CHILD AND FAMILY SERVICES PLAN

FEDERAL FISCAL YEARS • 2015-2019

Governor
PAT QUINN

DCFS Acting Director
BOBBIE GREGG
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Chapter I - General Information

State Agency Administering Programs

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

Organizational chart

The agency organizational chart can be located at the following link:
http://www.state.il.us/DCFS/docs/DCFS_orgchart.pdf

Vision Statement

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.

Collaboration with the CFSP

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

DCFS utilizes its Regional PIP Committees as a way to bring together DCFS and POS managers, CQI staff and Supervisors to review regional performance data that ties back to the Illinois PIP and to develop joint DCFS/POS regional strategies in an effort to improve outcomes.

DCFS also utilizes other key long-standing advisory groups such as the Statewide Foster Parent Council and Adoption Advisory Council, Youth Advisory Board and Partnering with Parents (i.e. birth parent) Councils around the state as additional vehicles for sharing information and getting critical feedback and input from stakeholders into policy initiatives and strategic planning efforts. Finally, DCFS values its relationship with the courts, specifically the Administrative Office of the Illinois Courts (AOIC – see below) which provides a forum for communication and joint problem solving with the court system relative to improving timely permanency.

Collaboration with the Administrative Office of the Illinois Courts (AOIC)

The Administrative Office of the Illinois Courts (AOIC) was asked to collaborate on the Program Improvement Plan (PIP) for IDCFS resulting from the last round of the Child and Families
Services Review. The AOIC was already addressing issues related to permanency, therefore the AOIC contributed to the action steps related to Strategy 5: Improve the quality and effectiveness of the case work practices and systems that drive permanency. The goal of Strategy 5 was to reduce the time that children spend in substitute care and to ensure that casework practices and the systems designed to facilitate permanency are working efficiently and in concert with one another. Since the conclusion of the PIP, the AOIC has continued to emphasize and prioritize the improvement of time to permanent placement. Quantitative and qualitative data related to permanency informs all judicial and attorney training, funding priorities and interventions.

The AOIC continues to collaborate with IDCFS in several capacities. IDCFS has representatives on the Court Improvement Program Advisory Committee; the AOIC participated in the 2013 Title IV-E Review and the IDCFS Regional Data Summits, and coordinates with several Permanency Action Teams. Additionally, IDCFS attorneys attend attorney training provided by the AOIC as well as provided scholarships to attend conferences.

**Stakeholder Input in the development of the 2014-2019:** Pursuant to the release of the 2015-2019 Program Instructions from the Children’s Bureau, staff from DCFS Quality Assurance (QA) and the Foster Care Utilization Review Program (FCURP) met with all 6 Regional PIP Committees in April 2014 to review performance data and get input into what members felt were the greatest strengths and challenges impacting outcomes achievement across the domains of safety, permanency and well-being. A similar exercise was conducted via the Regional PIP Committees in April 2013, the feedback from which was shared with the DCFS Director and Executive team in addition to POS leadership via CWAC.

Two special information sharing sessions were also held between DCFS and CWAC leadership in June 2014 in an effort to ensure both DCFS and POS leadership was fully versed in the latest performance data, strengths and challenges facing the Illinois child welfare system.

DCFS leadership attended the Statewide Youth Advisory Board conference in May 2014 as well as a joint meeting in June 2014 between the Statewide Foster Parent Council and Adoption Advisory Council where members took the opportunity to share their greatest concerns, ideas and hopes for making improvements to the child welfare system.

The feedback obtained as a result of all of these and other sessions proved invaluable and is interspersed throughout the CFSP document.

**On-going collaboration and monitoring of the CFSP with stakeholders:** Upon the finalization and approval by Children’s Bureau of the 2015-2019 CFSP, DCFS intends to utilize the aforementioned committee structures to keep key stakeholders informed and get input in the implementation of the CFSP. DCFS Quality Assurance will prepare a written CFSP implementation update in the 3rd quarter of each state fiscal year (i.e. January-March) that will be disseminated and shared with CWAC, Regional PIP Committees, Statewide Foster Parent Council and Adoption Advisory Council, Youth Advisory Board and Partnering with Parents Councils in addition to the AOIC. QA will also share current performance data specific to the
goals outlined in the Illinois CFSP and seek out input into trends. DCFS will then utilize any feedback received into the development during the 4th quarter of each year (April-June) of the Annual Progress and Services Report (APSR) which will be submitted by June 30th.
Chapter II - Assessment of Performance

