin documenting the ILO/TLP performance contracting process, including identifying ways to make the process more efficient. Specifically, we explored how to streamline the reconciliation process, including how to obtain corrections from DCFS and providers in the most efficient way, such as by providing ISS data to providers first since providers are more responsive to those requests for corrections than the TLPSR data. Chapin Hall also made the process more efficient regarding how to incorporate any identified corrections/edits into our data analysis process. This required Chapin Hall to revise the analytic programs to improve the analytic process by streaming the series of programs needed and revising the data corrections procedures for how to correct the data in this process. Chapin Hall also streamlined the time-consuming process of formatting the data for review by the providers, which would traditionally take McKenzie much time to do. Chapin Hall was able to revise the analysis to include output of the ILO/TLP data in a format that minimizes the amount of manual formatting DCFS needs to do before sharing the data with providers.

3. Begin work on ILO/TLP measures for FY12

Chapin Hall began working on the FY12 ILO/TLP process in February 2013, including working with McKenzie to develop improved efficiencies in the process as described above. Much of the data management and analysis needed to identify the correct cases and data for each provider was well-underway by the end of Quarter 3 (March 2013).

4. Participate in ILO/TLP working group meeting and RA meetings

Beth Weigensberg has also regularly participated in the ILO/TLP working group meetings with providers and bi-monthly RA calls between DCFS, Northwestern, UIC, Chapin Hall. Contributions

to these calls/meetings include sharing results and updates on the status of ILO/TLP work as well as engaging in discussions and critical thinking for additional analysis supporting the performance contracting group. The RA calls also resulted in the pursuit of additional ad hoc analysis, which is described below.

#### 5. Conduct ad hoc analysis on pathways into spec and residential foster care

In response to DCFS's interest in seeing if kids in spec foster care or residential care could be moved to less intensive levels of care with more supports, Chapin Hall conducted ad hoc analysis as a result of RA call discussions, seeking more information about children's pathways into higher levels of care. During October 2012 – January 2013, Chapin Hall provided initial descriptive information regarding the number and percentage of children placed into specialized foster care and residential care and their prior placement pathways before entering these care placements, including a subset of analysis focused specifically on youth identified as juvenile justice or lock-out youth.

#### Anticipated progress for Quarter 4 (April 2013 – June 2013) of FY13

- Participate in ILO/TLP working group meeting with providers and bi-monthly RA meetings – ongoing
- Complete work on FY12 ILO/TLP measures, including the reconciliation process with provider and estimating the final FY12 results – expected in May 2013
- Produce new report with risk-adjustment factors/characteristics by provider in bar chart tables to depict risk profiles for each provider agency – June 2013
- Provide new narrative report of ILO/TLP results, which will include a summary of key findings – expected June 2013

### **HEALTH CARE OF WARDS**

Chapin Hall will support the health care services needs of wards by conducting various analyses utilizing its capability to link DCFS administrative data with Medicaid claims data.

#### **FY13 Activities and Deliverables**

Chapin Hall will conduct analyses of health care services utilization of wards, previous and subsequent to involvement with DCFS, and address the following research questions:

- What are the health care service needs and health outcomes of wards?
- What is level, type, and timing of health care service utilization of wards prior to and during foster care?

In addition to these questions, Chapin Hall will be available to conduct additional analyses upon request. They will produce one or more written summary reports of findings and conduct presentations of findings upon request. A written summary of the activities and deliverables from this work to date are presented below.

#### **1st Quarter FY13 (July - Sept 2012)**

##### ***Planned Activities***

Chapin Hall worked on the utilization analysis and began assessment of Medicaid claims data in SACWIS. The utilization analysis was enhanced through the additional of a comparison group and the use of propensity score methods to strengthen the claim that program effects were causal. Specifically, Chapin Hall included an additional comparison group, namely children eligible for Medicaid as a result of a disability (i.e. the SSI comparison group). Also, the analysis team began work on a propensity score analysis.

Using Chapin Hall Medicaid claims data, the analysis team began working on a report of the percent of Medicaid eligible children with persistent asthma meeting HEDIS criteria for appropriate medication use. During this quarter, the analysis team used data from FY 2008-09.

The analysis team at Chapin Hall accessed the HFS Medicaid claims data in SACWIS. After initial inspection of the data and comparison to the Medicaid claims data at Chapin Hall, it appeared that there were missing claims in SACWIS and a missing relationship between health encounters and health issues.

Chapin Hall received, cleaned, and linked Medicaid paid claims data for FY 2010. The analysis team also began efforts to resolve discrepancies in the Chapin Hall HFS claims data used in the utilization analysis. Specifically, the older data (FY 2002-2005) had a different file structure than later years. The rates of ER service utilization looked very different across the entire time series. Chapin Hall contacted HFS to resolve these problems in the data.

#### ***Unplanned Activities***

During this quarter, Chapin Hall was asked to produce a report of dental services by region based on the Chapin Hall Medicaid claims data.

### **2nd Quarter FY13 (Oct - Dec 2012)**

#### ***Planned Activities***

Chapin Hall continued to revise the utilization analysis and the HEDIS indicator analysis to include the FY 2010 Medicaid claims data. The utilization analysis was expanded to examine effect of the type of foster care placement on utilization outcomes.

#### ***Unplanned Activities***

During this quarter, Chapin Hall was asked to examine the use of psychotropic medication use among children in foster care.

### **3rd Quarter and 4th quarter FY13**

#### ***Planned Activities***

Chapin Hall continues to revise the utilization analysis and the HEDIS indicator analysis to include the several revisions of Medicaid claims data sent by HFS. In addition to using revised data from HFS, the analysis team is working to incorporate a new indicator in the utilization analysis. The measure will provide rates of avoidable versus unavoidable ER visits in the utilization analysis.

In addition, the analysis team continues to monitor the SACWIS data and provide information as necessary to resolve differences in the content of the data as well as the structure. The problems with missing content in SACWIS appear to have been resolved. The team hopes to have a resolution to the structural issues during the 4<sup>th</sup> quarter so that the data will be ready to use in FY 14.

#### **Outcomes**

Through increased knowledge of health care services utilization of wards, including identification of service gaps or barriers, improved provision of health care services to wards, increased achievement of EPSDT standards, and improved overall health status.

**Work completed Q1 - Q3**

- FY 2002-2010 HFS Medicaid claims data were prepared for analysis and linkage to the DCFS administrative data.
- HFS Medicaid claims data in SACWIS was compared to HFS Medicaid claims data at Chapin Hall.
- Tables reflecting the FY 2002-2010 utilization analysis were provided to DCFS.
- Tables reflecting the FY 2008-10 HEDIS indicators analysis were provided to DCFS.
- Tables reflecting the regional dental analysis were provided to DCFS.
- A table of findings on psychotropic medication use was provided to DCFS.
- Chapin Hall staff supported the submission and poster presentation for an analysis to be presented at the Pediatric Academic Society's annual meeting.
- Chapin Hall research presented of the propensity score analysis at the 2013 Society for Social Work and Research annual conference.
- Chapin Hall staff (Lucy Bilaver and Gabriel Weinberger) participated in over 10 conference calls with Dr. Paula Jaudes and Vince Champagne.
- Chapin Hall staff (Lucy Bilaver and Gabriel Weinberger) participated in 2 conference calls with Vince Champagne and Stephen Bradshaw regarding the SACWIS data.

**Work to be completed in Q4**

- Complete the analysis of avoidable and unavoidable ER visits
- Complete revised FY 2010 HEDIS report.
- Verify revised HFS Medicaid claims data in SACWIS.
- Submit abstract on HEDIS analysis to the Society for Social Work and Research 2014 annual conference

## **Chapter VI**

### **Community Based Service Delivery**

#### **Community-Based Child Abuse Prevention Services (CBCAP)**

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

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

No single agency or system can successfully undertake all of the broad tasks and initiatives that encompass family welfare today. Rather these activities necessitate collaboration and cooperation. This calls upon service providers, community members and government agencies to be creative in thinking about these issues and in designing action plans. The lead agency is dedicated to reaching out to address the unique needs of families, schools and communities, from rural to urban.

In FFY12/FFY13, DCFS continued its commitment to join with agencies and organizations to expand its focus, achieve common goals and to facilitate supports to those with unmet needs, especially those in situations where the potential for abuse and neglect was heightened. These activities included expanding or enhancing community-based, prevention-focused programs and accessible, effective, culturally appropriate activities to strengthen and support families. CBCAP and matching funds built upon existing strengths that:

- Offer assistance to families;
- Provide early, comprehensive support for parents;
- Promote the development of parenting skills, especially in young parents and parents with very young children;
- Increase family stability;
- Improve family access to other formal and informal resources and opportunities for assistance available within communities, including access to such resources and opportunities for unaccompanied homeless youth;
- Support the additional needs of families with children with disabilities through respite care and other services;
- Demonstrate a commitment to involving parents in the planning and program implementation of the lead agency and funded entities carrying out local programs funded under this Title;
- Provide referrals to early health and developmental services.

DCFS strives to ensure that all regions have access to needed services and that resources are allocated to address unmet needs. Geographically located networks provide a framework for family support services. The goal of these networks has been to maintain families safely in their homes, schools and communities and to keep families from entering the child protection system. This is consistent with the DCFS priority to support and stabilize families so that children can remain at home safely and remain in a productive environment.

With a rich history of interagency coordination, DCFS continued to collaborate with a multitude of partners. Our continuing Memorandum of Understanding among ACF, DHS, DCFS and the Illinois Head Start Association involves training and evaluation pieces. This MOU continues implementation in conjunction with our Department's Early Childhood Education Initiative and the Strengthening Families Illinois Initiative.

One of the most mutually beneficial collaborations continues to be the DCFS and DHS-Division of Alcoholism and Other Substance Abuse (DHS-DASA) DASA Child Welfare Integrated Services Program. The DCFS and DHS-DASA collaboration that began in 1995 provides:

- Identification of Alcohol and Other Drug Abuse (AODA) issues by DCFS and private child welfare staff,
- Timely access to AODA assessment and treatment for DCFS involved families,
- Enhanced outreach and case management for families receiving AODA treatment, removal of barriers to treatment for families (e.g. childcare), and
- Improved information sharing between the two agencies.

Services include: substance abuse education; outreach efforts to bring clients into the treatment process; transportation for clients and/or their children to child care or to attend treatment; individual and family counseling, specialized women's groups, skill building and self-help groups, parenting training and involvement with outreach worker services. Childcare in the DCFS/DASA Initiative program is funded by DCFS. Collaboration between DCFS and DHS with regard to this initiative is ongoing.

Working in cooperation with other human service providers we were best able to integrate services that provided the kinds of support that families needed to reduce the types of stressors precipitating child abuse and neglect. Our wide variety of community-based child abuse prevention programs continue to be a part of a statewide network of local prevention efforts designed to modify, expand and strengthen a continuum of services leading to improved safety, permanency and well-being of children and families. Last year the core prevention services funded through CBCAP, the Child Abuse Prevention Fund, and CAPTA Title I, continued to reflect a collaborative, multi-disciplinary approach.

These efforts ensured consistency, accessibility, accountability and the efficient use of services and resources. The Illinois Department of Children and Family Services will provide and will be responsible for providing direction to CBCAP. We expect to strengthen partnerships through joint planning, service coordination, the use of cross-jurisdictional resources, joint funding of programs, and resolution of eligibility issues, interagency agreements, amended contract language, research projects, new rules and procedures and the staffing of individual cases.

*Specific programmatic information about CBCAP and match-funded services can be found in the most recent CBCAP Annual Progress Report and Application submitted June 3, 2013.*

## **Chapter VII**

### **Services Supported by Title IV-B in FFY 2013**

#### **Title IV-B, Subpart 1 Services**

The Department provides child welfare case management services to open child and family cases where the child is the subject of a founded (indicated) abuse or neglect allegation. The direct case management services that are eligible are determined by a continual Random Moment study of caseworker time conducted according to methods approved by the federal government in the DCFS Public Assistance Cost Allocation Plan. Case management services that are eligible to be claimed under Title IV-E or TANF-Emergency Assistance are excluded. Only case management services not eligible to be claimed under either Title IV-E or TANF-Emergency Assistance, and eligible for Title IV-B, Subpart 1 reimbursement, are claimed. More services are eligible to be claimed under Title IV-B, Subpart 1 than there is federal spending authority to pay. The services in excess of the level that the Department may claim are not different in quality, nature or function than the services claimed. They are just in excess of the limited amount that can be claimed. This program has historically funded the same case management services for many years and will continue to do so throughout the remainder of Federal FY13 and all of FFY14.

#### **Populations Eligible for Title IV-B, Subpart 2 Services**

Depending upon the characteristics of the particular program category, each of the four major Title IV-B, Subpart 2 program categories is targeted to particular, appropriate and eligible, population groups. Family Support is provided to at risk families served by the Department and to those families who are at risk members of the general community. Most but not all Family Support services are provided to families who are not open DCFS cases. Adoption Promotion and Support is available both to children and families who are served by the Department and to those who are not. On the other hand, the Family Preservation services are available to those who are clients of the Department due to the presence of an abuse or neglect complaint that is either under investigation or founded (indicated). Time-Limited Reunification services are available only to children who are not only the subject of a founded abuse or neglect report but also have been taken into custody or guardianship and have been placed in foster or relative care, as well as to their families.

The relationship of CFSR goals and findings to Title IV-B, Subpart 2 Programs and improvements in them will be described at the conclusion of each of the four types of services funded from Title IV-B, Subpart 2 beginning with Family Support. Family Support services are an important tool in the prevention of harm due to abuse or neglect and therefore a means to prevent entry of a child and his/her family into the child welfare system. All intact family services and family preservation services programs have received trauma sensitive training within the last four years. All operate with standardized program plans which emphasize (as appropriate) family support or family preservation activities.

The following is specific information related to each of the Title IV-B, Subpart 2 services. All of the services described below are available statewide.

#### **Family Support**

Family Support services include Extended Family Services and Family Advocacy Centers and Habilitation Services. In FFY11 and 12, but not in FFY13, Family Support also includes Local Area Network (LAN-based) services.

- **Extended Family Services (EFS)** are designed to divert relative caretakers from the child welfare system who are at risk but are not abusive or neglectful to the point that placement of one or more of their children is necessary. Neither the children nor their families are open cases. The services include safety assessments, case planning and counseling, connecting the family to short term and long term family support resources in the community, services to increase family stability including collaboration with community service providers, and may include individual and group work. This is a successful model that has operated with few changes for several years. Ten Extended Family Support Services programs in Cook County are funded from the Family Centered Services appropriation using Title IV-B, Subpart 2 funding. These involve assessment, casework services, counseling, therapy, parenting training and assistance in linking with and obtaining family support from community based programs. Case goals and decisions are developed collaboratively between the provider and the family, as well as involved service providers. In downstate Illinois, Extended Family Support Services programs are funded using appropriated state Foster Care dollars. If continuing child abuse or neglect risk problems are found in a family, and it is determined that for safety reasons a case must be opened, a collaborative effort between the purchase of service community provider, other community resources and the Department is used to transition the family from family support services to an open DCFS protective services case.
- **Habilitation Services** fall under the definition of Family Support. The services are offered to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placements, (2) promote family reunification, (3) stabilize foster care placements, and (4) facilitate youth development. Habilitation services are designed to assist parents or other caregivers to maintain or reunify their family. These services are provided primarily in the client's home and protect and assist in maintaining the family and strengthening the ability of parents or caregivers to provide adequate childcare and to improve parenting skills. Services are provided on a statewide basis through a network of providers using a standardized program plan.
- **Family Advocacy Center Services** as described under strategy IV of the January 31, 2011 Program Improvement Plan, Improved Service Accessibility and Individualization of Services to Children and Families throughout Illinois, Component B (pages 17-18).

Fifteen Family Advocacy Centers (FACs) were set up and in operation during FFY11 and more were under development. By FFY13, there were over 19 state-funded programs in operation. During FFY11, a little above \$4 million was expended on these programs. The FAC spending falls above the Non-Supplemental base. These programs offer parent coaching, intensive mediation services, 24 hour crisis response and support services, after school programs, summer and other out-of-school programming, assessment, immigration services, parenting classes in English and Spanish, domestic violence counseling, collaborative work with social service and legal agencies, parent support and mentoring, support groups and skill building workshops, leadership development workshops, intervention strategies to support the family reunification process and court ordered supervised child visitation for non-custodial parents. Not all services are available at all locations.

### **Family Preservation**

Under Family Preservation, the Department pays private agencies to meet with the family, assess their needs and provide the needed services which may include counseling, therapy, intensive

casework, casework, case planning, behavioral therapy (in some programs), advocacy, group meetings, parenting skills training, collateral services, referrals and active family meetings with other providers of service, attendance at schools for educational/social/adjustment reasons, reporting and face-to-face liaison with caseworkers to discuss family problems, progress, and continued planning; and throughout it all, regular safety assessments and creation and revision of safety plans; and also cash assistance within prescribed limits (the cash assistance is not from FCS funds).

The number of Intact Family Services (IFS) and Family Preservation Services (FPS) have increased during FFY13. As of FY13, Private agency programs continue to provide full case management services for intact families who are the subject of a founded abuse or neglect report, one or more of whose children is at substantial risk of further abuse and neglect, and where foster care placement is likely unless a successful intervention can be offered. Previous to this fiscal year, the full case responsibility applied to most but not all such cases. DCFS will continue to serve intact families using 70 positions reorganized into High Risk Specialists, serving families in a final attempt to keep them intact. See a discussion later in this section.

- Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse or neglect report to remain safely at home. Assisting the family to meet minimum parenting skills and then assessing the family’s ability is part of the determination of success. In the first two months of FFY13, Intact Family Services were the subject of a near-total overhaul of intake criteria, services, service length, performance measurements and a performance payment system. The services received a new standardized program plan. Services to low risk families who were not the subject of a founded child abuse or neglect report were eliminated and the services were focused on only founded abuse/neglect cases at substantial risk of placement. Caseloads were cut from 15 per worker to 10. A service model with an intended service length of 5 to 7 months was instituted. Monthly payments for services now decline after 7 continuous months of services. All direct services and supervisory staff in every Intact Family Services program were trained in the service model, and the Department staff having regular contact with the programs, referral or monitoring responsibility were also trained. Initial results are highly encouraging although it will take at least 12 to 18 months of operation before a useful evaluation could occur. The Intact Family Services program model is set up with numerous standards and program components to help achieve these outcomes. These programs have been the subject of numerous planning meetings, conferences and contract program plan negotiating sessions in order to maximize their effectiveness. In addition, the Division of Quality Assurance has Agency Performance Teams who make announced and unannounced onsite reviews of these programs quarterly to determine actual performance.

Close to 40 private programs offer these services. The programs are believed to be effective Family Preservation Services. The Family Preservation services partially funded by Title IV-B, Subpart 2, relate directly to CFSP outcomes and indicators. Safety Outcome 1 (Children are, first and foremost, protected from abuse and neglect) relates to the investigation of child abuse and neglect (Item 1 – Timeliness of investigations) and to Family Preservation services (Item 2 – Repeat maltreatment). Family Preservation activities also tie directly to Safety Outcome 2 (Children are safely maintained in their homes when possible and appropriate, which involves services to protect children in their own home and reducing risk of harm).

In addition, in a reorganized tier of service (not claimed to Title IV-B, Part 2 but certainly with the same goals as Family Preservation) 70 high risk specialist jobs have been created within the Department during FFY13. They offer intensive intervention and services as the last step in attempts to secure the safety and well-being of abused/neglected children at home before placement. If the services are not effective with a particular family, placement often results, and if reunification efforts then fail, adoption becomes a likely outcome. These staff have been trained in the higher intensity model.

These revisions in models and services and the greater goal-directedness of the new PIP are expected to help achieve the 95% goal standards more quickly than previous models.

### **Time-Limited Family Reunification**

The Family Reunification programs offer reunification counseling, reunification planning, supervision of visitation, testimony in court regarding readiness of the family to reunify, and then, after reunification, aftercare including case planning, monitoring of behavior, progress, and safety; safety assessments; counseling and therapy as needed; collateral referrals and contact with community agencies; and group work as needed. Prior to the children's discharge to home from foster care (in other words, prior to reunification), the services are given as part of a package of services intended to assist the child to return home and are billed as part of the total services to that child.

After reunification, the services are billed separately and identifiably by service type and child's ID number. DCFS claims to Title IV-B, Subpart 2 only the distinctly identifiable, separately coded services. These services have almost tripled in the last 5 federal fiscal years and now exceed the limits of what can be claimed under the grant. Were the grant larger, more eligible services could be claimed. The details of claimed spending for these services and client counts for the specifically claimed services only are shown on the CFS101 form. The majority of children in foster care receive some reunification services, but these are part of the overall service package and the costs are included in general costs of foster care.

The Department contracts with 56 regular performance and specialized foster care child welfare agencies throughout the state. As of March 2013, the foster care contracts held by these agencies served 9,883 foster children in licensed foster homes. In unlicensed relative homes supervised primarily by private agencies, an additional 3,126 children were served. This is a total of 13,009 children. Within each performance and specialized program is a family reunification component. This involves casework services, counseling, frequent child/parent visitation, referral of the parents to such services as substance abuse treatment, monitoring of service results and interactions to determine further needed actions and the prognosis for safe, successful reunification, etc. When circumstances permit, it involves collaborative care and services by foster families and biological families, who plan visits cooperatively and (under the supervision of the provider) consult each other about the child's care and welfare. These services provided to prepare for a child's return home are definitely reunification services within the meaning of Title IV-B, Subpart 2 but are such an integral part of the foster care service that they are difficult to count separately and therefore are not claimed to Title IV-B.

However, more easily measurable and therefore claimed under Title IV-B, Subpart 2 are the reunification services that occur after the child returns home: at home casework services, home monitoring, provision of counseling and parenting training, etc. These are billed separately, by child ID, by unit, by date and are discretely countable, as noted above.

Time Limited Family Reunification services partially funded by Title IV-B, Subpart 2, relate to almost all of the six measures of CFSR Permanency Outcome 1 (Children have permanency and stability in their living situations) and to all six measures of CFSR Permanency Outcome 2 (The continuity of family relationships and connections is preserved). For almost 25 years, the Illinois Department of Children and Family Services has contracted with major universities for research to assist it to improve family reunification services. In addition, the Division of Quality Assurance has implemented a Post-Reunification Protocol with questions and measures to be applied to individual cases and to studies of programs. Together these attempt to measure the services and outcomes that lead to permanency and to successful, lasting reunifications, and to cause an increase in those services that lead to success. The measures in that protocol are dealing with the same services and outcome as the items covered under CFSR Permanency Outcomes 1 and 2.

### **Adoption Promotion and Support**

This Title IV-B section of the APSR describes those Adoption services that are the most relevant to Title IV-B , Part 2. Other Adoption services are described in the following section of the APSR: [Adoption Promotion and Support Services](#).

Adoption Promotion and Support includes recruitment, assessment and monitoring of homes. Additional services include: pre-adoption support groups; publicity in various forms to inform the public regarding the children needing adoption so that matching takes place; post adoption counseling; post adoption groups; and intensive adoption preservation.

A staff reorganization in the opening months of FFY13 has aided the delivery and effectiveness of these services. Forty statewide adoption staff have been pulled together into one cohesive, but geographically dispersed, unit. All of the staff have been retrained as generalists who can continue working with children and adoptive families as they move through the various stages of adoption. This means that each staff person is capable of performing home studies, adoption subsidy development and the negotiation of adoption subsidy agreements, and post-adoption monitoring and service delivery or development of agreements with private agencies for various specialized services to the adopted children and their adoptive families.

### **Adoption Preservation**

This service includes assessment, counseling, therapy, casework, community linkages, diversion from psychiatric hospitals through intensive services, and other, similar services. In Illinois, these services are delivered largely by private agencies. Of the many services, a portion of the Intensive Adoption Preservation services are the ones that are claimed to Title IV-B, Subpart 2 while the many other Adoption Promotion and Support services are all delivered using state funds or only partially claimed. If the federal grant were large enough, more of these services would be claimable from it. A number of community families who have never had an adoptive relationship with the Department receive services through some of these programs at Department expense.

- Intensive Adoption Preservation -- Eight programs totaling \$6.48 million offer these services throughout the state. These programs provide emergency intervention, assessment, casework services, therapy by M.A.-degreed workers, case planning, support groups, respite, intervention and interaction with community services. The purpose is to support the family, stabilize the adoption, prevent psychiatric hospitalization of the adopted child, and prevent the adoption from dissolving. These programs have participated actively in research that has been shared

nationally at adoption and family preservation conferences. Many of the agencies have also participated in training community providers on the distinct problems and service needs of adoptive families.

- **Maintaining Adoption Connections.** This service is a form of adoption preservation designed to assess adoptive children and families attachment during the (generally) difficult time when it is often difficult to maintain an adoption. Assessment, and stabilization and support services are offered to preserve these adoptions. A total of 924 families and 1,297 children were served.
- **Caregiver Services --** Several programs serving the Chicago/Cook County area and immediate surrounding vicinity have delivered services for the last 9 years. They provide adoption support services to older caregivers and their adopted children. The services begin when the oldest caretaker in the family reaches age 60. One service implements and provides assistance in meeting the requirement that once the caregiver reaches that age, the adoptive home and the Department must have an agreed upon back-up plan in case of death or incapacity of the caregiver to continue to provide care to the children. Juvenile Court liaison is another service, by which a specialist is available every day the court is in session to assist with problems requiring court involvement. Another valuable service includes therapeutic, casework and legal assistance when a caretaker death occurs. The programs, totaling \$1.17 million<sup>1</sup>, are offered from state funds by the Center for Law and Social Work: Family Matters and Metropolitan Family Services. These programs provide added special-purpose support beyond the partially federally funded Adoption Preservation programs. It is important to note that, outside of Cook County and immediately surrounding communities, Department staff perform these functions. In addition, as possible, throughout the State, Department staff assistance is available from the combined, multi-purpose, 40 person statewide adoption office. As the financial shortfalls resulting from a long recession continue, it has not been possible to expand the purchased services beyond Cook County and contiguous areas.
- **Adoption Respite Services –** Adoption Respite consists of short-term, temporary services to provide stress relief to the adoptive or subsidized guardianship family serving former Department wards (regardless of which type of social services agency provided the foster care services that preceded the adoption). It is also designed to provide the adopted children with stress relief and skill building to improve their social and coping skills. The service is not to be confused with babysitting. The goal is to strengthen the adoption or guardianship and to prevent the dissolution of the adoption/guardianship and subsequent return of the child to state custody and foster care or institutional care. The services may be offered, as appropriate, as hourly or overnight services in the home, short-term overnight services in a licensed home or other licensed setting, or an approved camp. In many cases there are also therapeutic goals or planned activities to improve a child's social and/or coping skills. All adopted children have suffered trauma in a previous family setting or they would not have entered foster care, and therefore these services are necessary. Every Illinois Adoption Preservation contractor has a separate Adoption Respite contract. In addition, several other providers offer this service. A total of 15 Adoption Respite contracts exist in FFY13, totaling \$985,126. These are used as part of the match for Title IV-B, Subpart 2. If these were not being used for match they would be claimable, as will any expansions of the service in the future. The contracts also totaled \$1,015,126 in

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<sup>1</sup> At this point, last year's APSR text misstated the amount of purchased Older Caregiver services in Cook County as \$6.51 million. This was in fact the amount of the statewide Adoption Preservation contracts that year. The \$1.171 million figure for purchased, private agency Older Caregiver services in Cook County has been \$1.171 million for both years. No supplantation is involved in either year.

obligations in FY12 of which \$1,012,392 was spent. In FY11, expenditures totaled \$1,011,000, and 424 families and 710 children were served.