Child and Family Outcomes

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

Performance Data & Analysis

The data presented above represents Illinois’ performance in Outcome S1 and S2, as demonstrated with CFSR and OER II data. The data represent a sample of all cases in the Illinois child welfare system during sampling periods. In the CFSR1 & 2 (2003 & 2009 respectively, both occurring in August/September), 65 cases were reviewed; in the combined OER II data, 396 cases were reviewed (528 cases for Item 4). The OER II data reflects data collected between April 2011 and February 2014.

In both outcomes there has been an overall decline in performance since the initial CFSR (2003). For S2, however, there has been an improvement in performance since the 2009 CFSR.

There are 2 items for each Outcome that inform outcome performance.

Outcome S1 Discussion

For S1, Item 1 evaluates the timeliness of investigations and Item 2 evaluates repeat maltreatment:

In addition to CFSR and OERII data, the state evaluates its performance for outcome S1 with data from the national data indicators related to absence of maltreatment:
in order to ensure conformity during all of the Round 2 CFSRs). Changes to the indicators are expected for Round 3 of the CFSRs, scheduled to begin in FFY15.

For outcome S1, the primary reason for declining performance is related to repeat maltreatment within 6 months (19 of 240 cases), and occurrence of maltreatment in substitute care (10 of 240 cases) in placement cases, Item 2 (See Table 1)

Table 1

<table>
<thead>
<tr>
<th>Item/OER II Data, Combined (4/11 – 2/14)</th>
<th>Placement Cases</th>
<th>Intact Cases</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1: Timeliness of Initiating Investigations of Reports</td>
<td>93.5%</td>
<td>90.8%</td>
<td>92.1%</td>
</tr>
<tr>
<td>Item 2: Repeat Maltreatment</td>
<td>82.1%</td>
<td>87.8%</td>
<td>84.7%</td>
</tr>
</tbody>
</table>

Data analysis suggest that the difference between Item 2 performance in the OERII (repeat maltreatment) and performance in the national data indicators (absence of maltreatment) is likely related to the difference in sample sizes (358 cases in the OERII data versus all Illinois cases in the national file).

**Outcome S2 Discussion**

For outcome S2, Item 3 evaluates services to families to maintain children safely in their homes whenever possible and Item 4 evaluates risk and safety management: 

The data presented in the federal data profiles (left) represents all cases in SACWIS during a FFY. The national standards identified in the legend for each indicator were set based on data from 2004 (and which have not been updated since,
For outcome S2, performance improved in Item 3, and remained relatively unchanged in Item 4 (although there was improvement between the 2009 CFSR and the OERII combined data). In Item 3, placement cases affected performance (related to services for children remaining in the home of origin), whereas intact cases primarily affected Item 4 (lack of monitoring home during initial month of reunification; lack of ongoing assessments of safety and risk regular Intact cases). *(See Table 2)* Although Item 4 was rated a strength in 89.1% of placement cases, there were practice concerns related to monitoring and assessing children remaining in the home.

**Table 2**

<table>
<thead>
<tr>
<th>Item/OER II Data, Combined (4/11 – 2/14)</th>
<th>Placement Cases</th>
<th>Intact Cases</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry</td>
<td>83.3%</td>
<td>93.6%</td>
<td>90%</td>
</tr>
<tr>
<td>Item 4: Risk Assessment and Safety Management</td>
<td>89.1%</td>
<td>66.3%</td>
<td>80.1%</td>
</tr>
</tbody>
</table>

**Stakeholder Feedback**

Feedback from stakeholders was solicited from all regions of the state regarding strengths and concerns related to S1 and S2:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
</table>
| S1      | • DCP is timely in responding to reports of abuse/neglect  
         • The UIR data base is useful in tracking safety related incidents | • Handoff between DCP and follow-up workers not timely  
         • DCP not always at the transitional visits  
         • Staff turnover, particularly in Cook |
| S2      | • Safe Families Initiative  
         • Availability of Family Advocacy Centers  
         • Use of Universal Peer Review Questions as part of Regional PIPs  
         • Be Strong Families Initiative | • Policy/practice concerns re: Children Remaining in the Home of Origin  
         • Reunification practice issues  
         • Roll-out of SACWIS 5.0  
         • Need for additional State payments/funds for resources |