- Other supportive adoption services - Approximately \$6 million is offered, almost 80% of it in post-adoption counseling and therapy. The remaining services involve therapeutic day care/day treatment for children diagnosed in need of it, tutoring services, etc. No regular day care services are included in this total.

Adoption Support services and their relationship to the CPSR are further described in the following section of the APSR: [Adoption Promotion and Support Services](#). State expenditures for these services far exceed the claim to Title IV-B, Subpart 2. While Permanency Outcome 1, Items 7 (Permanency goal for child) and 9 (Adoption) relate most directly to the Adoption Support services, the presence of many other components of service help prepare for a successful adoption.

### **Adoption Incentive Payments**

The last year that the Department received an Adoption Incentive payment was FFY10. The large number of children in placement in the mid-1990s enabled the Department to focus on achieving the adoption of a large number of children each of those years, and therefore adoption incentive awards to the Department were frequent and substantial. A high rate of adoptions and thousands of successes were possible and were achieved. However, with a foster care population of less than one-third of the number of children who were in foster care during those peak years, even fairly high percentage rates of adoption have not resulted in adoption of a large enough number of children for the Department to win any adoption incentive awards. The cause is the high base that was established in the early years of the program. The FFY09 award was \$236,000 and the FFY10 award \$155,800.

## **Chapter VIII Collaboration**

DCFS collaborates with other State or public agencies: the Illinois Attorney General; the Illinois State Board of Education; the Department of Public Health; the Health Care and Family Services; the Department of Human Services – Division of Disability and Behavioral Health Services, Community Operations, and Office of Alcoholism and Substance Abuse; the Illinois State Police; the U.S. Department of Health and Human Services; state’s attorneys, local school districts, county and local police departments, the private child welfare sector, child and adolescent Local Area Networks, local service initiatives, schools of social work at the Illinois universities, local school and special education districts, and various advisory or advocacy groups in the development, delivery, and evaluation of services. Examples of such collaborations include joint efforts – that involve planning, service coordination, the use of cross-jurisdictional resources, joint funding of a program, resolution of eligibility issues, interagency agreements, amended contract language, research projects, new rules and procedures and the staffing of individual cases. The purpose of these collaborative efforts is to ensure consistency, accessibility, accountability and the efficient use of services and resources.

Additional information regarding collaboration is located in other sections of the APSR including, but not limited to, Substance Affected Families, Title IV-E Waivers, Strengthening Families, Family Advocacy Centers, Health Services and Community Based Child Abuse Prevention.

### **Service Collaboration with Other Agencies and Federal/State Programs Collaboration—Chafee/ETV**

The Department maintains a close working relationship with a number of other State agencies, including: the Department of Human Services (DHS) in regards to TANF and Daycare; the Division of Alcoholism and Substance Abuse; the Division of Mental Health; the Division of Developmental Disabilities; a vast array of Youth Services programs and DHS-funded Medicaid services; the Department of Employment Security in regards to employment programs; the Department of Commerce and Economic Opportunity; the Department of Juvenile Justice; and the State Board of Education. In addition, the Department maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority, the Chicago Department of Youth and Child Services, and the Chicago Public Schools. DCFS collaborates with other state agencies that provide services to our youth now, and when they emancipate, to help ensure there is a seamless transition to community-based services for our youth who will continue to need supportive services through adulthood.

The Educational Subcommittee of the Illinois Child Welfare Advisory Council (CWAC) was reestablished in September 2009. The CWAC-Educational Subcommittee is comprised of representatives from DCFS, Residential Treatment Facilities, Illinois State Board of Education, Private Foster Care Agencies, Chapin Hall, and University Partnerships. Upon formation of the subcommittee the group examined current DCFS education policy/programs and selected three areas for continued exploration: (1) Educational Data, (2) Research & Evaluation of Educational Outcomes for Youth in Care, and (3) Special Education. The subcommittee meets on a quarterly basis and aims to promote systemic changes and offer recommendations around the three aforementioned areas. The Subcommittee developed specific recommendations for improvements to the Education section of the youth’s service plan.

The Illinois State Advisory Council on the Education of Children with Disabilities is statutorily created by Section 14-3.01 of the School Code of Illinois. The role of the Illinois State Advisory Council on the Education of Children with Disabilities is to be a proactive body, advising the Governor, Legislature and the State Board of Education on current issues relating to the education of children and youth with disabilities. It is also the responsibility of this Council to encourage new strategies and technologies, while advocating high standards of excellence throughout Illinois. DCFS has a legislatively appointed seat on the Council. The Statewide Administrator of the Office of Services to Individuals with Developmental Disabilities serves as DCFS' representative to the Council.

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

The Health Policy Administrator for Health Services serves as DCFS' representative to the Maternal and Child Health (MCH) Advisory Board. The MCH Advisory Board advises the Illinois Department of Human Services on the implementation of the Illinois Family Case Management Act, including assessments and advice regarding rate structure, and other activities related to maternal and child health and infant mortality reduction programs in the State of Illinois.

The Illinois Department of Children and Family Services, Office of Education and Transition Services (OETS) developed a collaborative partnership with Job Corps. Job Corps is a federally funded residential career technical training and education program for low-income female and male youth ages 16 through 24. Job Corps trains students in more than a 100 career technical areas at 122 centers around the nation. There are three Job Corps centers in Illinois. These Job Corps Centers are located in Chicago, Joliet and Golconda.

DCFS relies primarily on the state funded alcohol and other drug abuse treatment system for services to DCFS involved youth and young adults. The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS-DASA) continues to experience funding uncertainties that makes planning for services difficult. The impact that health care reform and implementation of the Affordable Care Act will have on behavioral health services casts further uncertainties on planning for services. DHS-DASA has received significant budget reductions in previous fiscal years. Medicaid funded services may also see additional utilization management restrictions added to the system, which could further restrict access to treatment for DCFS youth and young adults.

While coordination with substance abuse treatment systems is working well, the goal is to enhance the services for older wards to increase engagement/retention rates so that these youth are able to attain self-sufficient independence without alcohol and/or drugs impeding their success. The services are delivered in the community via private agencies contracted through the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS/DASA) with state general revenue funds, federal substance abuse block grant funds, and Medicaid funding. In addition, policy recommendations to the directors of DHS/DASA and DCFS are formulated through regular meetings attended by lead staff from each agency. DCFS will continue working to

improve the collaboration between DCFS residential programs and DASA funded community based substance abuse treatment agencies. The goal of the collaboration is to establish relationships so the substance abuse needs of DCFS youth in residential programs can be met in the most effective and integrated fashion. DASA treatment agencies will work with DCFS funded residential programs to deliver substance abuse services to youth; either on site at the residential program or at the community treatment agency, whichever better meets the needs of the youth. DCFS staff are working with DASA substance abuse providers and DCFS residential programs to develop and implement these collaborative relationships.

The Department contracts with three providers to deliver life skills training. Each agency provides a unique array of skill services as identified in their respective program proposals. The life skill agencies provide one-on-one, hands on instruction focused on the individual plans developed from the youth's life skills assessment.

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

Illinois DCFS has not established a trust fund for youth receiving independent living or transition services. The following FFY 2013 Program Instructions, therefore, are not applicable to the Department:

- If applicable, update the information regarding service design and delivery of a new or changed trust fund program for States that choose to establish a trust fund program for youth receiving independent living services or transition assistance. Note: CFCIP funds placed in a trust fund must be expended during the applicable grant period. Refer to ACFY-CB-PI-05/06 for current guidance on trust funds.

The Alternative Schools Network Project New Futures is a program that provides pre and post graduation transition services for DCFS youth in the Alternative School Network Youth Scholars, Skills and Service (YS3) Program. Project New Futures provides transitional support to (YS3) graduates into employment, vocational training and/or college. Participants are tracked for three years by the Alternative Schools Network staff.

The Project New Futures program, collaboration described earlier in this report, had its funding by the Illinois Department of Commerce and Economic Opportunity (DCEO) end on June 30th, 2009. The Casey Family Programs funding for the Project New Future program ended on September 30th, 2009. This is due to the Casey Family Programs endowment being reduced drastically by the stock market.

In SFY11, a "New Birth Assessment" tool and procedure was introduced to the field. The new birth assessment is completed within the first 60 days of birth and ideally takes place in the client's placement by a parenting and pregnant teen specialty worker. When possible, the client's caseworker will also be present during the assessment. The purpose of the assessment is to:

- evaluate the current level of parent-child interaction;
- provide education to teen parents about parenting, child development and linkages to community resources;
- identify any concrete needs of parent and child;
- note any current safety/risk factors and how they impact parenting; and

- make recommendations for follow-up.

Within 14-days of completion of the new birth assessment the results and recommendations will be provided to the caseworker. Based on the recommendations, the specialty worker may continue to work with the parent and child on a regular, ongoing basis or offer referrals for community-based services. As long as the specialty worker is working with the client, he/she will coordinate his/her activities with and provide information to the assigned caseworker.

The Workforce Development Taskforce was created as a subcommittee of the Older Adolescent Work Group (OAWG). The Older Adolescent Workgroup is itself a Subcommittee of the Illinois Child Welfare Advisory Council (CWAC). The Workforce Development Taskforce is a collaborative effort by Lawrence Hall Youth Services (LHYS) and the Illinois Department of Children and Family Services (DCFS) to improve employment opportunities and employment outcomes for youth in care. The taskforce includes DCFS staff, Cook County Office of the Public Guardian (OPG) staff, DCFS contracted employment providers, the Alternative Schools Network (ASN) Added Chance program and the Community Assistance Programs (CAPs), Jobs for Youth, the Chapin Hall Center for Children, Workforce Investment Act (WIA) providers, which include the Youth Job Center of Evanston, community groups such as the Center on Halsted, and residential providers such as the Cunningham Children's Home.

Taskforce members from DCFS, the Added Chance program, the CAPs program, Lawrence Hall Youth Services, and Chapin Hall participated in a Joint Office of the Public Guardian (OPG) and DCFS Open Training Event in the Cook County Juvenile Court Auditorium on August 8<sup>th</sup>, 2012. "Maximizing Client Employability: Using DCFS' Educational and Employment Resources to Help Clients Attain Sustainable Post-wardship Employment" was the theme of the training.

Sean McGinnis, Co-Chair of the Workforce Development Taskforce (WDT) and Lawrence Hall Youth Services (LHYS) staff implemented on October 1<sup>st</sup>, 2012, the Mentoring Youth to Inspire Meaningful Employment (MY TIME) program for DCFS youth. MY TIME is a unique job readiness program created especially for youth in care with staff experience in working with youth in Group Home, Residential, Foster Care, TLP and ILO. The MY TIME program is located at the Lawrence Hall Youth Services (LHYS) office at 65 E. Wacker Place, Chicago, Illinois 60601. The MY TIME program will serve 60 DCFS youth in SFY 13.

Amy Dworsky Ph.D., Senior Researcher at Chapin Hall at the University of Chicago, Sean McGinnis, Director of Workforce Development, Lawrence Hall Youth Services (LHYS) and DCFS staff presented on "The Results from the Illinois Youth in Care Workforce Development Taskforce Survey" at the Older Adolescent Work Group (OAWG) meeting on Wednesday, June 5<sup>th</sup>, 2013 at Lawrence Hall Youth Services (LHYS).

### **Consultation and Coordination with Each Indian Tribe in Illinois and Non-Discrimination in Providing Chafee Services to Indian Children in Illinois**

In Fiscal 2005, the Illinois Department of Children and Family Services updated the policies and procedures to ensure Indian Child Welfare Act (ICWA) compliance and implemented a case finding/advocacy support program staffed by Native Americans. The primary goal of the advocacy program is to follow each Native American identified case for compliance and to ensure that the needs of Native American children are met. This includes access and referral to any appropriate Chafee funded program and/or the ETV program.

### **Collaboration for Educational Services with Public Schools**

Educational services are offered through Northern Illinois University under the “DCFS Educational Access Project.” The purpose of this project is to assist DCFS involved children and youth in obtaining quality educational experiences. Central to the project are Education Advisor offices that are located throughout the state and offer the following services: collaboration, training, technical assistance, and volunteer education advocates.

### **Strengthening Families Illinois**

As one of seven states piloting the Strengthening Families initiative, Illinois continued in a leadership role in forging a collaborative relationship between child welfare and early child care and education programs. The broad goal of Strengthening Families is to overcome causes of abuse and neglect by supporting families and safeguarding children by building protective factors around them rather than removing children from their homes.

Strengthening Families Illinois is collaboration between DCFS and forty public and private partners including the Illinois Department of Human Services, Illinois State Board of Education, Illinois Center for Violence Prevention, Action for Children, Chicago Department of Children and Youth Services, Illinois Family Partnership Network, Illinois Head Start Association, Ounce of Prevention Fund and Voices for Illinois Children. The six regional networks in Illinois encompass over 60 centers.

Training is offered to child welfare and early education centers to assist these child-serving professionals to understand the relationship between stress and potentially harmful parenting behaviors; recognize early signs of stress in children and families; and learn techniques to support families and help them manage the every day stress and strain of daily life.

This initiative is based on research showing that abuse and neglect are prevented when early childhood programs strengthen six protective factors in families:

- Parental resilience
- An array of social connections
- Adequate knowledge of parenting and child development
- Concrete support in times of need
- Children’s healthy social and emotional development
- Promoting healthy parent-child relationships.

### **Collaboration Between the Department as the State Child Welfare Agency and the Courts**

The AOIC and DCFS continue to work collaboratively on improving outcomes for children and families served by the Illinois child welfare system. In January 2012, the AOIC initiated a formal multidisciplinary process known as the Court Improvement Program Advisory Committee (CIPAC). Members of CIPAC include representatives from the AOIC’s Court, Children and Families Unit, staff from the DCFS Office of Legal Services as well as Division of Quality Assurance, Judges and Assistant State’s Attorneys, Public Defenders, and Guardian Ad Litem from Cook and various downstate counties throughout the state, and representatives from the Illinois CASA program. Members of CIPAC meet twice annually and their role is to use their experience and expertise in the field of child protection in providing the AOIC with insight into emerging trends at the local and state level and to the support the development and monitoring of the Court Improvement Program strategic plan. The work of CIPAC is to the focus on what the AOIC calls its Five Pillars of the CIP: the Legal Representation Initiative, Child Protection Circuit Teams (CPCTs), Judicial Training, Child Protection Data Courts Project (CPDC) in addition to ongoing collaboration with DCFS.

In 2009, the AOIC launched a three-year *Legal Representation Initiative* that focuses on enhancing the effectiveness of legal representation of children, parents, the state, and the child welfare agency in child abuse and neglect, and termination of parental rights procedures. This initiative includes attorney trainings, resource development, and funding local programs and projects that enhanced the effectiveness of legal representation. Key projects that have been funded under the Legal Representation Initiative include the NACC Red Book Trainings on Child Welfare Law and Practice, the University of Illinois College of Law Family Advocacy Clinic, the Southern Illinois University Juvenile Justice Clinic, the Lake County CIP which secured a specialized prosecutor for child victims of familial sexual abuse, hiring dedicated GALs in Winnebago County.

The AOIC has continued to offer multiple trainings for attorneys who practice in child abuse and neglect cases, as well as trainings for judges related to permanency hearings and termination of parental rights. Additionally, the AOIC awarded scholarships for judges to attend the National Council of Juvenile and Family Court Judges' Child Abuse and Neglect Institute; and for parent attorneys to attend the American Bar Association Parents' Attorney Conference.

The AOIC continues its multi-year engagement strategy to connect with and develop local Child Protection Circuit Teams (CPCTs). CPCTs promote coordination between courts and child protection stakeholders to ensure safety and stability for children and families involved in child abuse, neglect, and dependency court proceedings.

The Child Protection Data Courts (CPDC) Project was established to develop a manual court data collection structure to measure 14 of 30 nationally recognized child protection court measures. These measures will enable the courts to improve efficiency and effectiveness in ensuring safety, permanency, due process, and timeliness in child protection cases. The establishment of the manual data collection structure will ultimately inform the AOICs' primary long-term goal of the development of a uniform automated data collection and case tracking structure to measure all 30 court performance measures. The CPDC Project design includes partnerships between the AOIC, the National Center for State Courts and Kankakee-Iroquois, Madison, McLean, McHenry, and Winnebago Counties, which serve as pilot sites.

### **Family Centered Services Initiative**

The Family Centered Services Initiative will also link two internal DCFS statewide initiatives: the DCFS Action Teams and the Family Advocacy Centers. Action Teams are charged with developing a local community action plan which will identify strategies towards the goal of keeping children in their homes, returning children placed in state care to their homes, and facilitating adoption/guardianship permanency options. In addition, these Action Teams will address the overrepresentation of children of color in substitute care. Action Teams are located across the state in Decatur, Bloomington, Springfield, Lincoln, Jacksonville, Danville, Charleston, and Urbana. The Action Team will link with the Family Centered Services programs which are important community resources for at risk children who remain at home, wards returning to their homes, and adopted youth. Permanency Enhancement Action Teams were established in every region of the state as a result of the conference. There is an action team in each region of the state for a total of six teams. The Northern Region Action Team includes Kane, Kendall, DeKalb, Ogle, Kane, Kendall, JoDavies, Stephenson, DuPage, Will, Grundy, Kankakee, Winnebago, Boone, Lee, Lake, and McHenry Counties. The Cook Central Region Action Team includes LAN 57, 58, 60, 67 and 75. The Cook County North Region Team includes Chicago North Action Team, Cook North 1911 Action Team and Niles/Evanston Township Action Team. The Cook County South Action Team includes LAN 53, 82, 86, 87, 56, 77, 79, 84, and 85. The Central Region Action Team includes McLean, Macoupin, Montgomery, Champaign, Coles, Vermillion, Macon, Piatt, 9th Circuit, Knox,

Fulton, Henderson, McDonough, Warren, Morgan, Logan, Christian, Mason, Henry, and Sangamon Counties. The Southern Region Action Team includes Alexander, Pulaski, Johnson, Union, Massac, Perry, Williamson, Franklin, Jackson, Effingham, Fayette, Jasper, Bond, Madison, Clinton, Clay, Gallatin, Jefferson, Hamilton, Marion, Wayne, White, Crawford, Edwards, Lawrence, Richland, Wabash, Monroe, St. Clair, Randolph, and Washington Counties.

### **Activities to Involve Youth in State Agency Efforts**

The Department recognizes the need to involve both youth in care and former foster youth in planning efforts and the implementation of programs to better prepare older youth in care for independence. The following are examples of these efforts:

- Approximately 40 youth in care are participating on Planning Subcommittees for Regional Youth Summits to be held during in the summer of 2013. The youth are responsible for developing the agenda for the day and will assist with facilitation at the events. The youth will be paid a stipend for each Planning Meeting they participate in. Over 400 youth are anticipated to participate in the Youth Summits.
- Each region of the state has at least one Youth Advisory Board. The Downstate Central and Southern Regions expanded to add 2 additional Boards in Central and one in Southern. The elected officials from each Regional Board make up the Statewide Youth Advisory Board. The Boards are run by youth in care and provide direct input to the Director of the Department and other key management staff on policy and program recommendations.
- When possible, Life Skills providers are required to incorporate peer-to-peer mentoring in their curriculum.
- Illinois is continuing to explore the development of a pilot program to hire former foster youth as peer mentors for youth currently in care.
- Current and former youth in care participated on a youth panel discussion held at each of the four Caregiver Institutes in the spring of 2013.
- Focus groups consisting of youth in care were held across the state to gain input regarding the design of the life skills program that was implemented in November 2009.
- An electronic survey was initiated by the Statewide Youth Advisory Board to gather input from youth in care regarding their educational needs.

## **Chapter IX**

### **Quality Assurance/Continuous Quality Improvement**

Quality Assurance is a program support function in that it is designed to monitor the standards for child welfare service delivery to ensure the health, safety and well-being of children in the Department's care.

#### **Enhancements to Illinois QA Systems/Activities as a Result of the CFSR**

Illinois continues to have a comprehensive Statewide QA system that is among the few accredited by the Council on Accreditation of Services for Families and Children. DCFS Rules and Procedures and national child welfare best practice standards are an integral part of the infrastructure for delivering quality services to children placed in substitute care in Illinois. The Department's formal Continuous Quality Improvement (CQI) process includes a quarterly peer record review process, the on-going assessment of stakeholder satisfaction via a standardized survey process, and the use of various types of data and information by Department staff in monthly QI team meetings.

As noted in previous submissions, DCFS continues to utilize an outcome based review process that mirrors the CFS. This outcome-based review process is called the Outcome Enhancement Review (OER) and is now being used to monitor the Illinois PIP. Throughout FY11, the Division of Quality Assurance and the Foster Care Utilization Review Program worked to update the OER tools and database to ensure that the OER process evaluated Federal outcomes consistent with the Federal CFSR process. As part of the PIP monitoring plan, each region in the State has been reviewed using the OER process beginning in FY11 and throughout FY12 and FY13. Although the Illinois PIP was completed at the end of December 2012, the Department will continue to conduct OER's every six months throughout calendar year 2013 in order to continue the measurement process for the state's PIP. The Department is also considering continuing the implementation of the OER on an annual basis beginning in January 2014.

Each of the Department's six regions also continue to collaborate in the Department's Regional PIP process, where Department staff and private agency staff formally engage in collaborative regional program improvement planning processes following each regional OER. The Regional OER PIP process differs from the statewide PIP in that regional PIPs typically more directly address day to day case practice and supervision, versus statewide systemic issues which are addressed in the broader statewide PIP. Regional PIP workgroups meet on a quarterly basis and will focus in FY13 and FY14 on improving the state's performance in all remaining PIP items and composite measures.

The Illinois child welfare community continues to benefit from other QA-related initiatives and programs. The Division of Quality Assurance (DQA) generates data reports on its various activities that staff use to assess service provision to children and families served. The DCFS Advocacy Office for Children and Families addresses issues and complaints regarding the quality of services, responsiveness of workers and problems related to the application of DCFS rules and procedures. The DCFS Office of the Inspector General (OIG) continues in its role of ensuring accountability for services to children and families. It performs this function by conducting investigations of complaints regarding the quality and appropriateness of services and making recommendations about needed changes. Other divisions, such as Licensing and Monitoring, also contribute towards ensuring child safety, permanency and wellbeing.

## Accreditation

The pursuit of accreditation by DCFS beginning in 1996 continues to be the foundation of the Department's efforts to improve service quality and program accountability. Meeting accreditation standards means that the Department as well as its contractual private foster care agencies have met or exceeded nationally recognized standards of excellence in child welfare. DCFS will undergo an Interim Review with COA in July 2013 and then begin its fourth round of full re-accreditation activities with COA beginning in January 2014. The on-site review process is scheduled to be completed in June 2014.

The Department also continues to require private agencies providing kinship or traditional foster care services under contract to be accredited as part of performance contracting.

## DCFS Quality Assurance Functions at the Division Level

The Division of Quality Assurance (DQA) was created in the Department to ensure that quality child welfare services are delivered in a timely manner. DQA is comprised of 4 basic organizational units: Field Review Unit, Regional Quality Improvement and Accreditation Unit, the Aristotle Consent Decree and Special Projects Unit, and the Federal/State Strategic Planning Unit. Together, these units ensure the delivery of quality child welfare services; conduct comprehensive reviews of DCFS direct service operations and computer-based analysis of Department programs, facilitate the development and operation of DQA and monitor compliance with the accreditation standards of the Accreditation Council. In addition, DQA formulates recommendations about overall service delivery processes in order to achieve desired outcomes for children and families served by the Illinois child welfare community. The following are descriptions of the previously mentioned monitoring functions and processes:

- **Field Review Unit:** This organizational unit conducts comprehensive reviews of direct service operations and Department programs for compliance with Department rules and procedures, accreditation standards, Best Practice standards, as well as the measurement and evaluation of outcomes. There is a Cook County as well as a downstate focused Field Review unit.
- **Regional Quality Improvement and Accreditation Unit:** This organizational unit facilitates the development and operation of Quality Improvement and accreditation processes in the 6 Department regions across the Department. The unit is comprised of Regional Quality Specialists and Management Operations Analysts who are located in each of the Regions with primary responsibility towards ensuring that the regional QI process is implemented at the team, site and regional levels. Additionally, this unit maintains and analyzes data relative to performance and conducts independent reviews of casework activity. There is a Cook County as well as a downstate focused QI unit.
- **Aristotle Consent Decree and Special Projects Unit:** This unit is primarily responsible for monitoring Department and POS compliance with the Aristotle Consent Decree regarding sibling placement and visitation. It also assumes special projects responsibilities as assigned that relate to other quality assurance related tasks.
- **Federal/State Strategic Planning Unit:** This unit oversees the development of the state's 5 year Child and Family Service plan as well as the Annual Progress Services Report.

The primary methods for measuring the continued implementation of the Illinois PIP include quarterly data reports that track the state's ongoing compliance with regards to the national data indicators as well as additional performance measures relating to safety, permanency and wellbeing. These reports are distributed to IDCFS executive level staff, regional management and other key stakeholders. The Illinois PIP as it relates to the August 2009 Illinois CFSR was approved

in March 2011. The Department's OER tools and process were updated and will continue to be implemented throughout FY13 and FY14.

The Regional PIP process, which has been implemented since 2005, has continued to be a viable and exciting process which complements the Department's CQI process. It is a process whereby DCFS and POS staff in each of the state's six regions collaborate to develop a regional PIP that addresses practice issues raised via the OER process. Creative problem-solving strategies impacting day to day case practice and supervision, as well as the integration of some of the Department's CQI strategies and the private agency sector, are just some of the positive impacts from the OER process. During FY12 and throughout FY13, Quality Assurance and FCURP traveled to each region to report on the OER findings and PIP progress.

### **Purchase of Service (POS) Monitoring**

The Department established the Agency Performance Team Monitoring Division in order to strengthen its effectiveness in monitoring the provision of quality services by its contractual private agencies. APT evaluates POS case practices in response to performance contracting strategies that are part of the state's PIP. DQA also utilizes the same APT review process on DCFS managed cases each quarter, as well as working closely with APT in an effort to enhance the review tools and database capabilities, gradually transitioning the use of review data from being solely a performance contracting function to being used as part of DCFS and POS Continuous Quality Improvement (CQI) and Regional PIP activities, where local case practice can be impacted and improved.

### **Other Internal and External Organizational Units and Monitoring Processes That Support and Promote Program Accountability**

#### **Administrative Case Review**

The Division of Administrative Case Review (ACR) manages the independent case review process for every child in substitute care that is required by federal state law. ACR also serves as an oversight mechanism for good child welfare practice for all divisions within the Department as well as for contractual private agencies.

#### **Child Welfare Research**

The Department funds an extensive research agenda in child welfare aimed at the following: outcomes of services delivered by DCFS and private agencies; critical issues that impact the performance of the child welfare system; new areas of inquiry that directly inform child welfare policy and practice in Illinois; and, development of additional capacity within the state to support worker training and policy-related research in child welfare. Child welfare research activities are designed to promote the quality assurance and monitoring functions.

#### **Health Policy**

Health Policy, which is a unit as part of the broader division of Service Interventions, oversees the provision of health care services provided through HealthWorks of Illinois, a statewide, comprehensive health care delivery system for children in foster care. Health care services are administered to ensure that all wards have access to quality health care and that they receive appropriate health services when necessary.

#### **Advocacy Services**

The Advocacy Office for Children and Families is part of the Guardian and Advocacy Division and addresses issues and complaints regarding the quality of services, responsiveness of workers and

problems related to the application of Department rules and procedures. The Advocacy Office receives information about concerns through a variety of means including letters to the Director, the toll free Help Line and walk-in visitors. The Office responds to issues and concerns from foster, biological and adoptive parents, subsidized guardians, caseworkers, service providers, and the general public. The Office also operates the Department's Youth Hotline, which provides an outlet for youth to contact the Office for consultation and direction. The Office also helps to ensure that recurring complaints, systemic issues or agency structural concerns are brought to the attention of the appropriate Department leadership in order to improve the service delivery system.

The Advocacy Office has a phone and data tracking system to address issues and more accurately capture office activities, respectively. Major functions of the Advocacy Office includes: serving as a Liaison to Governor's Office and Office of the Inspector General, operating a toll free Help Line, processing waivers and operating a Youth Hotline.

#### **Foster Care Utilization Review Project (FCURP)**

The Foster Care Utilization Review Program (FCURP), a program of the Children and Family Research Center, School of Social Work at the University of Illinois, was developed in September 1998 to conduct independent performance reviews of private agency and Department child welfare teams. The program is designed to provide a comprehensive assessment of an agency/teams' utilization and performance in terms of child welfare outcomes. This is accomplished by using both quantitative and qualitative data gathered during extensive on-site reviews. As previously stated, FCURP plays an important role in various CFSR related activities which includes providing technical support to DQA relative to the OER and Regional PIP process.

#### **Office of the Inspector General**

The role of the Office of the Inspector General is to assure accountability for services to children and families. It performs this function by conducting investigations of complaints regarding the quality and appropriateness of services and making recommendations about needed changes. In accordance with Public Act 88-0007, HB 1886, the Office of the Inspector General fulfills a number of mandated responsibilities including investigations and LEADS inquires for the purpose of investigating allegations of misconduct, malfeasance and violations of rules, procedures or laws by employees, fosters parents or contractors of the Department. The Office responds to and investigates complaints filed by the State and local judiciary, foster parents, biological parents and the general public. The Office of the Inspector General staff will conduct a systematic review of the issues or practice raised by the Director when the Office identifies a high number of complaints in a specific area. Such investigations result in recommendations regarding the particular subject and additional recommendations for systemic changes. The Office then monitors compliance with all recommendations. It also investigates the Illinois child deaths that appear to have been the result of abuse or neglect that is or were involved with IDCFS in the previous 12 months. The Inspector General submits a report of these findings to the legislature each year on January 1st.

#### **Child Location and Support Unit**

The Child Location and Support Unit's primary responsibility is overseeing statewide efforts to locate missing DCFS wards. Staff utilize a first of its kind Missing Child Database, which downloads information daily from a DCFS client database and automatically lists when a child is missing. The Department utilized the services of the National Center for Missing and Exploited Children (NCMEC) in providing the necessary training for unit staff to prepare them to be able to swiftly investigate reports involving missing and abducted children.

### **Development of Outcome Measures for All Areas of Service**

The Department has developed a quarterly document titled “Program Improvement Plan, DCFS Internal Quality Measures” to report on measures that reflect its effectiveness and performance. This report is divided into three broad domains – *Safety, Permanency, and Family and Child Well-Being* – that encompass significant outcomes for children and families. These areas are consistent with the domains and subsequent outcome measures developed and utilized by the U.S. Department of Health and Human Services’ Administration for Children, Youth and Families.

Outcomes were established in the three areas of service: Child Protection, Substitute Care and Adoption. These outcomes have a foundation in safety, permanency and child and family wellbeing. The process of managing these established outcomes is multi-faceted and utilizes numerous structures in the Department including the Department Management Teams, Agency Performance Teams, Quality Improvement Teams, and other various monitoring Divisions and units in the Department, two primary ones being the Office of Budget Development and the Division of Quality Assurance.

### **Monitoring that Ensures Implementation of Standards for Providing Quality Services**

#### **Performance Contracting**

Under this program, financial incentives are aligned with securing permanency for children, with the most salient change brought about being that fiscal incentives are now tied to permanency and stability performance where only process regulation existed before. Under the program, both permanency outcomes and agency practices are monitored and reinforced. Agencies must ensure the safety and well-being of Department wards based on objective permanency standards. Agencies benefit directly from exceeding performance expectations by retaining savings from lowered caseloads. Conversely, they also bear the risk of falling short of permanency targets, in which case the provider and not the state bears the financial burden.

Efforts in FY13 were aimed at establishing a core set of performance outcomes and compliance measures that all providers as well as Department child welfare staff will expected to achieve in an effort to ensure the safety, permanency and well-being of Illinois children. The private provider community had input into the identification key performance measures as well as in establishing an appropriate performance benchmarks for each of them across all program areas (i.e. traditional/relative foster care, specialized foster care, intact family services, etc.). The Department has been actively engaged in the development of a web-based performance dashboard agencies will be able to access their performance data on a regular basis. The Department also engaged the private provider community during FY13 in making enhancements to the Department’s existing performance contracting model.

#### **Continuous Quality Improvement (CQI): IDCFS CQI Processes**

The Department has had a formal CQI process and peer review process. Each region’s CQI process includes Site and Local QI teams, as well as formal review processes that incorporate the access, use, and follow up of consumer satisfaction, incident/accident/grievances, and program evaluation information.

The Department’s Statewide CQI Plan outlines the processes and expectations of implementing Continuous Quality Improvement (CQI) within the Illinois Department of Children and Family Services (IDCFS). The basic framework and structure to the Department’s CQI process continues to be as follows:

- **Regional/Site/Local Quality Improvement Councils**

- **Regional Peer Review**--The Department is currently in the process of updating all of its peer review tools and anticipates the process of being completed by mid FY13.
- **Program Evaluation**
- **Analysis of Incidents, Accidents and Grievances: Risk Management**
- **Consumer Satisfaction**
- **Action Planning/Program Improvement Planning**
- **Stakeholder Input into the DCFS Strategic Plan**
  - o *Regional/Site/Local CQI teams*
  - o *Foster and Adoptive Parent Advisory Councils*--The Statewide Foster Care Advisory Council and Statewide Adoption Advisory Council both continue to serve as collaborative opportunities for some of Illinois' most valued stakeholders' namely foster and adoptive parents, to have a voice in the provision of child welfare services. Additionally, Regional Foster Parent Advisory Councils are utilized by regions not only as opportunities to access valuable stakeholder/consumer feedback as to the quality of services being provided but as an additional and effective means to imparting QI related information. The Statewide Foster Care Advisory Council is also sanctioned by Illinois statute through the Statewide Foster Care Advisory Council Law.
  - o *Youth Advisory Boards*
  - o *Parent Advisory Councils*
  - o *Citizen Review Panels*--The individual panels are as follows:
    - The Children and Family Service (CFS) Advisory Council;
    - The Statewide Citizen's Committee on Child Abuse and Neglect (SCAN);
    - The Children's Justice Task Force (CJTF);
    - The Child Death Review Team (CDRT) Executive Council.

### **Quality Assurance Information/Data Reports and Distribution**

All reports produced by DQA use data either entirely from the official Department databases, or such databases are used as a starting point for baseline data. In addition to preparing ad hoc reports on a daily basis, the Division produces the following regularly scheduled reports:

#### **Daily**

- CANTS Log Tracking System – an online system that mirrors the Child Abuse and Neglect Tracking System and is used for a variety of compliance checks and for employee performance measurement and basic statistical reporting by regional staff.

#### **Weekly**

- Weekly Statistical Update – an electronically disseminated point-in-time summary of key Department indicators with comparisons to the previous week and the previous year.
- Update on Overdue/Non-Compliance – an electronically disseminated tickler showing state and regional compliance in completing investigations and initiating investigations within 24 hours.
- Computerized Case Counting System – an online reporting system for use internally by DQA as well as Department staff in the regions. It allows for caseload verification, accuracy and consent decree compliance. It also provides a variety of details and statistical reports down to the case level.
- Team Performance/Object Tracking System (TPOTS) – an online system that provides various demographic, statistical, and performance data for child welfare and child protection teams in the state.

- Weekly Residential Population Reports – a hard copy report of activity in the residential population during the previous 7 days. Reports include regional information on each child that moved into, out of, or from one residential setting to another.
- Weekly Runaway/Missing Child Reports – an online reporting system that provides current data as to the number of children listed as missing or abducted.

### **Monthly**

- Executive Statistical Summary – a hard copy report with distribution both within and outside the Department.
- Child Abuse and Neglect Statistics – a hard copy report with distribution both within and outside the Department. It presents more than two-dozen key child abuse and neglect statistics from 1981 to present, as well as offering comparison statistics for the current fiscal year compared to the previous year.
- Monthly Report of DCP Team Performance – a hard copy report with Department distribution only. It presents performance statistics and measures for each child protection or paired team in the state and ranks the teams according to overall performance.
- By Worker Report (Permanency and Follow-Up Teams) – a report that is electronically transmitted to field managers and executive staff that provides various statistical data by individual worker on performance items and number of permanencies for children.
- By Worker Report (Intact and Child Protection) – a report that is electronically transmitted to child protection managers and executive staff that provides various statistical data by individual worker on performance items.
- Notification to ACR (Administrative Case Review) of Wards Who Were Victims of Indicated Abuse/Neglect – a report that is electronically transmitted to ACR that lists Department wards who were victims of indicated abuse/neglect for that month.
- Sibling Group Report – a hard copy report with initial distribution within the Department. It presents information on substitute care sibling groups, the number where all children are placed together (intact sib groups), the number where some of the children in the sib group are placed together (partially intact sib groups), and the number where all children in the sibling group are placed apart from one another.
- IDOC/DCFS Reports – a series of hard copy reports initially distributed to select DCFS and Department of Corrections (DOC) staff. These reports include summary and detail reports on the number of DCFS wards that are also associated with the DOC Juvenile Division. The reports include a series of tickler reports informing DCFS staffs of wards that will soon need a substitute care placement resource as the youth is to soon be released from an IDC Youth Center.

### **Annual**

- Child Abuse and Neglect Annual Report – a hard copy report that is distributed both internally and externally. It contains over 20 tables of child abuse and neglect statistics for the fiscal year, as well as some prior year comparisons where applicable. The hard copy provides narrative analysis. Tables from the report are available online on the Department's website.
- Outcome Measures – a hard copy report that evaluates the Department at the state and regional level using the federal outcomes as well as outcome measures developed by the Department itself.

### **Special/Focused Reviews**

The DQA Field Review Unit conducts reviews of DCFS operations through on-site audits of casework activity and management systems. The unit reviews case records for compliance with Department rules and procedures, accreditation standards, good casework practice and also includes the measurement and evaluation of outcomes. In addition, the unit may also interview staff, consumers or other stakeholders and integrates these interviews into an evaluation of process, performance and outcome achievement.

### **Monitoring of Aristotle Consent Decrees**

The Special Projects Unit of DQA is responsible for monitoring Department and POS agency compliance with regards to the Aristotle Consent Decree, which addresses sibling placement and visitation issues. Specifically, the unit conducts on-going reviews of documentation regarding the placement of siblings together in care, appropriate notifications as to where siblings are placed, visitation planning which meets the requirements of the consent decree and the implementation of sibling visitation in accordance with the consent decree.

### **Outcome Enhancement Reviews**

The OER process has provided invaluable statistical data that has informed the Department as to the state's success in ensuring the child and family outcomes are being successfully achieved in the areas of safety, permanency and well being. The Department along with FCURP, is utilizing the quarterly OER process to monitor the implementation of the Round II Illinois PIP throughout FY13 and 14.

### **FFY13 Update on the Program Improvement Plan and AFCARS Improvement Plan**

The Department is completed its two-year PIP implementation period in December 2012. The Illinois PIP was comprised of five primary strategies that cut across the domains of safety, permanency and well-being (described in greater detail in [Chapter II](#)). All PIP actions have now been completed and many of the established PIP benchmarks have been achieved. DCFS will be working closely with the Children's Bureau throughout FY14 to ensure that the remaining PIP performance goals are met.

### **Technical Assistance Provided During FY13**

At the request of the Deputy Director of Quality Assurance, the National Resource Center for Organizational Improvement was contacted in FY12 to provide support and technical assistance in enhancing the Department's Continuous Quality Improvement process and in securing training for divisional QA staff in the area of data analysis. Peter Watson from the NRCOI worked with QA leadership in developing and implementing a series of surveys aimed at getting input from QA staff as well as regional field staff in assessing the various aspects of the Department's existing CQI process and structure. Mr. Watson also came on site twice during the first half of 2012 to meet with QA staff and members of the Statewide Quality Council to facilitate dialogue around what components of the CQI process could benefit from enhancements and what steps could be taken to get the best possible results. The TA focus from the NRCOI in FY13 then turned to assisting the Department in developing and delivering data training for staff in the Division of Quality Assurance (CQA). Dr. Ruth Huebner was brought in by the NRCOI to deliver customized 2-day training in March 2013 to all DQA staff and covered such topics as:

- Developing strategies for making sense of data
  - Grouping data into themes based on outcomes
  - Making comparisons between related indicators
  - Combining quantitative data and case review or customer satisfaction data

- How to identify trends
- Basic Statistics
  - Units of analysis
  - Categorical vs. continuous data
  - Avoiding pitfalls in data analysis
  - Drawing inferences from correlations
- Using data as part of a learning organization

In addition, Dr. Huebner provided DQA staff with a follow-up webinar in April 2013 in an effort to provide support and nurture continued learning with staff. Plans are in place for another follow-up web-based coaching session facilitated by Dr. Huebner in August 2013.

## Chapter X Program Support

### **A. Workforce and Training**

Nationally, there is a greater understanding of the importance of having a competent and well-trained child welfare workforce in order to drive the outcomes of safety, permanency, and well-being for children and families involved with the child welfare system.

As part of the Illinois APSR submission, we are providing more detailed information and a description of the child welfare workforce in order to analyze and report on workforce challenges, barriers and strengths and how these influence the ability of the State to achieve the goals and objectives of the CFSP. Illinois utilizes workforce studies and use findings of workforce demographics and data to inform training plans and other workforce development efforts. Illinois has involved both their State Training Division and Human Resources Division in developing information for this section of the APSR.

- Demographic information on current staff and recent hires. For example:
  - Educational Degrees, such as the number of child welfare workers with a:
    - Bachelor of Social Work (BSW); 475 staff
    - Title IV-E supported BSW; 0 staff
    - Master of Social Work (MSW); 492 staff
    - Title IV-E supported MSW; or 12 staff
    - Other Degree; 252 staff
  - Years of child welfare experience or other related experience working with children and families; 13.2 Years
  - Race/Ethnicity;
    - African American 453 Staff
    - American Indian 4 Staff
    - Asian 24 Staff
    - Hispanic 91 Staff
    - White 658 Staff
    - Other 1 Staff
  - Salaries;
    - Child Welfare Specialist \$4,623 - \$6,325, Monthly
    - Child Protection Specialist \$4,623 - \$6,325, Monthly
    - Child and Family Services Intern I \$3,560 - \$4,638, Monthly
    - Child and Family Services Intern II \$4,005 - \$5,383, Monthly
    - Public Service Administrator \$6,487 - \$9,104, Monthly  
(Casework Supervisor)
  - Position Types;
    - Child Welfare Specialist, Intact-Family Preservation Services
    - Child Welfare Specialist, Foster Care/Placement
    - Child Welfare Specialist, Child Abuse or Neglect Hotline
    - Child Protection Specialist, Investigations
    - Child and Family Services Intern I & II for all Position Types

Public Service Administrator (Casework Supervisor)

- Caseload size depending on the child welfare program (i.e. intake, reunification); Caseload size is set by an Illinois federal court Consent Decree named BH.

Child Welfare Specialist, Intact-Family Preservation Services	15:1 Caseload
Child Welfare Specialist, Foster Care/Placement	15:1 Caseload
Child Welfare Specialist, Child Abuse or Neglect Hotline	Not Reported
Child Protection Specialist, Investigations	9:1 Caseload
Child and Family Services Intern I & II for all Position Types	varies by Type
Public Service Administrator (Casework Supervisor)	7:1 Staff ratio

- How skill development of new and experienced staff is measured;

In addition to Illinois-specific licensure examinations, all positions also require passing an examination measuring competency for the specialization (type) of job position. Passing the specialization examination is required to be certified and retained in that job position.

Examinations are conducted and scored and analyzed for validity and reliability by an independent party, Western Illinois University at Macomb, Illinois.

Examinations and post-training evaluations are followed up for new hires by a probationary job evaluation with the employee supervisor, at which time the retention decision is made to either retain or dismiss a new hire or return a transfer employee to a previous job certification.

- Information related to tracking staff turnover and vacancy rates.  
Rate for turnover for all reasons is 13%, data reported as aggregate total for 1231 positions.  
  
Vacancy Rates vary through Fiscal Year and by budgetary authority. Data is not reported in the aggregate total.
- Supervisor- to-Worker Ratios.  
Ratio is one (1) Supervisor for up to Seven (7) Casework Staff

Illinois will submit the State Training Plan and Cost Allocation Budget separate from this Part of the APSR.

**Technical Assistance and Other Program Support**

Illinois will collaborate with the Administrative Office of the Illinois Courts (AOIC) to both provide and receive technical assistance and training related to the Court Improvement Project (CIP). This will prevent any duplication of effort between AOIC and the Department.

Illinois as a State-directed agency also collaborates with local and regional organizations that provide prevention, early childhood intervention, behavioral and mental health, education, health and behavioral health services. Training and technical assistance to these organizations are described in detail in the separate State Training Plan document submission.

Illinois will continue to receive assistance through the National Child Welfare Work Force Improvement Center for purposes of implementing the Leadership Academy for Supervisors (LAS); the Midwest Implementation Center at Lincoln Nebraska for purposes of collaborating with Region 5 and Region 7 State Training Administrators; and various other national Resource Centers for purposes of developing training curriculum on Permanency, Child Protection, Family Preservation, etc. Illinois has found the Child Welfare Gateway and Region 5 CB staff to be a tremendous source of on-line technical assistance and consultation in all matters of workforce development.

## **B. Policy Development**

The Department of Children and Family Services' rules and procedures play a critical role in creating a common understanding of its mission and the standards of practice required by the Department to address:

- The needs of children and families when abuse or neglect are present and the Department's responsibility to keep them safe;
- The services to be delivered to mitigate the presenting problems; and
- Achieving permanency for the child outside his or her biological family when appropriate.

Policies are developed or revised in response to changes in federal or state statutes, research findings, and efforts to improve outcomes, identification of unmet needs or the recognition of the need for change, based on identifiable successes or shortcomings in the delivery of services.

The Office of Child and Family Policy (OCFP) is primarily responsible for developing and distributing the Department's policy documents as well as maintaining the public website where Department policies can be accessed by the general public. OCFP also completes a portion of the Title IV-E State Plan and provides information for completing the Annual Progress and Services Report. Other functions of the OCFP include developing policy interpretations; responding to questions regarding policy from the child welfare community and the general public; evaluating requests for a waiver of licensing standards; providing training in the regions on topics such as confidentiality; and serving as a repository for the Department's policy documents.

The Department seeks advice and assistance of child welfare stakeholders in drafting policies for implementing and administering child welfare programs and services. The stakeholders include but are not limited to:

- Child Welfare Advisory Committee;
- DCFS Advisory Council;
- Illinois Action for Children;
- AFSCME Standing Committee;
- Statewide Youth Advisory Board;
- Statewide Foster Care Advisory Committee;
- Illinois Foster Parent Association Board; and,
- Adoption Advisory Council.

This complies with the CCA [225 ILCS 10/70(a)] and the Illinois Administrative Code [5 ILCS 100/5-30(b)].

The Department is committed to creating policies that advance its efforts to effectively improve outcomes for children and families in a timely manner. The policy development process mirrors

public rulemaking. Prior to promulgation, draft rules or procedures are distributed to Department staff, private agencies, child care institutions, professional associations (foster and adoptive parents and child care institutions) and other stakeholders such as Guardians ad Litem, soliciting comments. Comments have proven to be an effective tool in gauging whether the proposed policy will accomplish what is intended and whether it can be implemented 'in the field' as described. Comments are referred back to the primary division, e.g. Child Protection, for consideration. The proposed policy may or may not be amended in response to public comments. Draft policies are also posted on the DCFS website for public comment.

### **C. Office of Legal Services**

The Illinois Department of Children and Family Services has an Office of Legal Services with attorneys located in all of the DCFS regions to provide technical assistance to DCFS child welfare specialists, child protection specialists, licensing personnel, supervisors, managers and other staff including the Regional Administrators. Written and oral legal advice on child welfare law, juvenile law, family and administrative law and matters related thereto (such as interpreting court orders and responding to subpoenas) ensures that Departmental employees provide essential child welfare services in a timely manner consistent with Federal and State statutes, regulations and administrative rules. DCFS attorneys who are also designated Special Assistants Attorney General provide this advice to DCFS employees and also render legal advice to employees of private child welfare agencies who have contractual relationships with DCFS to provide child welfare services to DCFS clients.

DCFS attorneys also provide technical assistance to state's attorneys and assistant state's attorneys in Illinois concerning the Juvenile Court Act of 1987, as amended, and other applicable laws as well as advice on children for whom DCFS has guardianship or custodial responsibilities. Specific areas of focus include ensuring that proper entries are made in juvenile court orders concerning reasonable efforts and other key factors to achieve compliance with the requirements of Title IV-E of the Social Security Act and ensure maximum funding to the Department from the Federal Department of Health and Human Services. In addition, the DCFS attorneys regularly attend some juvenile court hearings in all of the Illinois counties to observe the court hearings and offer advice to caseworkers, state's attorneys and assistant state's attorneys on specific cases to help achieve permanency for children. Technical assistance is also rendered to DCFS staff and private child welfare agency personnel in the area of legal screening to achieve permanency for children by terminating parental rights (TPR) in expedited TPR cases of abandonment and other situations under Federal and State law as well as other TPR cases where children cannot be returned home safely so that those children can be adopted or placed in permanent homes through the DCFS KinGAP program (kinship guardianship assistance program).

Another type of technical assistance provided by DCFS attorneys to DCFS Field Office staff is when evidence is presented by DCFS attorneys at administrative hearings held before Administrative Law Judges pursuant to the Abused and Neglected Child Reporting Act (ANCRA) in an effort to uphold an indicated finding of child abuse or neglect. In addition, technical assistance is also rendered to various DCFS staff and private agency personnel when DCFS attorneys train these workers about the juvenile court process, testifying in court, confidentiality, new legislation, preparing court reports and other legal matters related to their employment responsibilities.

### **D. Administrative Case Review**

Administrative Case Review (ACR) has the responsibility and authority to manage the administrative case review process, and must ensure it complies with Department rules and

procedures, with 42 USCA 675 and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and families of their rights, and may limit participation by the child or family when needed. The Reviewer encourages participant discussion regarding the contents of the service plan and additional case dynamics while maintaining the focus of the ACR process. The reviewer ensures that the goal and the evaluation of progress are consistent with the facts of the case; that tasks and time frames are appropriate for the goal; and provides a written report of the findings.

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

A Decision Review is available when a service provider, caregiver, or the caseworker (with supervisor approval) disagrees with any recommendations or usage of authority by the Reviewer for interventions to be included or excluded in the service plan. The Associate Deputy Director for Administrative Case Review, or designee, makes a final decision within 10 working days after the Decision Review. Neither an appeal nor a Decision Review is allowed when a judge in a Juvenile Court proceeding issues a court order amending a specific intervention.

**Administrative Case Reviews are conducted:**

- To ensure that casework services are outcome-based to attain permanency for the child;
- To ensure that the service plan adequately provides for relevant casework intervention, treatment and social work services that are relevant and effective in addressing family needs;
- To ensure that the service plan adequately provides for the child's health, safety and best interests;
- To review the agency's efforts and family's progress toward achieving the permanency goal;
- To ensure that the services and efforts are directed toward achieving the selected goal

**Administrative Case Review is a process that:**

- Provides independent review of the permanency process;
- Is open to parent and child (age 12 and over) participation;
- Occurs every six months from the date the child entered into substitute care;
- Advocates for the best interest of the child(ren) and family;
- Advocates for the child's health, safety and well-being;
- Explains a child's and family's right to appeal a decision; and
- Provides feedback on case status.

**Administrative Case Review focuses on:**

- Permanency goals/outcomes;
- Case progress/documentation;
- Case opening date/reason;
- Family involvement and cooperation;
- Initial and on-going assessment;
- Reviewer reporting and feedback; and,
- Court findings, orders and goals.

### **Scope of the Administrative Case Review**

- ensure that parents and children (if participating in the planning) are involved and collaborating in development of the plan; understand and discuss the plan and know what is expected of them;
- review whether the Department's continuing intervention is necessary;
- review whether services, including placement services, are necessary, relevant, coordinated, and appropriate and address the health and safety needs of the child;
- identify services needed but that are not being provided to the child, family or foster parents and the reasons why they are not being provided;
- review any special physical, psychological, educational, medical, emotional, or other needs of the minor or his or her family that are relevant to a permanency or placement determination;
- review, for any minor age 16 or over, programs or services that will enable the minor to prepare for independent living;
- review whether the Department, the service providers, the family, the substitute care provider, if any, and the child are complying with the service plan and, if they are not complying, whether changes in the service plan or goals are needed;
- review whether there is progress to resolve the child's and family's problems and whether the progress is satisfactory and whether the child can safely return home;
- review whether the projected month for achieving the permanency goal should be changed;
- review the appropriateness of the permanency goal and recommend changes in the goal (if appropriate);
- review and finalize the service plan for the next period, including an analysis of:
  - the appropriateness of the services contained in the plan and whether those services have been provided and, if not, why not;
  - whether reasonable efforts by the Department, and reasonable progress by the family have been made to achieve the goal;
  - whether the plan and goal have been achieved;
- refer the case for a family meeting as described in 89 Ill. Adm. Code 315.120 (Family Meetings) when one has not been conducted; and
- report findings and make recommendations.

### **Responsibilities of the Administrative Case Reviewer**

The Administrative Case Review meeting is led by an Administrative Case Reviewer. The Administrative Case Reviewer is not responsible for the case management or delivery of services to either the child or parent. The Administrative Case Reviewer has the responsibility:

- To ensure that foster care plans are family-focused.
- To ensure there is progress in achieving permanency and there is continuity of care for every child in out of home care.
- To ensure that substitute care is essential and that every effort to provide in-home care has been made.
- To ensure that every effort is made to involve the family in the development of the service plan for the child and family.
- To ensure that all parties involved in out-of-home care have an opportunity to participate in an objective review.
- To ensure that a case plan moves forward, reducing and/or alleviating delays and barriers in the system.
- To promote and provide feedback concerning needed changes in systems to provide more effective treatment and care for children and families.

- To help shape public policy and actively promote conditions which ensure every child lives in a safe, secure, healthy and permanent home, preserving families whenever possible.

### **Organization of the Administrative Case Review Unit**

The Administrative Case Review unit consists of the following staff:

- Associate Deputy Director
- Purchase of Service (POS) Administrator;
- Quality Improvement Manager;
- Program Managers;
- Case Reviewers;
- Support Staff;
- Administrative Assistants;
- Business Manager and,
- Personnel Manager.

The Associate Deputy Director oversees the day-to-day operations of the Administrative Case Review functions and reports to the Chief of Staff. ACR offices are located throughout the State of Illinois. A Program Manager is assigned to each region for supervision of reviewers and support staff. In addition, the Program Manager conducts quality reviews of ACR files and processes, and recommends service enhancements in this arena. Each region has Administrative Case Reviewers that conduct ACR's and support staff that is responsible for data entry of ACR packets completed by the reviewers. The POS Administrator oversees ACR related activities for Purchase of Service agencies contracted under DCFS to provide casework services. The Quality Improvement Manager observes, assesses and evaluates the ACR program to determine the need for modifications and/or expansion, and recommends solutions for areas in need of enhancement. Administrative Assistants are responsible for administrative support needs. The Business Manager oversees the ACR budget and the Personnel Manager handles all of the human resource related functions, with direct supervision by the Acting Associate Deputy Director.

### **ACR Reporting System in FY 2013**

#### **Description**

The Administrative Case Review Electronic Database is designed around 4 key functions within the ACR unit: scheduling ACR's for families with children in substitute care; legal notification of persons invited to the ACR's; recording results of the ACR's; and, reporting compliance with trends denoting systemic and/or service barriers and other details ascertained from the ACR.

#### **Scheduling**

Each month, the Office of Information Technology disseminates the Case Review Monthly Roster (CRMR) by e-mail to all applicable caseworkers with families or children on their caseloads that will require an ACR. The CRMR is sent two months in advance of the scheduled date and includes the name, family case ID number and time of the ACR, if the review has been prescheduled. Workers examine the CRMR's information regarding the child(ren) and family, note any special language or accessibility needs, review list of persons who should be invited to the ACR and make any needed corrections. Coordination among cases with multiple workers should occur at this time to ensure all participants are available on the scheduled date and time for convening an ACR. To help ensure that the ACR is held as a family unit, only the lead worker may submit and/or make any changes to the CRMR for scheduling. Submittal of this information via the ACR database by the lead worker is required within 14 days. This information "populates" an online log for ACR Support Staff for scheduling and tracking purposes. Support Staff then schedules the ACR which "populates" a calendar of families to be reviewed for each Administrative Case Reviewer and is

viewable by all ACR staff. The electronic database allows for tracking of each ACR scheduled and indicates who originated the scheduling/re-scheduling. The database also tracks missed, cancelled and rescheduled reviews.

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

### **Notification**

Upon scheduling completion, the Department sends official notification to all persons listed on the CRMR who are to be invited to the ACR. A written notice indicating the date, time, place and purpose of the Administrative Case Review is mailed 21 days prior to the ACR to ensure the notice is received a minimum of 14 days before the scheduled review. This notice goes to the parents (and informs them of their rights to bring a representative to the review); the child, if age appropriate (12 or older); the child's caregiver; the caseworker; the child's Guardian ad Litem (child's advocate in court); and all others whom the caseworker identifies to attend. Should any logistical changes be made to the scheduled ACR, revised letters are generated to inform the invitee of the change in date, time or location.

### **Recording of Administrative Case Review Information**

The Administrative Case Reviewer receives an electronic generated packet with populated information from the Child and Youth Centered Information Services (CYCIS) database and a series of trend selections and questions specific to the child and family centering around permanency, safety and well-being for convening the ACR. This information allows the reviewer to verify family status, case dynamics, casework practice, resources, and services. After each ACR the reviewer reports his/her findings and this information is given to ACR Support Staff to enter into the ACR database.

Information includes an evaluation of the previous permanency goal, any goal changes, the planned achievement date of the new or existing goal, answers to the permanency, safety and well-being questions, and a narrative feedback report regarding case status. The feedback information along with trend data is shared electronically with the caseworker and supervisor and any other individuals who are intricately involved or can assist with achieving the stated goal. Feedback from the ACR is also sent to upper management within ACR and DCFS Field Operations and to the DCFS POS Monitoring Unit and POS management for POS cases. Feedback reports provide staff information concerning identified problems and/or barriers noted on a case and recommendations to assist with resolution.

The Feedback reporting system consists of a Monthly, Monthly Alert, or Critical report narrative that address concerns or systemic issues that may impact the outcomes of permanency, safety and/or well-being of children. The three feedbacks have specific informational content for recommended case management and/or service delivery within a case.

- **Monthly Feedback:** Written summary to notify supervisors and administrative staff of the progress of the case toward permanency, safety and well-being. It includes information on reasonable efforts made; well-being needs of the child and any safety concerns. The monthly feedback identifies information that does not rise to the level of a monthly alert or critical feedback.
- **Monthly Alert Feedback:** Written summary to notify supervisors and administrative staff of the continued lack of needed services to children and/or families, including caseworker

omissions or other unmet needs which jeopardize a child's safety, permanency or well-being. The monthly alert addresses moderate risk issues, requiring further action and resolution by the worker and supervisor to prevent a negative consequence from occurring within the child's life. The monthly alert is used to address specific issues that have not yet risen to a critical level and need attention to prevent the matter from rising to a critical nature.

- **Critical Feedback:** Written summary to notify supervisors and administrative staff of violations of a rule, procedure or laws mandated by court which endanger the safety, well-being and/or permanency of children for whom the Department is responsible including neglect of a child's critical mental health, medical or safety needs. The Critical Feedback has a concentrated emphasis on critical thinking, decision making, resolving unmet needs and making recommendations towards resolving issues that may place children at risk.

If an issue is raised during the ACR that is critical in nature, a Feedback Response Action Plan (FRAP) must be completed by the caseworker, and approved by the worker's supervisor and the Area Administrator. This ensures that management is informed of the status of all families and children in substitute care with a critical issue that requires further action by field staff, as well as recommended steps to resolve the issues. Critical issues or any matters not resolved or showing progress towards resolution is subject to an interim ACR and may be scheduled within a 3-month timeframe. Continued monitoring of critical matters are re-assessed at the subsequent 6-month ACR. The feedbacks kept in the ACR database, and are available for reporting and trend purposes.

### **Reporting**

Numerous electronic reports are generated based on the information collected in the ACR database. These reports meet a variety of needs within DCFS, but are primarily for reporting on the compliance of service delivery, policy & procedure and federal guidelines. These reports assist in identifying barrier areas needing improvement or where performance and compliance are lagging.

Compliance reports are available via the ACR Electronic Database system. These reports allow specific, detailed querying of individual agencies, teams, workers, families and children. Each of the following reports delineate specific information and are available in the following formats: statewide statistics combining DCFS and Purchase of Service Agencies, DCFS statistics, and Purchase of Service Agency statistics.

- Eligible cases not scheduled or not held for an administrative case review based on CYCIS information;
- Statistical summary report of reviews scheduled to be held statewide, including numbers and percentages of those not held;
- By region, identified eligible children not having an Administrative Case Review;
- By region, quantitative eligible cases having an Administrative Case Review;
- Eligible cases not scheduled or not held for an Administrative Case Review by individual Purchase of Service Agencies based on CYCIS information;
- By region and agency, quantitative response/resolution to critical issues identified during an Administrative Case Review;
- By individual team, quantitative submittal of Case Review Monthly Roster (CRMR);
- Critical issues by Detail and Response Tracking;
- Healthcare/Immunization.

The following enhancements were implemented during this past reporting period:

- Enhanced existing guidelines, in keeping with national best practice standards, to ensure consistency between reviewers in the facilitation of ACRs throughout the state;

- Revised Feedback Reporting - information now includes an assessment of children in substitute care who appear to have an unstable permanency situation due to behavior exhibited within their current placement. These cases will be highlighted for additional service by DCFS resources within the Clinical Intervention for Placement Preservation unit (CIPP);
- Interim Reviews –are now being convened by ACR Managers. Operations Supervisors are expected to participate in these reviews to allow for a defined, clinically focused process to ensure a more expedient resolution;
- Reviews with Return Home Goals within 5 Months – prior to the actual 6 month ACR, attention will focus on personal invitations being made via telephone to the parents, foster parents and minors 12 years of age and older to assure they are aware of the ACR being held to discuss their current status towards planning and achieving this goal;
- Youth Reaching Emancipation – additional ACRs will be convened within three (3) months or sooner on all youth where emancipation planning was not provided at the 6-month ACR. This will help ensure all youth emancipating from DCFS substitute care have resources or are knowledgeable of resources for their independent living;
- Developed a communication system for Juvenile Court Guardian-Ad-Litem (GAL) to receive the ACR critical feedbacks information.
- Expanded the delivery of Feedback to one additional casework supervisory level, to increase the visibility of issues relevant to the client’s needs;
- Reinstated the quality improvement process that involves observation of the review and analysis of reviewer specific data to make sure it is reflective of the review and to improve consistency across staff and the overall effectiveness of ACR’s.
- Client surveys were reinstated for clients and staff to evaluate the process and assistance provided by ACR;
- Developed a reviewer quarterly peer review process which assists in the consistency, analysis and interpretation of specific data and clinical information;
- Developed a managerial peer review process geared towards accountability and consistency among review staff in regards to feedback reporting;
- CRMR 7-day reminder notification to Regional Administrators and Area Administrators was implemented to encourage timely reporting of case information updates for scheduling of an ACR;
- Override function in database was built to allow ACR Management the ability to enable an ACR to occur for cases containing a non-reviewable living arrangement;
- Implemented new Trend/Quarterly metric capture and reporting capability, to provide information on trends within families and clients undergoing review;
- Incorporated new form for Norman program within the packet;
- Updated the wording on automatically generated notification letters sent to review participants.

### **Training Initiatives - External**

Statewide trainings on the ACR Electronic Database system are continually offered and scheduled. Trainings occur at the varying DCFS and Purchase of Service agency locations for caseworker and supervisory staff. This training allows staff to learn how to access and navigate the ACR database and includes information on scheduling an ACR via the CRMR and responding to critical feedback reports following an ACR. It also allows workers and their supervisors to track individual ACR dates/times/locations to ensure they are aware of their cases eligible for an Administrative Case Review. Meetings are also held with Regional Administrators and Area Administrators to apprise of the ACR systems and reports available to their staff.

Information regarding the ACR procedures and processes is provided during the Electronic Database training. Additionally, information on the responsibilities of ACR; where and how ACR receives its information on eligible cases; scheduling and rescheduling of ACR's; expectations of the ACR meeting; the purpose, scope and content of feedback information; the Decision Review process for professional staff to obtain reconsideration of disputed decisions made by ACR staff; and the relevance and impact of DCFS CYCIS information to ACR mandates is provided. Continuing Education Credit is available for all staff who participates in these trainings.

The ACR procedures and processes continue to be provided within the Foundations Training for New Workers (DCFS & POS). The inclusion of this information is to enhance the awareness and understanding of ACR and to enable caseworkers to integrate this process into their Child Welfare Case Management responsibilities.

### **Training Initiatives – Internal**

Tri-Regional meetings continue to be held in both Cook County and downstate Illinois to keep staff abreast of all new Department and ACR initiatives and programs. These meetings are also designed to teach and incorporate skill building techniques for reviewers.

### **ACR Web Based Training**

A DCFS “How Tools” electronic self-training application is available to DCFS and POS staff. This tool allows staff hands-on training at a person's own pace. Detailed instructions and prompts guide staff through this process. One-on-one desk side support for staff needing additional training and/or practice with these operations is also available. This web based “How To” training tool addresses subjects such as managing your ACR caseload; scheduling your ACR's in a timely manner; and responding to the critical feedbacks via the Feedback Response Action Plan (FRAP).

There are three “viewlets”:

1. Case Review Cycle Codes (Jan/July, Feb/Aug, etc.) shows staff when their cases are coming up for an ACR. Staff can verify the cases that are eligible for an ACR within the cycle month and when scheduled, can view the date, time and location for each of their eligible cases. Staff can also identify cases that need to be scheduled for an ACR; and identify the lead worker and all other workers involved with the family system.
2. Case Review Monthly Roster shows staff what information should be reassessed and considered for completion under each tab of the report and how to submit the completed report to ACR for scheduling.
3. Feedback Response Action Plan shows staff how to respond to a critical feedback generated after an ACR; how to request documented approval from their supervisor and placement manager; and how to submit the approved response to the Feedback Response Coordinator. Submission of the feedback response action plan helps to ensure that any outstanding issues and/or problems are being addressed and mitigated as recommended. This process provides ACR with the ability to verify resolution at the next ACR.

### **Caregivers and the Administrative Case Review**

At an ACR, the reviewer determines whether the client service plan is addressing the needs of the child and whether the service plan is moving the case towards the permanency goal, while meeting agency policy, federal and state laws and consent decrees. Caregivers are active members of the child welfare team, and as such, ACR staff encourages caregivers to actively participate in the planning process for children in their care and to attend scheduled ACR's. The caregiver can provide a reviewer with vital information about the child's progress and service needs.

An invitation letter to the caregiver, based on CYCIS or updated information provided by the caseworker on the Case Review Monthly Roster (CRMR), is sent for all scheduled Administrative Case Reviews. Notifications are sent to caregivers twenty-one days prior to the scheduled ACR. Caregivers have the right to participate and every effort is made for their inclusion. Although ACR's are held during regular agency business hours, when a caregiver is unable to attend in-person, the reviewer can accommodate him/her via a telephone conference. With ample notice by the worker, when possible, ACR's are also rescheduled to accommodate foster parent attendance.

The reviewer may segment the ACR when family constellations are separated or when parents prefer the caretaker not be privy to his/her part of the service plan. This allows for individual discussion of each parent/parents without intrusion on their privacy. In these circumstances, the other parent, caregivers, and child(ren) may be asked to wait in a reception area during this portion of the review.

At the ACR, the reviewer will ask the caregiver about the child's needs; the effectiveness of service delivery and other services that may be required. Caregivers are given an opportunity to give their perspective on how the child is doing in placement. An ACR informational brochure is provided to caregivers to assist in their understanding of the ACR process, their role and the importance of their participation.

#### **Administrative Case Review and Permanency Hearings**

Although ACR is a separate process from the permanency hearings, we continue to work in accord with Juvenile Court to ensure timely permanency for children in custody and guardianship of the Department. The first Administrative Case Review is conducted six months after a child or youth's placement in substitute care and subsequently every 6 months thereafter.

The Illinois Juvenile Court Act requires the first permanency hearing to be conducted 12 months after the Department has been awarded temporary custody of the child/youth. Subsequent permanency hearings are conducted every 6 months thereafter. The court sets the permanency goal, evaluates the appropriateness of the goal, reviews reasonable efforts, and determines whether the parents have made reasonable progress. Permanency Hearings are generally scheduled to follow after an ACR has been convened.

#### **ACR and Advisory Councils**

ACR staff continues to communicate and provide training to the Department's Youth Advisory Board, Partnering with Parents Advisory Council, Birth Parent Steering Committee, Statewide Foster Care Advisory Council, Caregiver Conference, Annual Birth Parent Institute Day and Permanency Enhancement Project when requested.

Informational brochures on the ACR process and the importance of participating in the Administrative Case Review are available in both English and Spanish for our parents, youth and caregivers. They are distributed throughout the various conferences and councils and are also available at the ACR.

#### **Enhancement Plans for ACR in FY 2014**

In an effort to provide continuous quality improvement, the Division of Administrative Case Review plans to implement several internal program additions and/or changes:

- Continue to enhance existing guidelines, in keeping with national best practice standards, to ensure consistency between reviewers in the facilitation of ACRs throughout the state (this is an ongoing enhancement);

- Continue quality improvement plan, to assess processes for consistency statewide;
- Enhance managerial peer review process to ensure accountability & consistency among review staff in work products, implementation of ACR processes and interpretation of information.
- Incorporate data from the SACWIS system to better tie data from that system directly into the ACR system;
- Expanded the delivery of Feedback information to POS executive agency liaisons, to improve their ability to respond properly to issues;
- Upgrade the application web code to provide more efficient tools and capabilities to the users, to save entry time and improve data quality;
- Create new Paper Review option for situations in which family/worker in-person participation is not necessary;
- Automate the distribution of Compliance Reports to DCFS management, as well as POS agencies, to ensure vital performance information is reaching decision makers;
- Further enhance the Trend/Quarterly metric report into a user friendly format

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

## **E. Clinical Services**

### **Office of Social Work Practice and Field Support**

#### **Regional Clinical**

Regional Clinical staff provide clinical support to the field through the Regional clinical units consisting of Clinical Managers, Clinical Services Coordinators, Sexual Abuse Services Coordinators and Child Welfare Nurses. Activities of clinical personnel include staffing, consultation, placement review and monitoring.

Regional clinical staff received 1052 referrals from July 1, 2012 through April 30, 2013. Approximately 80% of the referrals were made by Purchase of Service (POS) staff. Of the 1052 referrals, 47% were Psychiatric Hospitalization staffings. Clinical Services Coordinators continue to monitor youth who are 12 years old and younger and have been psychiatrically hospitalized to help promote placement stability. Additionally, 18% of the overall referrals were for Clinical Consultations and 18% were Clinical Placement Reviews.

#### **Sexual Behavior Problems Program**

Sexual Abuse Services Coordinators are monitoring an average of 359 youth who were identified as having sexual behavior problems.

#### **Nursing Program**

Child Welfare Nursing staff received 1078 referrals from July 1, 2012 through April 30, 2013.

#### **Psychiatric Hospitalization Project**

The Psychiatric Hospital Project (PHP) has moved in to the Clinical Division from the Program Operations Division. All Case Matching responsibilities remain with Program Operations and are no longer part of the PHP staff responsibilities. The PHP clinical administrator reviews psychiatric hospital contracts that involve DCFS children. The PHP child welfare staff work directly with DCFS children who are in psychiatric hospital settings. PHP child welfare professionals receive

both clinical and functional supervision and training. The new PHP database is ready for a test run to take place in late May 2013.

Regional Clinical goals for the next fiscal year include integrating the Clinical referral process into the existing SACWIS system so that communication of field staff's request for Clinical intervention is immediate. Clinical recommendations can populate field service planning and assessments, making information readily available to field staff. A revised quality assurance process will provide insight into the efficacy of and follow-through on Clinical recommendations made during psychiatric hospitalization staffings. The process is already underway to update the on-line training for Sexual Behavior Problems program which will enhance supervision and treatment planning for involved youth.

## **Specialty Services**

The Specialty Services Unit continues to provide consultations regarding Adult Mental Health, Deaf/Hard of Hearing, Developmental Disabilities, Domestic Violence, HIV/AIDS, LGBTQIY/F, and Substance Abuse. Specialty program staff are in the process of updating Specialty policies.

### **Adult Mental Health**

Adult Mental Health consultation requests appear to be on the increase. From July 2012 to April 2013, there were 28 Adult Mental Health referrals.

A trend noted within Specialty Services referrals is the need for "triad consultations" regarding the underlying conditions commonly affecting families. Most notably this includes the connection of domestic violence, substance abuse and adult mental health. The Managers for these Specialties are uniting to create a training framework for the field to address this unique interplay of factors.

### **Deaf/Hard of Hearing**

In FY2013, July 1, 2012 to April 30, 2013, the Deaf/Hard of Hearing Unit has accomplished 12 Specialty Services Referral consultations; 17 CIPPS; and, 54 other staffing meetings outside the normal consultation process. The ongoing major issues are: connecting with field staff to build a relationship for access to deaf/hard of hearing services; building accredited interpreter referral resources; and meeting the needs of case workers and supervisors when contacted.

### **Developmental Disabilities**

In FY2013, July 1, 2012 to April 30, 2013, the Developmental Disabilities Unit has accomplished 824 Specialty Services Referral consultations (809 by DCFS and 15 by Kaleidoscope staff); 125 CIPPS (121 by DCFS staff and 4 by Kaleidoscope staff); and, numerous staffings outside the normal consultations. Major accomplishments were: the DHS/DDD, OSG and DCFS Interagency Agreement signed on January 16, 2013; the capacity building CILA Mentoring Group; a pilot project with School District 186 in Springfield to bolster the transition process for youth; the opening of the first DD/TLP by Peoria Children's Home; met with David Hanson, Director of DORS, on expanding DCFS youth access to employment and training opportunities in the adult systems; and, worked with Chapin Hall on submitting a research project for employment readiness for person with autism. The above named projects will be continued and expanded in the coming year.

### **Domestic Violence Intervention Program**

The Domestic Violence Intervention Program (DVIP) provides domestic violence and teen dating violence case consultation, training, referral and resources to DCFS and POS staff. In FY 13, through April 2013, the DVIP provided 234 consultations statewide. In FY 13, the DVIP expanded

the program by hiring two new Clinical Domestic Violence Specialists (completion of the prior year's goal).

In addition to the above services, the DVIP provides statewide trainings on various topics on Domestic Violence. The DVIP provides trainings to DCFS and POS agency staff, foster parents, youth in care, and community providers with collaborative/networking relationships with the Department. In FY 13, through April 2013, the DVIP conducted 24 trainings, attended by 418 staff, youth and caregivers. In June 2012, the DVIP conducted workshops on teen dating violence to Youth Summits in the Northern and Cook Regions, and will do so again in June 2013.

### **HIV/AIDS**

The HIV/AIDS Specialists continued their relationships with community providers to address the needs of Department-involved families whose members are infected with/affected by HIV/AIDS. As mortality rates have decreased, the Specialists have increased their work in the areas of education and prevention.

During FY 13, Specialists linked with field staff to provide support 16 youth ages 0-12 years. Support was also offered for youth ages 13-20 years old: 26 youth were wards, 13 were post-adoption youth and 2 were from intact families.

In keeping with the trends of fighting the spread of HIV/AIDS, this program continues to promote the prevention of disease through:

- Training and consultation, providing information that will hopefully remove or reduce the stigma associated with the disease;
- Promoting a safe and healthy environment for those infected and/or affected by the disease;
- Networking with POS providers and community providers to develop and implement prevention strategies.

### **LGBTQIY/Y**

The LGBTQIY/F Program received approximately 55 referrals (FY13, through April 2013). These referrals involve telephone and in-person consultations, participation in larger staffings, CAYITs, CIPPs and feedback from Administrative Case Reviews. Key components of these staffings include resource-sharing and education of child welfare workers and caregivers. The Specialist will often remain connected with individuals working with the youth over the course of weeks to help ensure the needs of the youth are met.

Trainings and in-service opportunities were provided to Jewish Child and Family Services, Children's Home + Aid (Evanston), CASA of Will County, Indian Oaks Academy, Northern Region staff, the Department of Juvenile Justice (IYC) and the Transition to Adult Services: Sexuality and Intellectual Disabilities Conference. The Administrator also met with staff at the Office of the Public Guardian regarding steps to meet the needs of LGBTQI youth in the child welfare system. A goal for the next fiscal year is to increase the number of in-service opportunities in group home and residential settings regarding caring for LGBTQI youth as well as creating a stand-alone LGBTQI youth training available through the Department's Training Unit.

In March 2013, the Specialty Services Administrator requested Training and Technical Assistance linkage from the Administration for Children and Families to build upon current LGBTQIY/F policy. The request was granted and Dr. Gerald Mallon is now guiding a workgroup of key internal stakeholders. Goals include updating current policy recommendations regarding caring for gay youth as well as enhancing policy specifically as it pertains to the needs of transgender youth in the child welfare system.

## **Additional Clinical Services**

### **Parenting Assessment Team Program (PAT)**

The Parenting Assessment Team Program (PAT) has completed 20 parenting capacity assessments for FY13 and is currently on pace to finish the year having completed a total of 28 assessments overall. The Juvenile Protective Association (JPA), which took over for Thresholds approximately 1 ½ years ago, has done an outstanding job this year in being the sole PAT provider for the Department, this the result of the Community Mental Health Council's closing in FY12 and the agency's subsequent withdrawal from the PAT program. Currently, JPA has decided not to renew their PAT contract with the Department for FY14, in part due to their losing two of their key clinical staff from their team. The DCFS PAT Administrator is currently looking to establish two new teams for the program for FY14. To date several agencies have been identified to be established as the next PAT providers for both the Cook North/Northern Regions and the Cook South and Cook Central Regions, and discussions are underway to explore the viability of these agencies.

### **System of Care (SOC)**

SOC is a flexible service array program that is designed to stabilize a foster home setting. The SOC agency will use wraparound planning principles to help develop the Child and Family Team, and to help with the assessment process including strength identification. In FY'13 SOC served 781 children and on average, maintained 80% of the children in their current placements during SOC involvement. Additionally, over 95% of the consumers including foster parents, caseworkers and children reported that they were satisfied or highly satisfied with SOC services. In FY '14 SOC will continue to provide services to children in traditional and home of relative foster care homes and will also expand to include children in specialized foster care when deemed necessary by the Clinical Intervention for Placement Preservation (CIPP) team.

### **Integrated Assessment**

Each child coming into care is provided with a comprehensive clinical assessment. The Integrated Assessment (IA) is designed to look at the medical, social, developmental, behavioral, emotional, and educational domains of the child and of the adults who figure prominently in the child's life. Child welfare caseworkers and licensed clinicians use a dual professional model to interview the children and adults and gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other 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.

Through continued collaboration with Chapin Hall, the Integrated Assessment Program has been able to look at key components of the program and its impact on practice. These reviews found that assessment reports completed using the dual professional model were of higher quality in the dimensions of thoroughness and integration, resulting in an explicit connection between the assessment and specific service recommendations.

A total of 3,063 assessments were completed in FY12 and 2,723 assessments have been completed during FY 13 YTD. Regional breakdown for FY 12 includes: Northern Region, 737; Central Region, 971; Southern Region, 593; and Cook Regions, 933. While all children and families receive an Integrated Assessment, only cases of children coming into care since 2005 received an assessment by a licensed IA screener (e.g. individual holding licensure in Clinical Social Work or Psychology).

In FY14, 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. Given the current fiscal climate, the program will also look at ways that it can most effectively and efficiently serve children and families in the child welfare system. This will include looking at modifications in the target population receiving an integrated assessment. In addition, the program will continue to evaluate outcomes around father engagement and positive child welfare outcomes and the importance of a comprehensive initial assessment on children's safety, permanency and well-being, with an enhanced focus on well-being standards. In addition, an internal peer review process will be developed to review, evaluate and improve the quality of the reports.

## **F. Licensing**

The vested powers authorizing the Department of Children & Family Services (further referenced as the Department) through the Child Care Act of 1969 better ensure that all licensed facilities function at least within the minimum standards to protect children being served within a licensed facility. The Child Care Act of 1969 also empowers the Department to enforce all licensing standards (Rule 383). The three areas

- Rule Making;
- Decision making (issuances and non issuances of facility licenses); and
- Enforcement.

The Department's Central Office of Licensing and Office of Child & Family Policy help ensure that the licensing standards for every type of licensed facility are kept current according to changes in statute and what the statute authorizes the Department to develop within said standards. The Child Care Act of 1969 authorizes the Department to license the following types of facilities: Child Welfare Agency (Rule 401), Foster Care Home (Rule 402), Group Home (Rule 403), Child Care Institution (Rule 404), Day Care Agency (Rule 405), Day Care Home (Rule 406), Day Care Center (Rule 407), Group Day Care Home (Rule 408), Youth Transitional Living (Rule 409), Youth Emergency Shelter (Rule 410) and Secure Child Care (Rule 411). In addition, Background Checks (Rule 385) and Licensing Enforcement (Rule 383) govern what the Department is required to do in relationship to keeping children safe and their well-being intact while being served in a Department licensed facility.

### **Home of Relative**

As of April 7, 2013 the Department of Children and Family Services had a total of 6410 children in relative care. There were 3,393 children in a licensed home of relative and 3,017 were in an unlicensed home of relative. As of April 7, 2013 the Department and Purchase of Service (POS) foster care programs have a combined 2,139 licensed homes, with 1,996 unlicensed homes, achieving a licensure rate of 51.73%. Out of the 1,996 unlicensed homes 714 are pending applications, 125 of the applications have been withdrawn, 85 applications have been denied and 1072 have no application on file.

The homes with no application on file is currently at 25.9% meaning 74.1% of the homes have some type of activity whether the home has been licensed, or the application is pending, withdrawn, or denied. Applications can be withdrawn for any reason at anytime prior to the licensing decision being made. Denied homes are homes that went through the licensure process and do not meet licensing requirements due to a conviction bar, or other wise not meeting licensure standards in Rule 402.

A Home of Relative Working Committee, consisting of representation from the Department and multiple private agencies with foster care programs was formed and began meeting in December, 2007 to identify and develop a plan to address barriers to relatives becoming licensed foster home facilities. In March, 2009, 29.3% of relatives were licensed foster homes, with improvements seen, but not reaching the goal of 70%. The largest percentage of relatives licensed occurred at 58.4% in August 2011. Current data reflects that percentage of licensed relative homes is 51.73%. The Home of Relative Working Committee continues to meet to address ongoing barriers, which at this time appear to be the completion of medical examinations and fingerprinting.

The Home of Relative Working Committee has collaborated with students from the University of Chicago, through their Capstone Research Program. This group of students is conducting a study in which they will use empirical research methods to conduct a random survey of currently unlicensed relative homes. This is for the purpose of better identifying barriers to relative licensure and subsequently developing internal consumer-based solutions to further improve the percentage of relative homes that are licensed through the collection and analysis of empirical data.

The recommendations of the Home of Relative (HMR) work group have resulted in several actions, including:

- Policy revisions, most significantly changes to Procedures 301.80 requiring fingerprinting of relative caregivers and household members ages 17 and older within 30 days of placement;
- A full licensing packet, including an application packet for licensure provided to the relative caregiver at the time of placement by the Child Protection Specialist
- Statutory changes to align the bars to placement to match those bars to licensure;
- Statewide training of POS licensing staff;
- Increased fingerprinting access by vendors across the state;
- Intake PRO calculations based on agency HMR licensure performance;
- Consistent data tracking and publication on licensure performance; and
- HMR licensing information has been made available on the D-Net.

### **Major Areas Covered by the Department's Licensing and Approval Standards**

The Department covers within all of its licensing rules the need for minimum safety standards related to the physical plant of the facility, including clearance of requirements through the State Fire Marshall, Public Health, or state-approved designees. It further defines requirements related to capacity of children related to minimum space and supervision within the facility. In addition, the standards address meals/nutrition, sleeping arrangements, disciplinary methods, education, recreation, religious practices, medical clearances, transportation of children, and specified qualifications for licensees or employees of licensed facilities, dependent upon the type of licensed facility and assigned responsibilities therein.

There are standards setting forth required background authorization checks for all applicants seeking licensure of any type of facility. A home facility licensure requires background checks for all household members ages 13 and older. All employees and any others who have unsupervised contact with children within any type of licensed facility are required to have background checks.

### **ENHANCEMENTS made in LICENSING STANDARDS, FUNCTIONS and POLICIES in FY 2013:**

#### **RULE 401 – Child Welfare Agency Licensure**

##### **ADOPTED:**

- Requirement of 10 clock hours of training for prospective adoptive parents seeking an international adoption, in compliance with federal law (22 Code of Federal Regulations 96, 48a) and b);
- Defines and provides provisions for Specialized Treatment Foster Homes

#### **RULE 402 – Foster Care Home Facility Licensure**

##### **ADOPTED:**

- Amended language to better ensure visitation is not withheld and to allow the Director to waive non-safety related licensing standards for relatives seeking licensure.
- Changes in definitions of family members to include Civil Union and the same legal responsibilities and rights as a married couple, per change in Illinois Law.
- Changes in language to update crib safety, per new federal safety guidelines
- Amendments to define and provide provisions for Specialized Treatment Foster Home Facilities

#### **PROCEDURES 402 – Foster Care Home Facility Licensure**

- Internal Review and comments process is complete related to Proposed Changes in Procedures 402 to better ensure foster parents and caseworkers communicate to the licensing worker knowledge of any new or previously unknown household members who have not had background checks. It will better ensure that a protective prevention plan is in place for any household member where a full background check has not been completed.

#### **RULES 406, 407, & 408 - Day care Home, Day Care Center and Group Day Care Licensure, Respectively**

- Amended the Rules for Day Care settings that require **all day care facilities using cribs shall have new cribs** that meet or exceed the new federal safety standards in 16 CFR 1219 or 1220 by December 28, 2012. The purpose is to reduce the chance that a child's safety and life may be endangered through the use of cribs with obsolete safety requirements.
- The Consumer Product Safety Commission instructs that all cribs manufactured prior to June 28, 2011 must be replaced and should not be sold, donated or given away. They require that noncompliant cribs be disposed in a manner that prevents the cribs from being reassembled and used.

#### **DAY CARE RULES 406, 407, 408**

Amendments to day care rules were approved and require all child care providers to be enrolled in the Gateways to Opportunity Registry by **September 1, 2012** with all their educational and training credentials.

The Registry operates under the Department of Human Services (DHS) and administered by Illinois Child Care Resource and Referral Agencies (INCRRA). The Registry tracks and maintains the educational and training credentials of the members in the Registry. The purpose is to standardize training and provide credentials for owners and staff of day care facilities in order to better provide quality day care experiences.

#### **RULE 407 – Day Care Center Licensure**

Amendments are currently in the process of being adopted into Rule 407. These changes relate to setting guidelines related to nutrition and physical activity. These recommendations have largely come from the Early Learning Council who worked with DCFS in adding these measures into

regulations. The purpose was to address childhood obesity that is at an all time high in Illinois. According to the Institute of Medicine, approximately 20 percent of US children are already overweight or obese before they enter school, with even higher rates among low-income, African American, and Latino children. The Department is attempting to reduce the rate of childhood obesity in Illinois by establishing licensing standards that promote healthier lifestyle choices for children in a day care setting.

### **G. Diligent Recruitment and Retention of Foster and Adoptive Resources**

This State Diligent Recruitment Plan (Plan) Fourth Annual Report meets the Administration on Children and Families (ACF) Federal requirement to provide annual reports to the addendum of the FFY 2010-2014 Child and Family Services Plan (CFSP). The Plan directly relates to the CFSP chapter on diligent recruitment. The Plan explains how the State will recruit and retain foster and adoptive parents and other substitute care placement resources that reflect the ethnic and racial diversity of the children served by the Illinois child welfare system for whom foster, adoptive and other substitute care placements are needed.

The plan is based on suggested areas of improvement made by ACF in the State's Child and Family Services Reviews (CFSR) in the areas of recruitment, support, and retention of foster and adoptive homes. The most significant suggested area of improvement prior to 2004 was to develop and implement a more-coordinated and comprehensive State Diligent Recruitment Plan. While the State was not required in 2004 to develop a Program Improvement Plan (PIP) in the area of diligent recruitment of foster and adoptive families, a (PIP) committee was nonetheless formed. The recommendations and action steps included in that PIP report were the basis upon which both the Child and Family Services Plan chapter on diligent recruitment and the addendum to that plan, the State Diligent Recruitment Plan, were developed.

The current five-year Diligent Recruitment Plan (Plan) flows from and builds on the original Plan developed eight years ago. This fourth annual report summarizes progress made to continue implementing the Plan during its fourth year.

#### **Goal Driving the Diligent Recruitment Strategies**

The overarching goal of the Plan is to develop and support current foster parents in meeting the needs of the children in care, and to conduct targeted and individualized recruitment to develop placement resources for children and youth with unique needs. Major objectives include keeping children in their communities and further-developing a qualified foster parent and other substitute care resource pool that mirrors the race, ethnicity and culture of the children in care.

The Illinois Department of Children and Family Services (DCFS), as the statutorily-designated state agency to administer child welfare services in Illinois, provides foster care recruitment, licensing, support and monitoring work for families in Illinois. It also contracts with private Purchase of Service (POS) child welfare agencies around the state to perform that work. This fourth annual report seeks to provide progress notes on the State's work to implement its current five-year Diligent Recruitment Plan.

#### **Expected Outcomes**

A new regional/local recruitment initiative begun three fiscal years ago continues to illuminate and support a major outcome that underpins the State's new Plan. That outcome is to recruit, support and retain foster homes locally that are prepared to meet the needs of the children in care as well as those anticipated to come in to care, including many who are being stepped down from residential

and group care when they are clinically ready to do so. This initiative is the newest component of the State's diligent recruitment work, and it is described herein.

A second overarching major outcome is to continue ensuring that diligent recruitment activities are coordinated between the state agency and among the many private child welfare agencies that do this work under foster care contracts with DCFS. This work is described in more detail in an ensuing section of this report.

Other goals become apparent as this report is read. These other goals are supportive to the overall diligent recruitment work being performed by DCFS as well as its partner agencies in the private sector. The report begins immediately below.

### **Targeted Recruitment: Maintaining a Pool of Foster Homes That Reflects the Racial and Ethnic Composition of Children in Care**

#### **New Permanency Initiative and Ensuing Transformation Teams Permanency Enhancement Initiative**

The Department's Permanency Initiative represents a strategy central to establishing foster care, adoptive care and other substitute care placement resources that reflect and support the ethnic and racial diversity of children served in the Illinois child welfare system. This strategy seeks to accomplish enhanced resource development by actively developing solutions to address racial disproportionality and racial disparities in the child welfare system. As the Department enters into year six of its Permanency Enhancement Initiative several important milestones have been reached and/or are in progress. These milestones include: the development and presentation of Regional Permanency Enhancement Symposia; the establishment of Local Action Teams; the creation of Region-Centered Transformation Teams; and the planned implementation of recommendations advanced by the Regional Transformation Teams.

In July of 2012 the Department created two new positions to quicken its development of a "race-informed" practice of child welfare in Illinois. The position of *Racial Equity Practice Liaison* was established to oversee the Permanency Enhancement Program Initiative. This position is housed in the Director's Office and reports to the Chief of Staff and the Director. Additionally the position of Statewide Permanency Enhancement Administrator was established to support local and field office-driven Permanency Enhancement activities

#### Regional Permanency Enhancement Symposia

In 2007, symposia were developed and delivered in all six (6) regions of the Department; focus groups were conducted; and data were gathered that focused on:

- Low permanency rates;
- Attitudes, beliefs, and historic practices of staff;
- Resistance in engaging intact families, and/or working towards reunification;
- Lack of consistency of practice.

By June of 2008, Illinois held the final of four Permanency Enhancement Symposia. The three Cook County Regions collaboratively hosted a single, unified Symposium. This completed phase one of the Permanency Enhancement Initiative.

#### Statewide Development of Action Teams

Phase two of the Permanency Enhancement Initiative focused on developing action teams. There were 43 local action teams established throughout the state. In order to assist in forming and

sustaining the action teams, the Department funded four universities that assisted in planning the Symposia and to provide technical support in developing the action teams. A university has been assigned to each Region. Cook North, Cook Central and Cook South regions are supported by the University of Illinois at Chicago; Northern Region by Northern Illinois University; Central Region by Illinois State University and Southern Region by Southern Illinois University at Edwardsville.

The action teams were asked to choose two of the following permanency goals.

- Decrease the disproportionate number of African American children in the child welfare system.
- Prevent children from coming into substitute care.
- Increase the number of children reunified with their families.
- Reduce the time it takes for a child to be adopted.

The action teams have been developing plans around their selected goals and are regularly provided permanency data from their local community. These data assist with planning. These teams have continued to elicit an array of community stakeholders to participate in local analysis and shared decision-making on issues affecting permanency.

The action teams are designed to build relationships with judges, law enforcement personnel, educators, birth and foster parents, other state agencies, private agency providers, community activists, faith-based representatives, former youth in care and many other stakeholders in the community. These relationships are helping to break down system barriers, which should lead to great improvement in permanency outcomes. The action teams are therefore a critical component of the Department's emphasis on empowering communities to better protect and serve their families.

#### Region-Centered Transformation Teams

The momentum of the state-wide symposia and Action Teams predictably gave rise to the need to further study and develop specific interventions to address the disproportionate number of children of color in care and the disparate outcomes prevalent among these children in the Illinois child welfare system. Institutional or structural racism is viewed as the foundation for the disproportional number of children in care as well as for the disparate outcomes experienced by families of color. To create the capacity to engage in this critical pathway, the Department enlisted technical support from Crossroads and the Peoples Institute, two organizations specializing in anti-racism training.

Each region has established and sustained a Regional Transformation Team. The Central Region's Transformation Team completed its training in April of 2009 and has finalized a strategic plan titled "Promoting Racial Equity in the Child Welfare System". This plan was presented to Director Erwin McEwen in January of 2011. The plan was accepted and the Transformation Team charged with establishing an Implementation Plan to effect the various recommendations. The Implementation Plan submitted to the new Director Richard Calica in mid-2012. The Northern Region has provided ten (10) 2 ½ day trainings on "Undoing Racism" for their Action Teams' stakeholders. No fewer than four (4) foster parents were on each of the Northern Region teams. These trainings were completed in the Northern Region in 2011.

The three Cook Regions (North, Central and South) and the Southern Region all began their Transformation Team training in 2010 and have completed their training. Each of these teams is currently involved in developing strategic plans to submit to the Director that are designed to support additional systemic changes to the Illinois child welfare system.

A significant goal of the Transformation Teams is to reduce the number of children of color entering the system by identifying institutional policies and practices that contribute to a disproportionate number of children of color - particularly children who are African American - entering the Illinois child welfare system. It is believed that the reporting of these children and the custodies taken may be heavily influenced by socialization, institutional bias or otherwise, racism.

It is also believed that the work of the various region-centered Transformation Teams will lead to deeper and “race or racism-informed” analysis of the Department’s current and/or developing foster care recruitment and retention efforts. An availability of viable African American and Latino foster homes would increase the likelihood of children being placed in stable placements that will make it much easier for them to achieve appropriate permanency outcomes. Through these analyses, improved intervention designs and strategies might better match the number of children of color needing out-of-home care and result in more efficacious outcomes

Early evidence of a more “race-informed” approach to recruiting is an initiative in the Quad Cities/Rock Island County area to address service concerns and to recruit bilingual foster family homes. In 2011 air time was secured on radio station LA Jefa 1270AM, a Spanish Speaking Radio Station that operates 24 hours a day, 7 days a week, 365 days a year. The Spanish-speaking radio station aired spots that recruited bilingual foster homes. These efforts were coordinated through one of the Department’s newly established Family Advocacy Centers, CASA Guanajuato and also through Esperanza, a Latino community services network. Results from this outreach have yet to be determined (Esperanza is described in more detail herein.)

Yet another example is the Department’s current initiative to license relative caregivers, otherwise known as Kinship Care, which also serves as a strategy to comply with the Multiethnic Placement Act (MEPA) in that it places children as a priority within their own racial and/ethnic group. This same initiative promotes kinship care whose positive benefits to the child counters the ill-effects of disparate outcomes (e.g., delayed permanency) for children of color in the Illinois child welfare system.

The Permanency Enhancement Symposia, Local Action Teams and Anti-Racism Transformation Teams in combination with Family Advocacy Centers, Differential Response, Fatherhood Initiative, Strengthening Families, University Partners, and the Court Improvement Project all play a critical role in building relationships across systems to improve permanency outcomes for children in Illinois.

### **From Dialogue and Planning to Practice**

The Department created 40 new positions statewide for the purpose of improving permanency outcomes for children and youth that are impacted by length of stay in care, placement stability, racial disparity, disproportionality and other contributing factors that delay a child or youths’ sense of permanency. The positions, entitled *Permanency Achievement Specialist (PAS)* represent the first positions in the Department to be formally charged with looking at racial disparity and disproportionality. To that end, the Department is actively engaged in researching *Racial Equity Assessment and Screening Tools and Intervention Methodologies* to support this aspect of the PAS’ practice. It is anticipated that the development of this practice will support the expansion of a more race-informed practice into other central casework staff functions and eventually the entire child welfare practice in Illinois.

## **Compliance With MEPA**

### **Targeted Recruitment: Maintaining a Pool of Foster Homes That Reflects the Racial and Ethnic Composition of Children in Care**

MEPA/IEPA requires the Department to diligently recruit and maintain a pool of foster homes that reflects the racial and ethnic composition of children in care. The Department has consistently worked to address and follow this requirement since the creation of MEPA/IEPA and continue to ensure compliance.

In order to accomplish the goals of IEPA/MEPA, DCFS has been working with the modified protocol of its case assignment. The placement determination method first tries to identify a relative according to Illinois statutes. When this is not possible, for example, if no suitable relatives are available for placement of the child, DCFS and its partner agencies place children with an agency that has a foster home within the child's community and, where possible, within the child's current school area. In the time since the modified protocol has been adopted, the agencies have been successful in developing contacts in traditionally under-represented neighborhoods. Additionally, DCFS and its partner agencies have been continuing their work with innovative programs with churches, social groups and local police and fire departments in order to create connections with the youth's communities.

The Department continues to have several staff working to address MEPA/IEPA issues of recruitment and retention of minority foster homes, including specific programs for recruiting and maintaining homes for Latino, African American, Asian and Pacific Islander children, as well as children of Native American descent.

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

The Department continues to maintain administrative rules, procedures and policies relating to the provisions of MEPA/IEPA, including the following:

- Procedures 301.60 Placement Selection Criteria;
- Policy Transmittal 99.20 (October 15, 1999);
- Procedures 300.120 Taking Children into Temporary Protective Custody;
- Child/Caregiver Matching Tool (CFS 2017)-has been approved by U.S. Department of Health and Human Services, Office for Civil Rights;
- Inter-Ethnic Placement Act Assessment Form (CFS 2018); and,
- DCFS (IEPA) Investigation Protocol-has been approved by U.S. Department of Health and Human Services, Office for Civil Rights (includes contacts, documents to be reviewed, interview guidelines, corroboration, and format for investigation reports).

The Department and its staff maintain strict adherence to the rules, procedures, and policies relating to the provisions of MEPA/IEPA.

The Department has been successfully continuing its work with an IEPA monitor to ensure there are no findings of any MEPA/IEPA violations and to have regular contact with the DHHS Office for Civil Rights. The monitor works with both the specific agencies as well as the families in order to make sure that MEPA/IEPA is being followed and that the needs of the children and families that the Department serves are being met.

### **Diligent Recruitment and Retention of Foster and Adoptive Placement Resources**

The Department's extensive work of research data and the creation of Action Teams and Transformation Teams from 2008 until present, has allowed leverage for improving communication to various communities through stakeholders on the needs of increasing permanency for youths in care. The creation of Advocacy Centers in non thriving communities with limited resources; ultimately could expand the retention of foster care placements.

The positive and on going relationships of stakeholders who came together from various diverse agencies and organizations to examine disproportionality and disparities of children of color in the welfare system increased efforts of promoting the need for foster and adoptive parents. Through collective efforts of empowering community stakeholders, educators and law enforcement systems, collected data showed a slight curb of children of color coming into the welfare system in a range of communities statewide.

Continued studies and data of cultural diversity and a sound curriculum to address institutional and systemic racism and disparities within the welfare and judicial system will further develop improved strategies to decrease the number of children in care.

The continued progress of Action Teams in communities and the departments' Recruitment/Resource Specialists and Adoption Specialists positions created to address foster and adoption agency needs, will further increase permanency for youths in care.

### **Recruiting and Maintaining Homes for Latino Children**

The DCFS Latino Services Office is charged with implementing DCFS polices and procedures associated with Latino families and children. Increasing recruitment efforts of Spanish bilingual foster parents is one of its objectives this year. Latino Services continues to coordinate all presentations in Spanish to the Latino community and provides information in Spanish on becoming a foster parent during all presentations and invited activities. Latino Services created a partnership this past year with Univision Spanish Radio who has four radio stations in the Chicago Metropolitan area. During the interviews, the need to recruit Spanish-speaking foster parents was included in each broadcast which is broadcasted via all four stations where each station reaches out to a different age ranged audience. Univision agreed to call Latino Services for future 15 minute interviews during the coming year on the need for foster parents and other DCFS programs and services.

During the past year, Latino Services worked closely with regional Latino coalitions throughout the State and advised them of the need to recruit Spanish-speaking foster parents. In 2012, Latino Services worked closely with the Family Advocacy Centers serving Latino communities where the Latino population has increased by providing them with foster parent recruitment materials and will continue to do so in 2013. .

In 2012 Latino Services worked with the Local Area Networks (LANS) serving the Latino Little Village and Pilsen communities to ask for their assistance in recruiting Spanish-speaking foster parents. The plan was to reach out first to the city LANS and then visit the suburban LANS where there is also a need for Spanish-speaking homes.

Latino Services worked closely with the Cook County Foster Parent Recruitment Task Force and the Foster Parent Recruitment Council out of Maywood. Latino Services continue working with DCFS staff on various activities in the Latino community to recruit prospective homes. In 2013, Latino Services will meet with the newly created Foster Parent Recruitment Team to begin joint efforts to assist in the recruitment Spanish-speaking foster parents. Latino Services will provide them with the Latino Events Calendar listing various events in the Latino communities in Illinois.

The Latino Service will initiate a relationship with the DCFS PRIDE training staff in 2013. Latino Service will assist with locating host sites and assist in recruiting Spanish-speaking trainers for these sessions, making every effort to recruit and coordinate the creation of additional Spanish PRIDE training classes by having more prospective foster parent applicants. Latino Services will contact Voices for Illinois Children and inquire about their Foster Kids Are Our Kids foster care recruitment campaign to see how their Spanish-speaking recruitment is doing and how they filter the applicants.

Recently, the Latino Advisory Committee formed a sub-committee to look into the recruitment of Spanish-speaking foster parents. Latino Services staff has taken the responsibility of heading the sub-committee. Some of the Latino Advisory Committee members are representatives from contracted agencies. The goal is to work together both DCFS and contracted agencies to avoid duplication of recruitment efforts and coordinated the recruitment of Spanish-speaking foster homes. As a result, Latino Services will invite foster parent licensing and recruitment representatives from other contracted agencies to meet and to look for any barriers which are hindering them from doing better recruitment of Spanish-speaking foster homes. The Burgos Coordinator will be consulted to identify areas where Spanish-speaking foster parents are in most demand.

The Office of the Burgos Coordinator continues to assist in developing culturally competent and appropriate services to meet the needs of Spanish speaking families and foster parents. The Burgos Consent Decree requires that IDCFS place Spanish speaking monolingual children and those families requesting such placement of their children into Spanish speaking foster homes. The Burgos Coordinator is monitoring the need for the recruitment of Spanish speaking foster homes and will continue working closely with the IDCFS shelter system to ensure that appropriate homes are located for Latino children awaiting placement. The Burgos Coordinator continues to advise IDCFS on all programs, rules, policy and resources for Latino staff, families and the community at large.

The DCFS Director's Latino Advisory Committee continues to assist and advise the Department on developing and maintaining culturally competent and appropriate services, policy, practice and resources for Latino staff and the families they serve. They annually host the Latino Advisory Committee Family Institute Day. The Advisory Council is composed of representatives from DCFS, Latino Services, the Burgos Coordinator, representatives from Community Based Organizations under contract to DCFS. The Institute Day is geared toward DCFS and contracted child welfare staff. Workshops are annually developed to assist child welfare staff in addressing issues affecting Latino/Spanish-bilingual foster parents. It helps staff develop additional knowledge and greater understanding of the needs of people who are Latino, and it provides a wealth of information about community and other resources that help everyone to provide culturally-appropriate services to Latino families.

#### **Esperanza: Latino Recruitment Efforts in LAN 29/Rock Island and Mercer Counties**

In an effort to provide resources to support Latino services in the bi-county LAN29 area, *Esperanza*, a partnership of child welfare agencies, community organizations and businesses, schools and political leaders, has been created. The first action plan was to form a recruitment committee dedicated to licensing enough Spanish speaking foster homes in order to insure that Spanish speaking children entering foster care could be placed in culturally sensitive homes as near to their own schools as possible.

Using School Minders data provided by DCFS, recruitment activities are currently underway. In the past year Spanish language recruitment materials have been developed and put into use. Throughout 2010 and into 2011 family events were held within the Latino community, and Esperanza participated by introducing foster parenting to the targeted community. Locations were expanded to include churches, schools and colleges.

In order to move past recruitment activities and into licensing potential foster homes, an agreement with Casa Guanajuato has been established to receive prospective foster home inquiries. Casa Guanajuato is now one of the newest agencies contracted with DCFS as a family advocacy center. As a service agency within the Latino community, this agency was chosen for their visibility, familiarity and language compatible skills. The staff was trained in appropriate responses to inquiry calls, and a process was instituted to rotate referrals among the child-placing agencies which are equipped to license and service Spanish-speaking families. In the coming year, they will also be collecting data as to the number of inquiries and the licensing outcomes.

Esperanza has also formed a second action committee dedicated to increasing the number of Spanish speaking social workers. This action was seen as a necessary extension of recruitment activities. Without the language-appropriate workers to do licensing and provide foster care service work, new foster homes cannot be adequately serviced.

### **Recruiting & Maintaining Homes for Children of Native American Indian Descent**

The Illinois American Indian Child Welfare Advocacy Program includes two full-time enrolled members of a Native American Indian Tribe who are active in their community. The Program works to ensure 100% compliance with the federal Indian Child Welfare Act (ICWA) including identification of, ferreting for culturally appropriate activities, providing ICWA compliance information to the child welfare staff statewide and advocacy for, American Indian/Alaska Native children and their families. Ongoing recruitment of Native American foster homes is a critical component in providing culturally appropriate services to children and families of Native heritage.

Barriers to recruitment of Native American foster families include reported ambivalence/distrust of formal governmental entities among Native Americans due to their recent and historical past, as well as a lack of formal hierarchal structure for recruitment of prospective families throughout the State. While there have been several families identified as Native American who expressed an interest in becoming licensed foster care providers in the past year, none of these families completed the licensure process. The ICWA program has made efforts to re-engage these families by contacting them directly and attempting to re-connect them with their regional licensing representatives. Efforts will continue to support and engage prospective foster families and continue outreach efforts with other members of the Native American Indian community.

The ICWA program is supported by DCFS and continues to focus on the recruitment and development of Native American foster homes through the following:

- ICWA Specialists participate in weekly outreach activities within the Native American Indian community. These activities include volunteer work at the American Indian Center, American Indian Association of Illinois, Kateri Spiritual Center (formerly Anawim) American Indian Health Center, as well as participation in major Native American Indian events including the annual largest Mid-west Pow-wow sponsored by the American Indian Center, Local Area Network, Community Action Team and Transformation Team meetings which support Native American Indian/Alaskan Native families..
- The ICWA program continues to collaborate with other Native American Indian programs within the State acting in a volunteer tutor role with children served through the American

Indian Association of Illinois and ongoing collaborative work with the Chicago Public School Title VII program, which serves Native American students and their families within the Chicago Public School district.

- The foster care brochure developed in 2010 targeting specifically at recruitment of Native American foster homes was updated in 2012 and continues to be used at community events and ICWA presentations.
- ICWA Specialists will be trained in the licensing process to assist the licensing staff and prospective Native American Indian foster families with the licensing process.
- A web site within the Department's D-Net has been developed as part of recruitment efforts including links to other resources within the Native American Indian community and contact information for the Department's ICWA program that prospective foster parents may use.
- A procedure to streamline prospective foster parent licensing referrals was developed in 2010 with the assistance of the DCFS Licensing unit to facilitate the licensing process for prospective Native American Indian foster parents. It is currently being re-evaluated to better ensure that questions and/or concerns of prospective Native American Indian foster parents can be addressed. Input and feedback from members of the Native American Indian community is being utilized to develop that revised procedure.
- Participation in a national ICWA work group sponsored by the Child Welfare League of America continues to be utilized as a forum to collaborate with other states regarding ICWA issues, including effective foster care recruitment and retention.
- In addition to regular volunteer work at the American Indian Center and American Indian Association of Illinois, ICWA Specialists participate in ongoing community meetings with Native American leaders and members. The ICWA Specialists participates in a meeting every other month with the Native American community leaders convening with the goal of improving collaborative work between the various entities serving Native American Indian children and families. This group met in March 2012 resulting in a one day conference on June 23, 2012. From this conference the group's name became the CAICPI- Chicago American Indian Community Planning Initiative. Finally, in December CAICPI met for two days, creating a strategic plan for the Community stakeholders to follow through during the 2013 calendar year.
- Outreach efforts continue with Native American Indian faculty at downstate universities to assist in developing resources for Native American Indian children who reside in the downstate region. Efforts also include recruitment of prospective Native American Indian foster families.
- Director Calica met with the Native American Indian community members and leaders and the ICWA Specialists on February 14, 2013. He committed to meet with the ICWA Advisory Council every other month (versus quarterly) until the Council is better established to move forward with established goals and objectives. One of the main objectives is to review how Native American Indian foster parents are recruited and how they are assisted through the licensing process. The Council will review other possibilities for recruitment and retention throughout the State. Activities will focus on Central region as this is where the highest number of ICWA children are placed out of the home.
- ICWA presentations and training materials continue to be offered and provided. Training participants have included Native American Indian community members, legal staff and child welfare staff professionals. ICWA Program webinar training has been developed to provide accessible on-line training to child welfare professionals and other interested parties on a state-wide basis.

### **Recruiting and Maintaining Homes for Asian & Pacific Islander Children**

The Asian American Advisory Council believes that to recruit Asian foster homes it is crucial to gain the trust of the Asian American community. The Asian American Advisory Council recommends that DCFS spend more time attending Asian American events in the community. The Council also believes that a way to gain the trust and confidence (or lessen the fear of DCFS involvement) of the community would be to educate the community (via community forums or community conferences or partnerships) at every available opportunity about what DCFS does to strengthen and preserve families. The Department's presence within the Asian American community is not as prevalent as it is in other ethnic communities, and the Department needs to first establish a presence within the community, before any recruitment efforts can be successful. For example, the DCFS Latino Advisory Council has been in existence for 20 years and the African American Advisory Council has been in existence for 19 years. This is a strong contrast to the Asian American Advisory Council, which has only been in existence for 4 years. Thus, the other advisory councils have had a longer standing opportunity to develop ties to the community and thus they have developed a larger pool of foster parents.

Informing the community that the need exists to foster a child of Asian heritage is a piece of information that would be instrumental in motivating some members in the community to consider fostering children. DCFS' continued attendance at all major Asian American events will help to raise awareness in the community of the need for foster parents and DCFS' interest in recruiting foster parents. The more opportunities the Department has to inform the community of the need, the more likely the community will respond with people willing to become foster parents.

Within the Asian American community, there are several Asian languages that are spoken (i.e. Hindi, Urdu, Tagalog, Korean, Chinese (Mandarin, Cantonese), Vietnamese, Thai, Cambodian, Japanese, Laotian, Hmong, etc). Many ethnic-based social service agencies already exist in the community. DCFS will seek partnerships and contracts with those agencies to gain access to the community. Partnering with the pre-existing infrastructure of social service agencies is a useful means of gaining credibility within the community as well as a potential and strong source of recruitment resources. We can use their already existing infra structure and community network to promote the Department's initiatives.

Another resource within the Asian American community that DCFS will attempt to explore is the faith-based organizations. Like many other ethnic communities, the Asian American community is deeply rooted in religion. Making an entrance into the community through community faith-based organizations also lends some credibility to the Department's efforts to recruit as well as giving credibility to the Departments' mission to strengthen families.

The number of licensed foster homes that are of Asian/Oriental/Pacific Island origin has increased significantly since last annual report. As of 3/12/2013, there are 123 licensed foster homes that are of Asian/Oriental/Pacific Island origin throughout the entire state, compared to 52 last year. Our council recommends the Department prioritize these foster homes in receiving referrals such that Asian homes are assigned at least one placement of a child (of any ethnic origin) within 3 months of their licensure, to encourage maintenance of these special resources.

The annual Asian American Advisory Council Institute Day is suspended due to insufficient funding. The Asian American Advisory Council Institute Day is instrumental in the recruitment of foster parents and retention of foster homes. The Asian American Advisory Council recommends the Department to restore funding when budget allows. The training is an opportunity for the Department to demonstrate its interest in issues affecting the Asian community which serves to

provide continued education and best practices on issues related to that community. The Institute provides the Department with yet another opportunity to engage the community to participate in a dialogue with the Department and to jointly develop additional resources.

Community service agencies in Asian communities provide services that are within the purview of the Department. DCFS is considering entering into contracts with Asian social service agencies to provide these same services that the Department would provide; but these agencies can be more efficient at providing these services to Asian families. At the very least the Department will consider a “fee for service” arrangement with these Asian social service agencies in an attempt to work with the community to ensure that appropriate culturally sensitive services are provided to Asian children and families.

The task of capitalizing on all of these opportunities will require assiduous monitoring and follow up to ensure that DCFS is making a credible attempt to establish itself in the Asian community. The Department will take steps to become better able to assess and monitor the ongoing needs of the Asian children and families that we serve to best develop and incorporate resources within the community.

It is important to educate the Department’s staff as well as the private agency staff about current issues within the Asian community. The Asian Council is working with the Department’s Transformation Teams to address the disproportionate number of children, specifically Asian American children, in the Illinois child welfare system, and conduct educational presentations for Transformation Teams meetings.

The Department is in the process of hiring a full time Asian Affairs staff to ensure that the Department is able to capitalize on these opportunities to develop appropriate relationships within the Asian community.

Since the development of this initial plan, the Department has increased its presence in the Asian community. However, the Department has yet to recruit any new Asian foster homes. Anecdotal evidence suggests that the community is interested in non-relative foster care to adopt very young children, but the Asian community is not likely to become foster parents to foster a child to return the child to its family of origin. There is also anecdotal evidence that suggests that in potential relative foster homes, the relative foster home is unable to meet the Department’s licensing standards and thus cannot be a placement option for the child. This suggests that the Department still has a lot of work to do to educate the community about the Department’s licensing standards and how to meet those standards. The Asian American Advisory Council continues to advocate for the initial plan, emphasizing that the Department employ a full time Asian Affairs staff to ensure that the Department continues to make progress on this plan and that the Department continues to coordinate and capitalize on the components of the plan.

### **Localized Recruitment Efforts within DCFS**

The Recruitment Councils work ended downstate in December 2011 and, in Cook, March 2012. We currently have Recruitment and Resource Specialist assigned to localized recruitment efforts.

### **Institutionalizing the Development Focus of the Licensing Process**

Illinois continued to place emphasis on the support aspect of licensing workers’ jobs being performed as Foster Home Licensing Representatives. The bi-annual monitoring visits allowed licensing staff to be more engaged with foster parents. Management continually reinforces with

staff the notion that their roles include development and support of foster parents. Management uses team meetings and supervision to emphasize these issues.

DCFS Foster Home Licensing Representatives have been making a diligent effort to have foster homes to return to active status that have been on inactive hold. Licensing workers contact the homes on inactive holds and ask if they would be willing to return to active status. If the foster parent responds they are unwilling to come off hold, the licensing worker asks the foster parent for their reason and whether or not they plan to take foster children in the future. Over the past six months Downstate Foster Home Licensing has had a total of 28 homes come off of inactive status. Of the 28 homes, 18 opted to have their licensed closed and 10 decided to return to active status.

### **Coordinating With Purchase of Service (POS) Agencies Statewide**

Coordination with Purchase of Service (POS) Agencies statewide continues to be facilitated in part through the Child Welfare Advisory Committee (CWAC) which advises the Department on programmatic and budgetary matters related to the provision or purchase of child welfare services. The committee continues to meet on a regular basis and is comprised of both public and private child welfare management staff.

In addition to the CWAC, the DCFS POS Monitoring Unit continues working closely with the POS agencies by using Agency Performance Teams across the state to monitor the performance of the POS agencies in many different areas, including diligent recruitment efforts and outcomes. In addition, these teams hold POS provider meetings statewide on a regular basis, to coordinate services.

POS agencies have contractual obligations to provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the communities they serve and who reside in the communities they serve for whom foster and adoptive homes are needed. These agencies' actions must also be in compliance with the Indian Child Welfare Act and the Burgos Consent Decree.

### **Targeted Recruitment Approaches**

In January of 2013, the Department established the Resource and Recruitment Specialist (RRS) positions and Unit, which focuses on developing, coordinating and monitoring the foster care recruitment activities in each of the Department's regions. There is a statewide administrator assigned to the program, a supervisor in each of the DCFS regions and at capacity, there will be 29 RRS staff; 13 in Cook County, 7 in the Northern Region, 5 in the Central and 4 in the Southern regions.

The Recruitment and Resource Unit is charged with the task of recruiting and developing foster care resources and the necessary support services to promote and enhance the stability and permanency for children/youth for individuals or in populations where this has been a challenge. The unit will employ a targeted approach to foster care recruitment and resource development that is:

- based upon the mutually agreed upon demographic data priorities for specific populations in the various sub-regions
- focus on the development of resources and services that will increase the foster care capacity in the greatest areas of need.

The R & R Unit will do this through collaborations with community stakeholders, including regional Transformation teams, POS providers and others in developing strategies to expand foster care resources that are relevant and culturally sensitive and that will enhance the service delivery to children and youth in care as well as their families. The R & R Unit will help conduct a needs assessment that will drive the localized planning to address the identified needs. Through the development, monitoring and coordination, Resource Recruiters will work to ensure the effective implementation of the local plan to promote the Department's foster care goals of permanency, safety, stability and well-being.

The unit will also implement a child-centered recruitment model that will focus on developing an individualized recruitment plan based on an intensive exploration of the youth's network(familial, social, recreational, spiritual, educational, etc), as an avenue to identify and nurture potential family resources. The emphasis will be on the development of individual families for priority populations as defined by the Department which may include:

- children/youth needing a family in order to achieve permanency
- children/youth in residential care or in corrections without a potential discharge family resource
- children/youth who repeatedly cycle through the shelter or remain for extended periods of time

The Department is currently developing a model for targeted or child-centered recruitment with training planned for staff and full implementation shortly thereafter.

#### Family Supported Adolescent Care

Family-supported adolescent care is a professional foster care model designed to meet the needs of DCFS youth ages 12 to 21. This includes youth with a history of placement instability /placement disruption and may include youth with intermittent or chronic incidences of delinquency, substance abuse/misuse, aggressive or withdrawn behavior and chronic educational needs. Youth are provided with a safe, stable and structured home environment, with caring and supportive adults. Foster parents actively participate in the youth's life, and they fully integrate the youth into their family. Foster parents are compensated as employees for this program, and in most instances they will not be allowed to accept other employment. This allows foster parents to provide both the treatment support and supervision levels necessary for the youth to achieve placement stability and to develop the skills and education necessary to successfully transition to and sustain progress in transitional/independent living. Family-supported adolescent care serves no more than two DCFS youth in one home. Minimum program components are required to ensure that the needs of the targeted population are met and that there is consistency among services to similar populations. Foster parents participating in this program receive special training to meet the needs of adolescents. Additional mentoring, respite and money for youth activities are also provided.

A number of special targeted professional foster care programs have also been added for target adolescent populations:

- Family-supported adolescent care for medically complex youth with developmental delays and mental health issues is designed to meet the needs of DCFS youth ages 12 to 21. This includes youth who might likely require adult services when transitioning from DCFS care. They may have chronic or degenerative diseases, a terminal illness, or permanent traumatic injury with a secondary diagnosis of a developmental delay, and/or mental health issues that affect provision of their health care.
- Family-supported adolescent care for youth with emerging or active juvenile justice issues includes additional components around supervision, reporting and restorative justice.

- Family-supported adolescent care for youth with sexually problematic behavior and a family-supported adolescent care program for gay, lesbian, bisexual, questioning and transgendered (GLBQT) are formed and need foster parents.
- Emergency specialized foster care is designed for youth of all ages who are new to DCFS care and present with special medical needs that require stabilization and assessment while long-term placement options are being developed. These children typically enter DCFS care straight from medical hospitals.

DCFS continues to work with some of the existing agencies to develop new professional foster care resources in certain geographic areas where we have seen gaps to date, including Central Region (Bloomington/Champaign specifically), Southern Region, and Northern Region. The Department also worked with POS providers during FY12 to develop a new model called Treatment Foster Family Home which has many elements of Multidimensional Treatment Foster Care. Two agencies are currently implementing this model with full implementation planned in early FY14. Similar to Family Supported Adolescent Foster Care, the model is built on a professional foster parent design. The homes accept a small number of youth and provide a high level of clinical services.

#### Transitional Living Program and Independent Living Program (TLP/ILO)

Three major principles guided the development of the TLP/ILO continuum:

- *Progressive independence* -- holding youth increasingly accountable as they progress.
- *Kinship connection* -- identifying an adult person with whom providers can help the youth develop and nurture a lifelong relationship.
- *Sustainability* -- placing youth in circumstances where they can continue successfully as they reach adulthood.

A youth may enter a transitional living program at one of four levels depending on his or her age, educational attainment, behavior and level of functioning. A fifth level is an independent living program (ILO) which youth may access directly, or progress to from a transitional living program. Even when a youth is admitted into an ILO, he will not be completely on his own. However, the continuum of services is designed to support progressive responsibility with the expectation that by the age of 21 a young adult will be well prepared to pay his own rent and maintain himself in his own apartment.

#### Transitional Living Programs (TLP)

The purpose of Transitional Living Programs (TLP) is to provide youth with an opportunity to practice the skills necessary to live independently while continuing to receive supervision and supportive services. TLPs are single-site locations with on-site staff 24 hours per day and 7 days per week.

To be eligible for a TLP, a youth must be:

1. 17.5 years of age or older.
2. able to be safely maintained in a community setting.
3. willing to actively participate in education, employment and other services specific to his or her particular strengths, needs and goals.

There are four levels of placement under the TLP program. In general, the levels are defined by the amount of autonomy that an individual youth is able to manage. Youth who are engaged in school and/or work and who are managing their treatment needs with minimal support will be matched with commensurate program structures. Youth requiring more direct support to manage their

behavioral health needs and youth requiring intensive programming (focused on developing the skill sets they need upon emancipation) will receive more intensive support.

TLP programs offer a mix of services and resources wholly dependent on the needs and capabilities of the youth they serve. These direct and indirect services include:

1. academic support (school involvement, tutoring, GED programs).
2. vocational/employment preparation (employment readiness, job coaching, trade programs, mentorship).
3. mental health services (psychiatric monitoring, professional counseling, group services, substance misuse services).
4. kinship reconnection (outreach to kin and fictive kin to develop long-term relationships, visitation).
5. juvenile justice-related services (Gang intervention, specialized community re-engagement, specialized employability services).
6. parenting (education, support, child care, preparation);
7. linkages with the Department of Mental Health and the Office of Rehabilitative Services.
8. housing advocacy (assisting youth over the age of 19 in locating and maintaining a community-based apartment as they demonstrate readiness).

DCFS has contracted with POS providers to develop transitional living programs (TLP) for mentally ill youth who are transitioning to the adult mental health system. To be eligible for this placement a youth:

1. must be 18 years of age (consistent with DHS Adult Care eligibility).
2. must present with a serious mental illness likely to require intensive ongoing support throughout adulthood.

DCFS and the Illinois Department of Human Services (DHS) must jointly support the above assessment, and DCFS continues to work closely with DHS to continue this program. From the assessment on, DHS is integrally involved in the delivery of services to the youth through programs and services currently available to adults with this disability. DCFS continues to provide and staff placements in which (and from which) young adults will begin to access lifetime supports and services. The Individual Emancipation Plan facilitates responsibility to seamlessly transition from DCFS to DHS prior to the young adult's 21<sup>st</sup> birthday. DCFS utilizes two providers who have experience with this population of youth and contracts with both agencies to operate 40 beds statewide. The Department also contracts with providers that operate transitional living programs for youth with developmental disabilities who typically will eventually be placed in CILA arrangements. Additional transitional living programs for DD young adults are planned and/or in development. The Department also contracts for TLP programs that serve youth with problematic sexual behavior, and several programs that serve pregnant and parenting youth.

#### Pregnant and Parenting Teens

DCFS continues to work in collaboration with the Teen Parenting Service Network (TPSN) to provide programs for youth in care who are pregnant and/or parenting. TPSN is responsible for the overall planning, delivery and evaluation of comprehensive quality services to pregnant and parenting youth in care and their children. In cooperation with the DCFS Agency Performance Teams, TPSN oversees youth currently being served by existing specialty pregnant and parenting programs such as NIA Comprehensive Services, Metropolitan Family Services and Catholic Charities. NIA serves high-risk pregnant and parenting youth in DCFS care who are determined to have high-risk pregnancies or who have developmental disabilities. NIA provides support services

such as attending meetings with youth including Court hearings, Administrative Case Reviews and parenting education/coaching sessions.

Metropolitan Family Services has a program named "The Mentor Moms Plus". This program is designed to prevent child abuse and neglect and teen pregnancies. The program was also designed to increase the knowledge of parenting skills and to provide in-home visits. Counseling services have been established to support the teen parent, their child and the foster family as a whole.

Additional partnerships and collaborations for services and full case management are being continued with our regional service partners including Aunt Martha's Youth Services, CASA Central, Lakeside Community Services, Omni Youth Services and United Children's Advantaged Network (PIP) programs.

DCFS continues to work on resources for this population. Through centralized matching, we can look at trends and resource needs to provide services to all youth in this targeted population. Through Performance Based Contracting data, we also look at the performance of agencies.

## Shelter Redesign

Six private agencies continue to provide shelter services for DCFS children/youth in Cook County. Licensed capacity of all the Cook County shelters is 143 beds.

The following agencies continue to provide shelter services:

- **Aunt Martha's Children's Reception Center** has a licensed capacity of 60. The agency provides emergency shelter services for children/youth ranging from 0-21 years of age.
- **Methodist Youth Services** has a licensed capacity of 8. This program provides emergency shelter services for males ages 14-18.
- **Daniel J. Nellum** has a licensed capacity of 16. The agency provides emergency shelter services for older males, ages 16-21.
- **Maryville/Madden (formerly Paulina House)** has a licensed capacity of 20. This emergency shelter provides programming for pregnant and parenting females, with their babies.
- **Sadie Waterford** has a licensed capacity of 15. This emergency shelter in the South suburbs provides short-term programming for females ages 14-18.
- **Ada S. McKinley** has a licensed capacity of 24. This program provides emergency foster care by professional foster parents. Children admitted to the emergency foster homes are infants/toddlers, ages 0-3 and sibling groups.

From 3/1/12 through 2/28/13, a total of 1,344 shelter admissions occurred, which involved 842 unique children/youth. Of these, 532 (39.6%) children/youth were admitted to shelters under protective custody. Placement disruptions accounted for 324 (24.1%) of the admissions into the shelters, with 45 (3.3%) of those admissions entering from Juvenile Detention, 4 (0.3%) from the Department of Corrections, 33 (2.5%) from hospitalizations and 488 (36.3%) from non-specific living arrangements.

The Department continues to be concerned about youth who are in detention beyond their Administrative Review Date (ARD). Oftentimes, due to lack of placement resources, these youth are placed in a shelter. In order to minimize shelter utilization in these instances, DCFS is exploring placement alternatives post detention in order to better serve this population as they re-integrate into the mainstream.

All the shelters are linked to local medical providers for purposes of providing ongoing medical follow-up. In an attempt to provide more comprehensive medical services for high risk youth, all youth ages 12-21 who are admitted to the shelter continue to be scheduled for comprehensive medical exams. During this reporting period, the on-site shelter clinic completed 188 comprehensive medical exams for this age group of youth, admitted into the shelter. Overall, the clinic completed 679 comprehensive medical exams, during a child/youth's shelter stay. Youth continue to complete a medical questionnaire prior to the comprehensive medical exam. This allows youth to self-disclose high risk behaviors, in writing as opposed to the youth feeling awkward by verbally divulging sensitive information directly to the doctor. Upon completion of the comprehensive exam the youth are then provided with a Pocket Summary, which details a brief summary of test results that were completed during the comprehensive medical exam, a list of medications the youth needs to take, as well as any referrals for specialty medical/mental health services.

Children/youth admitted to the shelter have access to a dentist. During this reporting period there were a total of 1171 dental visits by children/youth in the shelter.

Health education continues to be provided to youth, on an individual basis, regarding health issues such as nutrition, medication compliance (when applicable), hygiene, as well as safe sex.

Providing medical services to non-ward infants/toddlers accompanying parenting wards admitted to the shelter continues to be a priority and a challenge. DCFS does not have custody of the infants/toddlers and therefore requires that the consent for medical services be provided by the teen mom. During this reporting period, the shelter clinic was able to provide medical services to 9 infants/toddlers, with consent from the teen mom.

Shelter programming continues to focus on trauma/grief counseling, alcohol/and other drugs (AOD) assessments/services, recreational activities, life skills training, vocational groups, etc. The shelters continue the challenge of engaging and working with chronic runners, and delinquent youth by attempting to better understand why youth run away, commit delinquent acts and trying to engage this challenging population as a step toward curtailing the running behavior.

The shelter programs continue to explore strategies to work with older youth who remain in shelter for extended periods of time, until a permanent placement is secured.

Other service alternatives to working with sexually exploited and human trafficking, while in the shelter are being explored.

Night Shield, the downstate shelter, had a total of 177 admissions during this reporting period, involving 161 unique children/youth. Of these 136 (76.8%) were admitted to Night Shield under protective custody. Placement disruptions accounted for 38 (21.5%) of the admissions into the program. Children admitted from hospitals directly to Night Shield were 12 (6.8%).

### **Resources for Placing Children in Their Own School Districts**

School Minder remains the geographic information systems (GIS) tool used by the Department for keeping youth in their schools upon removal from the home of their natural parent for reasons of abuse and/or neglect. The goal is to keep children (when clinically appropriate) within individual school catchments areas (Chicago) or within their school district (rest of the state). Failing the primary goal, the secondary goal is to find the closest clinically appropriate placement for the child, in the hopes the child will be able to continue enrollment in the school or district they are attending.

A proximate placement-driven process also facilitates supervised family and sibling visitations, encouraging positive child welfare outcomes such as family reunification.

Use of School Minder also simplifies foster home recruiting. Now that intake is steered towards the closest clinically appropriate resources, GIS analytical tools (density mapping, nearest neighbor analysis, etc.) are used to identify local communities (neighborhoods) in greatest need of new foster care resources. Focusing foster parent recruiting resources in these areas furthers the goals of diligent recruitment, as racial demographics are geographically heterogeneous. E.g., new foster homes recruited from areas of high intake are more likely to match the racial demographics of children coming into the system.

A recent hire resulted in new and growing GIS capabilities in the unit, and a new 'High Need' analysis was performed, with resource recruiting maps distributed to interested agencies for localized foster care recruiting. In any given year 'High Need' areas are those areas with over 30% of our initial removals throughout the state but with less than 10% of our currently available foster care resources. Recruiting foster care resources in most of these neighborhoods that are generating new intake but with few resources contributes to the diligent recruitment goals.

The Department has completed an initial analysis of outsourcing our geocoding and GIS server maintenance functions to another state agency. It is currently exploring expanding GIS functions across other divisions as well. There is increasing interest for 'live' resource need mapping so progress is expected, whether through outsourcing or increased internal capabilities with Departmental GIS servers.

The needed overhaul of basic GIS datasets has not yet occurred. However, the chances of it occurring within the upcoming year have greatly increased with the recent hire and the interest in other divisions of acquiring GIS.

### **Developing More Foster Homes & Enhancing Support via the Adoption Units**

In an effort to develop more foster homes, DCFS supervisors and staff continue referring non-licensed families who call DCFS inquiring about adoption, to the respective DCFS licensing representatives who can help them become licensed. DCFS adoption staff also provides these inquiring families with phone numbers and contacts at the Adoption Information Center of Illinois (AICI). Should the family already be licensed and is calling as a general inquiry about available children, the family should be referred to AICI for listing and matching services.

The names of DCFS Adoption Supervisors, their phone numbers and email addresses remain on the Adoption Information Center of Illinois (AICI) website (in the General Adoption Information/Adoption Agencies section) so that prospective families can contact regional DCFS staff directly. Families during the past year have been encouraged to register with AICI as a family after they become licensed. According to Procedures 309.40, the family and worker shall complete the CFS 448 Adoption Listing Service Family Registration Agreement, to document that this listing opportunity has been offered. Families are instructed to mail the ALS-2, AICI registration form to AICI, who then matches the registered family with a child. Matching information is sent to the family and to the child's caseworker. The child's caseworker reviews the potential matches provided by AICI, and the caseworker contacts the licensing staff for the family to get additional information. AICI has two Recruitment Coordinators that can assist the worker in selecting the best match. The child's caseworker then schedules a visit to the prospective adoptive home if it appears to be a good match. The child's caseworker must provide disclosure information and facts about the child's needs to the prospective family prior to any pre-placement visits.

DCFS continues to provide support to the existing foster homes in order to help prepare the family and to provide the family who is converting from a foster to adoptive home with the information, services, tools and supports they will need to be able to meet the child's life-long needs. These services are inclusive of services to the TRIAD, meaning the child, the birth family and the foster family.

## **Cross-Jurisdictional Resources**

### AdoptUsKids

242 Illinois children are registered on the AdoptUsKids (AUK) website. Since FY'09, per the consent of the DCFS Guardian, in addition to registering children with terminated parental rights, AICI also registers children whose parental rights are in the process of termination (legal risk children). Forty-six of these registrations are active, and the remaining registrations are on hold pending adoption finalization or transfer of guardianship.

The AICI receives cross-jurisdictional inquiries (from other states) via logging onto the AdoptUsKids database and via e-mails and phone calls. The Recruitment Coordinators are responsible for responding to cross-jurisdictional inquiries. This entails following up with the family/family worker to obtain additional information and to provide information about the child to ensure an appropriate match. This also entails notifying the child's worker and coordinating the exchange of information. The Recruitment Coordinator continues to follow up until a decision is made regarding placement of the child. The Recruitment Coordinator also utilizes the AdoptUsKids database to identify potential cross-jurisdictional placements for harder-to-place children (i.e. children stepping down from residential care, medically complex children, etc.) and/or children that have had limited inquiries from Illinois. Once a potential placement is identified, the Recruitment Coordinator contacts the family/family worker to notify them of a suggested match. If the family is interested, the coordinator obtains additional information and provides information about the child to ensure an appropriate match. Once this is established, the worker is contacted and the Recruitment Coordinator facilitates the process. The Coordinator remains involved until a placement is made or a decision is made not to proceed with placement. The AICI works collaboratively with the DCFS Interstate Compact Office as needed. Eight cross-jurisdictional placements (i.e. 1 sib group and 1 individual child) were made in the past year as a result of the efforts of the Recruitment Coordinator.

### AdoptUsKids National Recruitment Campaign

The Adoption Information Center of Illinois (AICI) has served as the Illinois Recruitment Response Team for this campaign since July 2004 and continues to do so. From February 2012 through January 2013, AICI, under contract with DCFS, has responded to 849 inquiries as a result of this campaign. Fifty out of 849 families who inquired were referred to agencies to be licensed for foster care or adoption. Seven of the 849 inquirers were Spanish-speaking. Since the beginning of the campaign, 55 referred families have completed the licensing process.

### Heart Gallery

AICI partnered with DCFS, the Office of Illinois Lieutenant Governor, (now Governor Pat Quinn) and volunteers to launch Illinois' first Heart Gallery in November, 2005. As of February, 2013, this recruitment effort featured photographs of 107 waiting children. As a result, 26 adoptions/transfers of guardianship have been completed; 9 were placed for adoption or guardianship; 6 are having pre-placement visits or an adoptive resource is being explored; an adoptive resource is not being sought at this time for 54 of the children; and 12 children are still active and awaiting an adoptive resource. The Heart Gallery was displayed at Apostolic Christian Church of Bloomington-Normal, Kankakee First Church of the Nazarene, The Chapel (Libertyville Campus), The Chapel (Grayslake Campus),

First Baptist Church (Carthage), Willow Creek Community Church (South Barrington), Oak Brook Hills Marriott Resort, as part of the National Foster Parent Association Annual Education Conference, and in the lobby of AICI's offices. Approximately 239 people expressed an interest in adoption as a result of Heart Gallery displays from February 2012 through January 2013.

#### Foster Kids Are Our Kids Campaign

In April 2006, AICI partnered with Voices for Illinois Children as the response team for the Foster Kids Are Our Kids social marketing campaign. This campaign aims to improve the image of foster care and involve the community with local agencies to offer support to foster care programs. From February 2012 through January of 2013, AICI has received 25 calls. Web inquiries are handled by another entity. Spanish language campaign materials were introduced in November 2006, and a separate 800 line was established for Spanish language callers. These calls are responded to by a bilingual AICI staff person, and callers are referred to The Latino Consortium for follow-up. Originally the campaign consisted of PSAs on WGN-TV in Chicago, which broadcasts nationwide. Then in November, the campaign expanded to ads on radio, billboards, and transit cards on Chicago buses and subway trains. Of the 25 callers, 19 wanted to become foster parents, 1 wanted to mentor or volunteer, and 2 wanted to adopt.

#### Adoption Listing Services (ALS)

DCFS Procedures 309.40 require that children whose rights have already been terminated and are in foster homes not proceeding towards adoption or in residential placements without an identified step down resource must be listed with AICI, as do those children who have passed legal screening. Children can also be listed when the child's case does not pass legal screening, or the states attorney's office will not pursue TPR, due to the lack of an adoptive resource.

Currently, 250 children and 64 families are registered with AICI. One hundred seventeen of the 250 children are awaiting finalization of adoption or the transfer of guardianship. From February 2012 through January 2013, AICI registered 92 children and 30 families; 5,799 families have inquired about adoption, foster care, or post-adoption/guardianship services; 2,012 families were referred to agencies for adoption or foster care licensing; and 472 licensed families wishing to adopt children featured in the media inquired and were linked with the children's agencies.

AICI hired a second Recruitment Coordinator in October, 2012. The Recruitment Coordinator remains responsible for providing child-specific recruitment, matching, and follow-up services to find adoptive resources for children registered with the ALS. The coordinators develop an individual recruitment plan for each active child by meeting with the worker, meeting with the child, meeting with the child's foster parent, reviewing the child's file, and attending case staffings. The coordinators have suggested 147 child/family matches to workers of ALS-listed children and families after reviewing child/family profile information. There have been 63 reported placements and 54 finalizations from February 2012 through January 2013. Four of the 63 placements, and 17 of the 54 finalizations, have been the direct result of the efforts of the Recruitment Coordinators. The AICI also provides photos and descriptions for media venues that feature waiting children. Various community newspapers and the DCFS newsletter "Illinois Families Now and Forever", which is distributed to all Illinois foster and adoptive parents, continue to feature waiting youth. AICI responds to all inquiries resulting from these venues as well as from the Internet, which is, by far, the greatest source of inquiries.

In addition to the above, the AICI collaborates with the DCFS Statewide Adoption Coordinator and the DCFS Purchase of Service Adoption Liaisons in an outreach effort to identify youth that could benefit from listing services. The AICI provides quarterly informational meetings and has visited

approximately 30 agencies throughout Illinois. As a result, over 500 administrators, caseworkers, licensing staff, GALs and Casa Volunteers throughout Illinois have been trained on listing services and strategies to overcome barriers to permanency. The AICI also works with agencies throughout Illinois regarding cases referred through administrative case reviews, as well as children identified per a DCFS report who have a goal of adoption or substitute care pending termination of parental rights, but not in an adoptive home. The focus of this work is to ensure that children who should be listed are listed so that AICI can assist in finding permanent resources.

### **Additional Recruiting Resources from the Dave Thomas Foundation**

DCFS receives grant funding from the Dave Thomas Foundation through Wendy's Wonderful Kids (WWK). The funding has been utilized to hire a WWK Adoption Recruiter for DCFS in Cook County who began employment July 1, 2009. There is also another WWK POS recruiter attached to a private agency. The DCFS recruiter works in conjunction with AICI and DCFS. She accepts child referrals from AICI as well as DCFS and POS caseworkers in Cook County. This recruiter assists in coordinating efforts by AICI and DCFS to match waiting children with licensed DCFS or POS waiting families. This entails reviewing home studies, establishing a relationship with the child, completing an assessment, contributing to a recruitment plan, completing diligent searches of potential adoptive families, recommending potential matches to the caseworker, participating in home visits to the adoptive home, managing and monitoring pre-placement visits, and providing case note documentation. The recruiter assures that the child is prepared for adoption. During the matching process, the recruiter also assures that the family is adequately prepared to meet the needs of the Wendy's Wonderful Kids child. In this past year the recruiter has matched 8 children. She is currently actively recruiting for 7 minors, and she continues to currently monitor the adoption process in 23 cases.

The WWK Recruiter also fields calls from families interested in adoption and provides information to them about adoption, referring them to DCFS licensing staff so they can become licensed. She also participates in community events in order to recruit new foster parents. There are plans to request additional recruiters for DCFS downstate should the Dave Thomas Foundation have adequate funding for FY2014.

### **Recruitment and Kin Connection Project (RKCP)**

The Illinois Department of Children and Family Services was awarded a five year federally funded demonstration grant by the Department of Health and Human Services – Administration for Children, Youth and Families starting on 9/30/2010 and ending 9/29/2015.

Adoptions Unlimited, Inc. is under contract with the Department to administer this five year diligent recruitment project. Year one of the demonstration grant was devoted to start up and implementation. Years two and three are slated for service provision with expansion of family finding services to Will County.

Since its inception, the project has been guided by a steering committee which provides technical assistance for project implementation as needed. The steering committee meets quarterly at juvenile court, and the membership consists of DCFS management staff, grant project staff, Chief Deputy General Counsel of Juvenile Court, attorneys, court room supervisors, and staff from the public defenders and states attorney's office. The steering committee will expand its membership in the coming year to include key players in Will County.

The Recruitment and Kin Connection Project (RKCP) team currently consists of one Project Director, one Assistant Project Director, 2 Kin Connection Specialists as well as 1 Kin Connection

Specialist in Will County. A position for a Spanish speaking Kin Connection Specialist is pending. The RKCP staff have received extensive training on supporting relationships between children and their families; connecting children to safe/nurturing lifetime relationships; working as a member of a professional team; and communication issues such as information gathering, managing resistance, and collateral contract documentation.

The purpose of the grant is to provide intensive family finding services in Cook and Will Counties for Children ages 6 through 13 entering the child welfare system towards the goal of improving permanency outcomes. This is not a placement grant. Diligent recruitment for purposes of this project is a way to keep children from lingering in the foster care system by connecting them with relatives and/or significant people in their lives as soon as protective custody has been taken.

The project serves children entering foster care after the temporary custody hearing. The RKCP team works with the Public Defender's office at Cook County Juvenile Court in order to build an alliance with birth families. The Kin Connection Specialists meet with the birth family and other family members present in court immediately after temporary custody is awarded to the State. The goal of this meeting is get information about family members and fictive kin with whom the child could be placed during their time in care. The RCKP staff also conducts file mining on the SACWIS system which may lead to identifying more family members.

In summary, the Kin Connection Specialists search for the identified family members and/or fictive kin; arrange and schedule interviews and gather information about potential permanency options. In addition, the Kin Connection Specialists develop genograms and ecomaps with the child/youth as methods of locating relatives or other significant adults with which the child has or had a significant relationship.

All the documents and information gathered on behalf of a child are forwarded to the assigned DCFS Child Welfare Specialist. Before service implementation, The RKCP staff conducted presentations to all DCFS regions for placement and investigative staff and met with private agencies and private agency foster care directors to present this diligent recruitment project and to answer questions.

In this third federal year of the grant, the project is being expanded to Will County. Implementation of this expansion started in March 2013. Originally, the project was slated to expand its services to Champaign County. A review of the data for Champaign County indicated that there would not be sufficient cases to serve. As a result, expansion was implemented in Will County where greater service numbers are expected and where proximity to the Cook County project is an advantage.

The project has a comprehensive evaluation component under the direction of a PhD researcher at Loyola University. In order to evaluate the services provided, the children and families are assigned to either an intervention/treatment or a control group. To date, in Cook County, 109 children have been served in the treatment/intervention group and 110 children served in the control group. In addition, a total of 144 families have been served: 74 in the treatment/intervention group and 70 families in the control group.

The evaluation focuses on five important hypotheses:

1. More relatives will be located to provide the full array of support to youth in the intervention group as compared to the control group;
2. Placements will be more stable in the intervention group as compared to the control group;

3. Permanency will be achieved more quickly for youth in the intervention as compared to the control group;
4. The youths' social and emotional well-being will be greater in the intervention group as compared to the control group;
5. And the Youths' strengths will be identified and promoted more effectively in the intervention group as compared to the control group.

After one year of service, the following findings have been documented:

- In the intervention group, an average of 18.2 kin/ fictive kin were identified compared to 12.3 kin/ fictive kin identified in the control group;
- Data was identified as to the total number of kin/fictive kin who were "involved" as opposed to "identified". In the intervention group, 30% of the kin/fictive kin were designated as "involved" as opposed to 37% of the kin/fictive kin designated at involved in the control group. These differences are not statistically significant;
- For the intervention group, positive attachment figures were identified almost three times the rate as compared to the DCFS Child Welfare Specialists. This rate is statistically significant;
- Overall, the Kin Connection Specialists are identifying significantly more kin/fictive kin than the DCFS Child Welfare Specialists and more kin who are identified as having a positive attachment to the child;
- Overall, not only are the Kin Connection Specialists identifying more kin/fictive kin, but they also seem to have a greater knowledge of who among the kin are playing specific roles in the family;
- And overall, kin/fictive kin involvement in children's lives may play a significant role in avoiding negative early child welfare outcomes, such as the possibility of spending time in a shelter or the separation of siblings.

During this year, the evaluator and the RKCP staff have also begun work to develop a comprehensive website which will be an important tool to disseminate information to the public, provide training information to other Illinois counties and serve as a process for the tracking and reporting of the timely service delivery by the Kin Connection Specialists.

### **Tracking and Reporting Foster Home Inquiries and Applications**

The state data management system continues to track completed foster parent applications. The system reports new applications posted and new foster home licenses issued as well as licenses placed on hold, closed, renewed, in inactive status, and utilized. These data can be sorted at the State, Region, LAN, community level, and POS agency or DCFS field office level. This Adoption and Foster Care Analysis and Reporting System (AFCARS) data is one resource the State continues to use to track its progress in diligent recruitment.

### **Interstate Compact on the Placement of Children (ICPC)**

The ICPC continues to serve as a gatekeeper and clearing center for Illinois children who need to be placed outside of Illinois, as well as for children from other states who need to be placed in Illinois. Reciprocal agreements among the states and a national organization helps states to coordinate this work and assist one another with case management and other needed services.

There are two primary categories of foster children served through ICPC: 1) DCFS wards in Illinois who are going to other states, and 2) wards of other states that are being sent to foster homes in Illinois. The federal "Safe and Timely Interstate Placement of Foster Children Act"

provides timeframes for states to conduct home studies and provide for other inter-jurisdictional placement needs. The ICPC continues dealing with 1) and 2) as described below.

1) Expedited Transmittal of Requests and Home Studies

In order to expedite the placement of children across state lines, the Illinois Interstate Compact Office continues to send all relative, adoptive and foster home licensing requests and home studies to other states and to local Illinois DCFS offices and to private agency licensing offices via overnight mail. In addition, when appropriate the ICPC offices use fax and newly acquired capacity to scan and transmit some documents electronically.

2) Private Agency Home Study Contracts

In an effort to expedite completion of home studies in compliance with the "Safe and Timely Interstate Placement of Children" Act, the ICPC office continues to purchase home studies from IL private home study agencies. The annual renewal of those contracts takes into account the success of those agencies to comply with the mandates of the Safe and Timely Act.

**Ancillary Permanency Programs**

Family Reunification Support Special Service Fee

In 2007, DCFS implemented the Family Reunification Support Special Service Fee (FRSSF) program to support parent and child visits. By paying foster parents for facilitating parent/child visits, the FRSSF encourages child visitation by the parent in the foster parent's home, or in certain cases, in other settings that mimic normative parental-child activities. Foster parents agree to work actively with the parent to support and encourage them in their visits with their child and to engage in typical parenting activities such as helping with homework, reading or doing chores. The visits typically begin outside of the home and move to in-home visits once the foster and biological parents are comfortable with the arrangement.

Caseworker turnover, foster parents' lack of knowledge about the program, and perceived bureaucratic obstacles continue to challenge the program and the key goal remains for the program administrator, in consultation with the Statewide Foster Care Advisory Council, to conduct a series of webinars to help train and re-train caseworkers on the process. There have been preliminary meetings to discuss updating procedures, documentation, and training tools to support the curriculum.

There have been on-going successful efforts to help support changes in both practice and thinking on family connections, including:

1. The Department continues to include the Family Reunification Support Special Service Fee (FRSSF) in the core curriculum that all caseworkers must experience before they can begin working independently as a caseworker.
2. The Department continues to include the Family Reunification Support Special Service Fee (FRSSF) in the foster parent training curriculum.
3. The Program Manger helped designed the curriculum for a Learning Collaborative on Family Connectivity and the importance of child-parent visitation. The sessions began in late 2011 and were mandatory for all caseworkers and other support staff.
4. The Program Manger met with the Licensing Unit manager to ensure that staff were aware of program requirements and the supports it can offer foster parents.

### Visiting Task Force

DCFS continues to be an active member of the Cook County Juvenile Court Family Visiting Task Force, whose charge is to develop and implement practices throughout the Juvenile Court system that support safe and healthy visits between parent(s) and children. DCFS and the Committee recognize that these visits reduce the children's trauma regarding the separation; provide parents the opportunity to maintain vital and nurturing connections with their children; and allow DCFS, private agency case managers and court personnel the opportunity to observe the progress and/or obstacles to a child's successful return home. Other members of the committee include representatives from the offices of the Guardian Ad Litem, Public Defender, States Attorney, the Chief Judge, DCFS Office of Legal Services, and private agencies.

The Task Force remains an important vehicle for identifying and creating solutions for areas of concern between the court and child welfare systems.

### **Coordinating Recruitment and Retention Work within DCFS**

As reported elsewhere in this Plan, the Illinois DCFS is organized under various units, with various administrative entities contained within those units. These units as well as others have roles in diligent recruitment and retention, and they have continued working together throughout this past year to effectively implement the Plan.

The realignment of responsibilities of units performing adoption preparation/facilitation and post adoption services and supports ensures that adoptive parents do not get dropped or fall through the cracks as they progress through adoption to serving as adoptive parents.

Recruitment and retention efforts include updating pre-service training for child welfare professionals to include the role of foster and adoptive caregivers. Another tactical plan aimed at supporting the recruitment and retention of caregivers includes incorporating in-service foster parent PRIDE training elements in pre-service training for child welfare professionals.

The Office of Training and Professional Development has also been offering pre-service training for university students who are considering careers in child welfare. Pre-service training is offered to graduate-level social work students attending the University of Illinois at Chicago. A

### **Services to Children in Adoptive Placements**

Children in adoptive placements continue to be provided with supportive services and any needed evaluations or assessments prior to adoption, so that a clear picture of current and pre-existing conditions and needs as well as future needs are identified and documented in the adoption subsidy. Adoption services provided to the child include termination of parental rights; individualized child preparation to address the child's unique medical, behavioral, developmental, psychological/adjustment, and educational needs; and provision of services related to these needs via direct services or linkages to other service providers. For those children who are in need of an adoptive resource, services include adoptive home finding, matching, pre-placements, post-placement support services, subsidy assistance and other post adoption services.

### **Services to Adoptive Parents**

The adoptive parents continue to be provided in writing with the CFS 470-H Affidavit of Information Disclosure for Adoption, as well as the corresponding reports containing non-identifying information about the child's birth parents that may include age, race, religion, physical description, other birth children, relationship between the birth parents, and medical and mental health history. Information about the child is provided to the family including the child's name,

birth date, place of birth, race, sex, physical description, developmental history, education, information regarding the child's behavior and personality, their placement history and legal status. This disclosure information is also to be shared with the child's Guardian ad Litem, as well as the adoption attorney, who reviews the subsidy prior to the family signing it.

### **Adoption Subsidies**

An adoption subsidy remains part of the adoption contract between Illinois DCFS and the adoptive parents after they adopt. It is prepared to include the non-recurring expenses such as legal fees with a maximum of \$1,500, medical card, and ongoing adoption subsidy payments and services in place at the time of adoption and allowable after adoption per policy 302.310.

### **Adoption Certification Training, "From Foster Care to Adoption"**

This training consists of nine hours and it continues to be delivered as a mandatory step for families in the process of adopting. It is offered in all of the DCFS regions. Training consists of helping families make the transition from foster care to adoption. It addresses the clinical, legal and financial preparation and planning for a life-long commitment. Additional training is provided to adoptive and foster families via the DCFS website and Virtual Training Center, which can be accessed anytime by foster and adoptive parents. Information is also provided to families regarding adoptive and foster parent support groups.

### **Post Adoption Services and Supports**

In order to support the adoptive family after adoption when a caseworker is no longer involved, adoptive parents continue to be given written information regarding post adoption services and contacts. Informational packets are given to the adoptive parents containing information about Adoption Assistance; the adoption subsidy; the DCFS Post Adoption unit phone numbers and contacts; Adoption Preservation Services; community services; how to find a medical, dental and vision provider who accepts Medicaid; Closed File Information; Search and Reunion Services; Confidential Intermediary; Illinois Adoption Registry; "Making the Adoption/Guardianship Decision" handbook; and "Post Adoption & Guardianship Services" literature. These informational documents are given to the family to explain the process and services and how to contact staff after adoption. The focus is on providing the adoptive family and the child with a continuum of accessible services in order to maintain the placement and assist the family and child in this life-long commitment.

### **Adoption Preservation Services Available for Adoptive Families**

Families created through adoption or guardianship may experience problems that require intensive services to help families gain stability and to reduce the risk of disruption. The Adoption and Guardianship Preservation Program recognizes that families built through adoption or guardianship may have characteristics significantly different from those created through birth. This can result in unique challenges for families. The Adoption and Guardianship Preservation Program continues helping families who often feel they are at the end of their rope, by offering family-centered support and services. Testimonials from, as well as research with families who have used preservation services reveal that these services worked, while other traditional, less intensive services they had tried, did not. DCFS contracts with agencies statewide to provide Adoption and Guardianship Preservation Services.

The goals of all preservation programs are to continue to help parents:

- Feel better about their ability to parent
- Understand adoption and guardianship and its impact on children
- Connect current behavior to past history

- Understand the child's past losses
- Gain skills to help their child

Each adoption preservation agency can provide services to help meet the following needs:

- Comprehensive assessment/crisis intervention - Preservation staff must respond by phone within 24 hours and make an in-home visit within three days. A therapist will help a family identify their own strengths, complete an assessment and develop a family treatment plan within 30 days of referral to the program.
- Clinical services - The therapist will provide the clinical services in the family treatment plan.
- Support groups - Support groups are offered for both parents and youth at times and locations that meet the family's needs.
- Case management/advocacy services - The preservation agency will manage the case and the services as outlined in the family treatment plan.
- Children's mental health advocacy services - If a child has significant mental health needs, the program will provide or facilitate the services.
- Cash assistance - When a family participating in the program experiences economic hardships or requires specialized services that cannot be obtained through other resources, a cash assistance payment (limited to \$500 per family per fiscal year) may be provided.

The key to preservation services is that they serve the whole family to keep the family together. Preservation specialists work with all members of the family, not just the child with problems, to identify ways they can work as a unit. The adoption and guardianship preservation service agencies understand the rhythms of the special families they serve, and they are able to respond to crisis situations. Preservation services are provided to adoptive and guardianship families by nine private child welfare agencies that serve a specific geographic area. Families that find they need intensive intervention to keep their family together can call the appropriate agency from a list of agencies provided to them in the "Post Adoption and Guardianship Services" booklet. This booklet is also accessible on the DCFS website. In FY10, the statewide Adoption Preservation programs served 1,249 families and 2,315 children.

### **A New Support for the Return-Home Permanency Option for Children**

After the previous plan was developed in 2004, DCFS embarked on a unique campaign to engage birth parents in ways that are more thorough and effective. One primary objective of this campaign is to empower parents such that they are willing and able to help DCFS learn how to do the work in ways that are more effective for parents, and to assist parents to become better equipped to more quickly complete their service plans and safely regain custody of their children. This work continues to expand to include more parents in more geographic areas.

#### Services to Birth Parents - Statewide Partnering With Parents Councils

Reunification with birth parents whenever possible remains the preferred permanency option for most children who come into the custody of DCFS. In an additional effort to empower and engage birth parents and thus effect better and more timely reunification, DCFS has continued expanding and supporting a statewide network of birth parent councils, under the "Partnering with Parents" (PWP) initiative. Through this initiative, parents participate in informational presentations about DCFS programs, policies and resources within their community and engage in support activities among themselves. They are also given opportunities to tell DCFS how to make the system better for parents.

The PWP initiative is for all parents who have been, or who are currently being served by the Illinois child welfare system. The PWP Advisory Councils have a group in Cook County and group's downstate (everything outside of Cook County). PWP advisory councils are meeting in Rockford, Waukegan, Danville, Peoria, Springfield, East St. Louis, Mt. Vernon and Cairo.

The PWP councils continue advising the Department on issues affecting families we serve. Parents over the past year have participated in discussions about agency policies, procedures, programs and practices for families who are served by the child welfare system. One goal of the PWP councils is to provide families with a voice in the policies, programs and services provided to them. The PWP councils are one way parents can assist DCFS to see, hear and understand the needs of families as they journey toward reunification or work to stay together.

#### Family Advocacy Centers

Additional information regarding AODA services is located in the following sections of the APSR: Permanency: [Approaches and Challenges](#).

## **H. Statewide Information System** **Accomplishments and Plans in Enhancing the Department's Statewide Information System Capacity**

### **Approaches for Using Data for Planning and Management Purposes**

The Illinois Department of Children and Family Services (IDCFS) uses various data systems to enhance child protection and child welfare practice and improve service delivery to families. The Department relies heavily on data to plan for future initiatives and to support management decisions in all areas of the agency.

IDCFS systems capture a wealth of child welfare data that is used to determine outcomes for individual families served by the Department, as well as to validate program effectiveness, enhance program development and project implementation. The Department is making steps to further automate practice in Illinois to create more efficiencies and to streamline work in order to provide the best support to families. Key Performance Indicators dashboards are being developed as part of an agency-wide quality assurance process. In addition, a new VOIP (voice over IP) telephone system has been installed at the 24x7 State Central Registry (SCR), the IDCFS call center for accepting abuse/neglect calls; this new system records all calls made in to and out of the SCR, tracks the number of calls received, and provides the SCR management with a valuable staffing resource tool. As part of this effort the Department has taken steps to automate as many current manual forms and processes as possible. The Department is planning to automate referral processes for services provided to families. Staff with review responsibilities such as Administrative Case Review, Child Death Review Team reviewers, Agency Performance and Quality Assurance Peer Reviewers are able to review ICWS cases to perform their quality review responsibilities. The security model for ICWS has been enhanced to allow more users access to the system on an as needed basis without compromising the security of case records.

Plans and administration goals are being refined and plans are currently being made to align the agency structure to better support the core work of building safety, permanency and wellbeing for the children and families we serve. Technology goals for the coming year include integrating more levels of data and making the data available on a single platform whenever possible. A strategic plan to standardize the data platform has been made and execution of that plan is in process. One of the first projects is a re-write of the IDFS licensing system; on-line applications and data-related, as opposed to forms-based, automation will be the key points of the new application.

### **Quality Assurance Results Using Information Systems Reporting Capacity**

The Department employs various quality assurance and continuous quality improvement processes to ensure the integrity and validity of data that is captured and reported. As examples, DCFS has used statewide computerized data collection and reporting systems for more than 25 years; ICWS records front-end data related to child protection including the tracking of all abuse and/or neglect reports made to the state's hotline and information from ensuing investigations.

Data related to children and families receiving ongoing services is tracked through the state's Child and Youth Centered Information System (CYCIS). For placement purposes, CYCIS stores complete placement history, legal status history, permanency goal history, case worker history, and administrative case review results for children whose cases are directly managed by DCFS, as well as those managed by private agencies in Illinois.

The Management Accounting and Reporting System (MARS) allows the state to obtain and report even more specific child placement data, including licensing data.

To ensure accuracy, the information entered into these data systems goes through a series of checks by data specialists from throughout the Department. Data that is submitted to the Federal government as part of the state's NCANDS and AFCARS submissions is assessed for accuracy by QA and Office of Information Technology Services (OITS) staff.

The Division of Quality Assurance provides data and technical assistance within the Department, as well as to outside entities. The Division also uses data from other entities, such as the Illinois Department of Corrections, to assist in monitoring some of our most difficult populations: incarcerated wards and wards with parent(s) who are incarcerated.

Data provided by Department systems includes a series of electronic and paper tickler reports that act as reminders for upcoming court dates, administrative case reviews and necessary data cleanup. Depending on the report objective, such data may be produced daily, weekly, monthly or at some other regular interval. Additionally, reports that focus on performance and outcomes are produced and distributed on a regular basis. Areas tracked include case assignments, permanencies, overall agency performance, and federally monitored programs and functions.

### **Major Application Development/Enhancement Initiatives Completed During Last Year, Ongoing, and/or Planned for Next Year**

The following initiatives are those that primarily impact caseworkers' ability to affect safety, permanency and well-being for the children and families served by DCFS. Infrastructure support initiatives, such as field server and switches replacement, are transparent to direct service staff and are not included here. The following summarizes the ICWS (formerly known as SACWIS) releases implemented during the last year and planned through FFY2014. Only changes to key functionality are identified here.

#### **ICWS Release 4.4, Implemented July 2012**

- NYTD (National Youth in Transition Database) Administrative Screen;
- Automate Title IVB Caseworker Contact Compliance Report;
- E-health Passport Enhancements;
- Nursing Referral Functionality.

#### **ICWS Release 5.0-Enhanced Practice Model, Implemented April 2013**

The IDCFS is enhancing its model of safety assessment as the "Life of Case" model that will address safety from all angles of the assessment and service planning process beginning with the

safety assessment conducted by child protection and concluding with safety determination at reunification and finally, case closure. The enhanced safety model also incorporates the tenets of child welfare practice around the concepts of family centered practice; including father involvement, child trauma, strengths based service intervention, and overall child focused practice around wellbeing through health, mental health, education and family connectedness. Release 5.0 includes enhancements in the following areas:

- Safety Assessment;
- Risk Assessment;
- Needs and Strengths Assessment;
- Integrated Assessment;
- Service Plan;
- Spanish Service Plan functionality.
- Missing Childrens Unit (CLSU)
- Placement Clearance Desk/ LEADS (PCD/LEADS)
- Enhanced processing of SCR central print letters

### **Planning beyond ICWS Release 5.0**

In the next year, the IDCFS Office of Information Technology will be working with upper level management to begin plans to rewrite legacy systems and replace legacy functions in ICWS. This will serve to further automate Illinois child welfare practice while ensuring Department technology is progressing to meet the needs of the field. As legacy systems become more obsolete, the Department will need to identify data that can be better tracked elsewhere. This process will be done in conjunction with the incoming Director's plans to streamline work around compliance tracking and recording that is currently required of casework staff. Many divisions in the Department will be impacted by this shift to move from the legacy platform to primarily capturing and reporting data from ICWS. This project will be a multi-year endeavor.

Upcoming Releases for the next year will be limited in scope due to the strategic plan for information services. As mentioned earlier, the various applications are being re-written into a common database platform in order to increase interoperability and, more importantly, report writing using the common elements of the various applications. As key senior business analyst staff and development engineers will be involved in the business requirements gathering and system design phases of this major rewrite, the updates and revisions to the primary applications will be defined by smaller releases.

### **Convert Unusual Incident Reports (UIR), Residential Treatment Outcomes System (RTOS), and Facility Observation Reports (FOR) Applications to .net. Planned Implementation TBA**

Due to key development staffing issues, this project was planned for July, 2012 but is now delayed. As part of the desire to set common platforms, the UIR application will be incorporated into the primary ICWS application. This project will convert the current Open Source versions of UIR, RTOS, and FOR to .net. The significant benefit to this enhancement is that it will bring child welfare professionals, both in state and private sector on the same incident reporting system. The RTOS and FOR are companion applications to the UIR system and these components have been placed on hold and will be reviewed by the incoming administration; however, the UIR functionality will be implemented separately according to the current release date. Additionally some enhancements will be incorporated:

- support notifications, final dispositions, and reporting will be expanded;
- standard technology used by OITS will reduce overhead in maintenance in the current suite of applications;

- search features will be improved;
- UIR will be expanded to include the remaining UIR Involvement Codes and associated disposition and distribution protocol;
- UIR will be expanded for use by all care providers with all foster care populations.

## **Other (non-ICWS) Application Enhancements**

### **Automation of the 1042, Planned Implementation August 2013**

This project was originally intended to be released prior to July 2013, however, revised business requirements to address the change from grants-based third party vendors to a fee-for-service funding approach has delayed the design. The IDCFS receives thousands of 1042 Documents (Vendor Invoices) from vendors throughout the state each month. The documents represent services provided to IDCFS clients by the vendors. Once reviewed, these documents are manually entered into the MARS voucher screens for payment. This produces a manual process, creating a burden on staff to review for errors. These errors, made by both the Vendor and Reviewer are a common occurrence. Once errors are found by staff at IDCFS or by the Vendor at their location, the process to correct the data and re-submit the document adds to an already lengthy turn-around. Whether the errors are found by the DCFS or the Vendor, the staff must contact the user to get the correct information, and re-enter it on the form. Once the correct information is on the form and verified, it must then be entered into the DCFS system. This requires a significant effort in both manpower and time on DCFS staff. Caseworkers manually provide Vendor information about their Clients into the system, this leads to a volume of unavoidable data-entry errors and mistakes. This project will provide an efficient solution for this manual process.

### **Family Advocacy Centers (FAC), Planned Implementation July 2013**

The FAC application is the first of several applications to be built using a common “tracking” system model. This application is loosely based on the System of Care (SOC) application implemented two years ago. It uses a common dot.net platform and screen design. The FAC agencies serve both IDCFS clients, on a referral basis, and community walk-in clients in an effort to stabilize family groups and either prevent or shorten a family’s formal involvement with the IDCFS child welfare system. This is one of the third party vendors being converted from grants to fee-for-service as mentioned above.

## **Chapter XI**

### **Disaster Plan**

#### **Purpose of the Plan**

The Disaster Preparedness Plan of the Illinois Department of Children and Family Services has been developed in order to establish procedures for handling and responding to disaster situations that may impact child welfare. This plan supplements the Department's staff safety procedures as contained in Department Administrative Procedures 16, Staff Safety. This plan specifies the procedures to be employed if an event:

- disrupts the ability of the Department to provide essential child protection and child welfare services;
- and/or results in a disaster within Illinois that causes the activation of the State of Illinois Emergency Operations Plan and the Department receives a request to provide mass care services as a result.

The Department reviewed the Disaster Plan during the last year and it continues to meet the ongoing needs of the Department. The plan was updated to reflect changes in emergency contact persons and their information.

#### **Disaster Plan Utilized in 2013**

Due to the potential flooding of the downtown Beardstown area, the local field office was evacuated in April 2013, according to the disaster plan procedures. No flooding occurred and the office was reinstated after the water levels dropped. This was the only incident requiring the use of the established disaster plan during this reporting period.

## **Chapter XII**

### **Financial Information**

#### **Financial Information Reporting, Maintenance of Efforts and Non-Supplantation Specific Percentages of Title IV-B, Subpart 2 Funds to Be Expended on Its Program Components**

The Illinois Department of Children and Family Services proposes the following percentages of Title IV-B, Subpart 2 funds to be claimed on the actual delivery of the four categories of services comprising the Promoting Safe and Stable Families Program (PSSF) in FFY 2014:

- Family Preservation Services 32%
- Family Support Services 20%
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 28%

This contrasts to the final claiming percentages for FFY11, which were:

- Family Preservation Services 30%
- Family Support Services 24%
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 26%

In all of these categories, more services will be offered than what is proposed to be claimed. However, these percentages will be claimed in order to assure that the state does not supplant any federal funding. In fact, in each of the four categories above, the state of Illinois has been spending more dollars than are reimbursed through Title IV-B, Subpart 2, and above the non-supplantation level. A review of the CFS101, Part II being submitted in support of this application will show that the estimated spending on services eligible for Title IV-B, Subpart 2 funding is in excess of the available grant for all four categories. Furthermore, the Department will be funding all administrative and planning activities out of state funds for Title IV-B, Subpart 2 during both FFY 2012 and FFY 2013 rather than using federal funds.

#### **Maintenance of Effort and Non-Supplantation**

During Federal Fiscal Year 2012 the Department conformed to the Maintenance of Effort Requirements, as set forth in 45 CFR 1357.32 (f) and Sec. 432 a (7) A and 432 C (7)(A) of the Compilation of Title IV-B, IV E and Related Sections of the Social Security Act. For FFY 2013 and 2014, the Department assures that it will conform to these Maintenance of Effort Requirements as set forth in 45 CFR 1357.32 (f) and Sec. 432 a (7) A and 432 C (7)(A) of the Compilation of Title IV-B, IV E and Related Sections of the Social Security Act. Further, the Department assures that federal funds provided to the State of Illinois under Title IV-B, Subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities. During the course of the FFY 2010-2014 Child and Family Services Plan period, on an annual basis, the Department will ensure that a significant portion of each mandatory service category continues to be provided to at-risk families throughout the State of Illinois.

#### **Non-Supplantation**

Based on the State's 1992 base year for the non-supplementation level of expenditures set by HHS, data is available and is included in the chapter for documenting the non-supplantation and maintenance of efforts requirements of the Department. The Department's Office of Planning and Budget found this data through a search of data bases when these non-supplantation requirements

were first put in place in the 1990's and has maintained a record of this base. Once the base has been determined it does not change.

In a previous year, DHHS's Administration for Children and Families decided to collect 1979 base year data. The maximum levels of 1979 expenditures have been determined by a combination of available data and logic. In the early 1980's, the Governor's Bureau of the Budget (now titled the Governor's Office of Management and Budget) supported the Department efforts to claim and obtain more Title IV-E and IV-B revenue but required it to transfer to the General Revenue Fund, each year, the first \$13 million received in receipts from DHHS. This equated to the Title IV-E and IV-B receipts for all purposes in the year prior to the enactment of the legislation creating the Children's Services Fund. It was on that basis that the Governor's Office set that level. Therefore, it can be demonstrated that the combined Title IV-E and IV-B receipts for FY 1979 were, at most, \$13 million. This sets a maximum possible base.

It should also be pointed out that the Department does not claim any Foster Care Maintenance or Adoption Assistance subsidies under Title IV-B Subparts I or II; these are part of the Title IV-E claim. The Department reimburses day care (child care) costs from state funds for foster parents for the hours when all the adult caretakers are working and never claims any day care costs under Titles IV-B or E. The Illinois Department of Human Services funds employment related child care services through state funds and the federal Title XX Block Grant. No Title IV-B funds are used for day care or child care by any Illinois State agency.

### **Non-Supplantation Baseline**

The original two services for which Title IV-B, Subpart 2 funds were authorized for use were Family Support and Family Preservation. Several years later, Time-Limited Family Reunification and Adoption Promotion and Support Services were added.

### **Family Support**

The SFY92 baseline level was initially calculated in the "SFY94 Plan to Plan," approved in the "Illinois Five Year Plan for the Family Preservation and Family Support Initiative," and continued in subsequent annual plans and reports under "Promoting Safe and Stable Families" provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support. Grant Expenditure Reports and other Quality Assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from Expenditure Reports or from Audited Financial Statements when aggregate annual contracts reach or exceed the \$300,000 federal threshold. The baseline amount for Title IV-B, Subpart 2 is \$740,200 for Family Support. DCFS claimed \$4,732,655 in FFY 2011 on Family Support services of which \$3,549,491 was federal dollars and the remaining funds were state dollar match. In FY12 the total amount spent was \$12,002,755.

### **Family Preservation**

The SFY92 baseline level was initially calculated in the "SFY94 Plan to Plan," approved in the Illinois Five Year Plan for the Family Preservation and Family Support Initiative," and continued in subsequent annual plans and reports under "Promoting Safe and Stable Families" provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and

federal funds awarded for Family Preservation. Grant Expenditure Reports and other Quality Assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/ community-based service providers will be tracked from Expenditure Reports or from Audited Financial Statements when aggregate annual contracts reach or exceed the \$300,000 federal threshold. The baseline amount for Title IV B, Subpart 2 is \$13,019,600 for Family Preservation. DCFS spent \$24,150,504 on Family Preservation services in FFY 2011 and claimed \$5,915,819, of which \$4,436,864 was federal dollars and the remainder was state match. In FFY 2012 DCFS spent \$24,083,573 on these services.

### **Time-Limited Family Reunification**

The SFY92 baseline for Time-Limited Family Reunification was established by retrofitting the definition and provisions of Title IV-B, Subpart 2 with comparable and equivalent target population, expenditures and services. During SFY92, the Department's total estimated expenditure and service level for all family reunification work was \$4.2 million for approximately 354 families. The baseline for time limited family reunification is much smaller, because only a small portion of these funds were spent for time-limited family reunification.

Additional analysis revealed that the length of time children remained in substitute care was 30 months downstate and 60 months in Cook County. Along with other conceptual and programmatic factors, the SFY92 baseline was calculated to be approximately 20 percent of the total based on the length of placement before the reunification. Consequently, the SFY92 Time- Limited Family Reunification baseline is \$834,500 in expenditures for approximately 71 families. \$3,943,879 was claimed for these services in FFY 2011 of which \$2,957,909 was federal dollars while the rest was state match. In FFY 2012 the full amount DCFS spent was \$10,452,909.

The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Time-Limited Family Reunification. Grant Expenditure Reports and other Quality Assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from Expenditure Reports or from Audited Financial Statements when aggregate annual contracts reach or exceed the \$300,000 federal threshold.

### **Adoption Promotion Support Services**

The level of services and expenditures will continue to exceed the quantity established by the SFY92 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Adoption Promotion and Support Services. Grant Expenditure Reports and other Quality Assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from Expenditure Reports or from Audited Financial Statements when aggregate annual contracts reach or exceed the \$300,000 federal threshold.

The Department's Adoption Promotion and Support Services baseline is difficult to calculate because so few such services were offered or purchased in SFY92 and earlier. Furthermore, mainframe computer tapes containing these records were offline for over a decade and no longer exist. The oldest data available at the time that HHS first established a baseline for these services was for SFY96. It is known that the program grew more than 50% from SFY92 to SFY96 through references to the earlier expenditure levels. Therefore, the Adoption Promotion and Support

Services baseline is well below the FY 96 figures. In SFY96, \$1,279,858 was spent on Adoption Preservation services and not more than \$1,360,572 was spent on post-adoption support costs. Therefore, the SFY96 baseline would be no more than \$2,640,430; the SFY92 baseline would be lower by approximately one-third (1/3) of this amount. The SFY92 Adoption Promotion and Support Services baseline is therefore definitely under \$1.8 million. \$5,127,042 was claimed for these services in FFY 2011 of which \$3,845,282 was federal dollars while the rest was state match. In FFY 2012 the full amount DCFS spent on this service was \$7,258,212.

**Summary of Non-Supplemental Amounts in SFY 1992 Base Year**

Family Support -----	\$ 740,200
Family Preservation -----	\$3,019,600
Time Limited Family Reunification -----	\$ 834,500
Adoption Promotion and Support Services ----	Less than \$1,800,000

**Other Fiscal Information**

- Federal Funds Expended in FFY 2010 under Title IV-B, Subpart 1: \$11,231,710.00
- Federal Funds Expended on Administrative Costs in FFY 2010 for Title IV-B, Subpart 1 -- no administrative support charges are made to the program however, caseworker cost, both Public and Private, are charged to the program based on the amount of time actually spent providing case management services to DCFS wards and families that is not charged to any other federal program.
- Federal Funds Expended in FFY 2010 for Monthly caseworker Visits under Title IV-B, Subpart 2: \$ 903,845.00

Federal Funds Expended in Each of the Four Categories of Services in FY 2011 for Promoting Safe and Stable Families (PSSF) Programs, and for planning and administration:

**FFY11**

Family Preservation:	\$4,436,864
Family Support:	\$3,549,491
Time-Limited Family Reunification:	\$2,957,909
Adoption Promotion Support Services:	\$3,845,282
Total for other service related activities, including planning:	\$ 0
Total administration (not to exceed 10%):	\$ 0

In FFY 2011, \$53.8 million was expended on services which are Title IV-B, Part 2 eligible, of which only a portion is claimed. These program categories are consistent and synonymous with the program categories in the immediately previous section as follows:

- Family Preservation/Intact Family Services;
- Extended Family Services and Family Support through Local Area Network support services individualized per family and the costs of Family Advocacy Centers;
- Family Reunification and Time Limited Family Reunification;
- Adoption Preservation, Adoption Support including post-adoption counseling and therapy, adoption support for at risk families of teens, and older caregiver adoption support

**Estimated and Actual Expenditures for FFY 2011**

Comparing the FY 2011 federal funds estimated expenditures to actual expenditures under Title IV-B, subparts 1 and 2 there were no differences. The full grant awards were expended. However the IV-B funds were spent in somewhat different proportion than originally planned, as reflected on the CFS-101, Part 3 form.

### **FFY 2013 Revised Budget Request (CFS-101, Part 1)**

The signed and revised CFS-101, Part I for FFY 2013 as a PDF document has been submitted to the ACF Region V in Chicago, within the established timeframe and will include requests for additional funds if they become available.

### **FFY 2014 Budget Request (CFS-101, Parts 1 and 2)**

The signed CFS-101 Part I for FFY 2013 as a PDF document will be submitted to the ACF on or before 6/30/13. The CFS-101 Part II for FFY 2014, that does not need signature, will also be submitted to the ACF on or before 6/30/13 as a PDF document.

### **FFY 2012 Title IV-B Expenditure Report (CFS-101, Part 3)**

The signed CFS-101 Part III for FFY 2012 will be submitted to the ACF on or before 6/30/13 as a PDF document.

### **Financial Status Reports (SF-425s)**

The following Financial Status Reports (SF-425s) will be submitted by the specified dates, as instructed in the FFY 2013 Program Instructions, by the appropriate office of the Department's Division of Finance and Budget. As instructed, the original SF-425 for each program will be submitted through the ACF Online Data Collection (OLDC) System.

The Department will comply with the following submission requirements specified in the Program Instructions issued April 10, 2013:

Submission requirements for each program are listed below under the appropriate heading. A negative grant award will recoup unobligated and/or unliquidated funds reported on the final SF-425 for the title IV-B programs, CAPTA, CFCIP and ETV programs.

#### **Title IV-B, subpart 1**

- The State will submit the SF-425 fiscal report for expenditures under title IV-B, subpart 1 at the end of each 12 months (October 1-September 30) of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year (December 29).
- The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire grant period is the final report. The required 25 percent State match will be reported on the interim and final fiscal report.
- Funds under title IV-B, subpart 1 will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e, g., for FFY 2012, funds must be obligated by September 30, 2014 and liquidated by December 29, 2014, while for FFY 2013, funds must be obligated by September 30, 2015 and liquidated by December 29, 2015.)

#### **Title IV-B, subpart 2 – PSSF**

- The state of Illinois will submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 PSSF program at the end of each 12 months (October 1 through September 30) of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire grant period is the final report. The required 25 percent State match will be reported on the interim and final fiscal reports. Funds under title IV-B, subpart 2 (PSSF) will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FY 2014, funds

must be obligated by September 30, 2015, and liquidated by December 29, 2015). The State will submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 PSSF program at the end of each 12 months (October 1-September 30) of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year (December 29).

- Since the discretionary funds under PSSF are to be expended for the same purposes as the mandatory funds, no separate reporting is required to distinguish between the expenditure of the two amounts. The state will report the cumulative amount on the financial status report (SF-425). Funds reported as unobligated on the final financial status report will be recouped from the discretionary amount first.

#### **Title IV-B, subpart 2 – Monthly Caseworker Visit Funds**

- States are required to submit the SF-425 fiscal report for expenditures under the title IVB, subpart 2 Monthly Caseworker Visit program at the end of each 12 months (October 1 through September 30) of the two-year expenditure period. (These reports are to be separate from the SF-425 reports for the PSSF program.) These reports will be completed accurately and on time.
- The State will submit the SF-425 report at the end of each 12 months of the two-year expenditure period. Both reports are due 90 days after the end of each Federal fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire grant period is the final report. Funds for these years must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FY 2013, funds must be obligated by September 30, 2014 and liquidated by December 29, 2015). The required 25 percent State match must be reported on the interim and final fiscal reports.

#### **CAPTA**

- Funds under CAPTA must be expended within five years (e.g., for the FY 2014 award, funds must be expended by the State by September 30, 2018). The State will submit the SF-425 fiscal report for CAPTA at the end of each 12 months (October 1 through September 30) of the five-year expenditure period. The SF-425 fiscal report covering each 12-month budget period is an interim report and the report covering the entire grant period is the final report. Both the interim and the final reports are due 90 days after the end of each 12-month period (December 29). There is no State match requirement for this program.

#### **CFCIP and ETV**

- Funds under CFCIP and ETV must be expended within two years. The State will submit separate SF-425 fiscal reports for the CFCIP and ETV programs. States are required to submit the SF-425 fiscal report for expenditures under the CFCIP and ETV programs at the end of each 12 months (October 1 through September 30) of the two-year expenditure period. Reports are due 90 days after the end of each fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire grant period is the final report. The required 20 percent State match must be reported on the interim and final fiscal reports. Funds under CFCIP and ETV must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FY 2013, funds must be obligated by September 30, 2014, and liquidated by December 29, 2014).

## **Chapter XIII**

### **APSR**

The Department of Children and Family Service Annual Progress and Services Report can be found on their website at the following link: [www.state.il.us/dcf/library/index.shtml](http://www.state.il.us/dcf/library/index.shtml)

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