Stakeholders noted the following initiatives as positive:

- Agency making concerted efforts to get investigations completed timely, and look more closely at undetermined perpetrator reports. Also DCP enforcement of pending investigation timeframes
- Rewriting of Policies and Procedures 300 (Safety) being underway which should make it more understandable and user friendly for the field.
- DCFS Dashboard Measure (Agency Performance Data Site) on maltreatment – availability of data
Permanency Outcomes:  *Children have permanency and stability in their living situations (P1), and the continuity of family relationships is preserved for children (P2).*

Performance Data & Analysis

The data presented above represents Illinois’ performance in Outcome P1 and P2, as demonstrated with CFSR and OER II data. The data represent a sample of all cases in the Illinois child welfare system during sampling periods. In the CFSR1 & 2 (2003 & 2009 respectively, both occurring in August/September), 65 cases were reviewed; in the combined OER II data, 396 cases were reviewed. The OER II data reflects data collected between April 2011 and February 2014.

In both outcomes there has been significant improvement in performance since the 2009 CFSR.

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

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

**Outcome P1 Discussion**

Overall, there has been a slight decline in performance in Outcome P1 since the 2003 CFSR, but good improvement since the 2009 CFSR. Current strengths in this outcome include performance related to Item 5 (steady at 100% strength on applicable cases since the 2003 CFSR), Item 6 (87.1% strength), and Item 10 (87.3%).

Item 6 *(below)* has seen steady improvement since the 2003 CFSR (from 84% in 2003 to 87.1% currently). Although there has been steady improvement, performance issues that contributed to less than 95% strength for the item center on the number of placement moves and efforts to stabilize placements that may disrupt.
In addition to CFSR and OERII data, the state evaluates its performance for Item 6 with data from the national composite data indicator related to placement stability, for which there are 3 measures (see chart below). This data suggests that the longer children are in care, the less likely they are to experience placement stability:

An analysis of the OER data and the composite indicator data presented above suggests that performance in Item 6 is likely impacted by the number of moves and efforts to stabilize placements for youth who have been in care 24 months or more.
Item 10 (below) has seen dramatic improvement since the 2003 CFSR, increasing from 33% strength to 87.3% strength. Preparing youth for independence via appropriate service provision remains the primary reason why the item was rated less than 95% strength:

![Outcome P1, Item 10: INDEPENDENCE / HENA / CONTINUING FOSTER CARE](chart)

There have been many initiatives within DCFS and a focus on serving youth to ensure their capacity to live independently with success following discharge from foster care, all of which likely have resulted in the performance improvement demonstrated above. Please refer to pages 69-99 of the Illinois APSR (2010-2014 Final Report) for details on initiatives that have supported youth in Illinois.

In addition to CFSR and OERII data, the state evaluates its performance for Item 10 with data from the national composite data indicator related to permanency for children and youth in foster care for long periods of time, particularly measure C3-3 (see chart below). This data suggests that fewer emancipated youth were in care for 3 years or more in 2013 than in 2009, which would suggest that initiatives to help support independence post-foster care have been largely successful:

![PERMANENCY COMPOSITE 3: PERMANENCY FOR CHILDREN AND YOUTH IN FOSTER CARE FOR LONG PERIODS OF TIME](chart)

The primary reasons as to why P1 has been low performing since the 2003 CFSR (and especially during the 2009 CFSR) are related to the lack of timely achievement of permanency and efforts to overcome barriers (as measured in Items 7, 8 and 9).
In Item 7 (below), performance improved since the 2009 CFSR, but is still in need of considerable improvement. The main performance issues are related to the lack of timely and progressive movement toward permanency and efforts to overcome barriers; the lack of quarterly CFTMs to address permanency and move the case (also an issue in Item 18); and the lack of TPR petitions on cases open longer than 17 months with no real compelling reason not to file.

In Item 8 (below right), performance also improved since the 2009 CFSR, but down overall since 2003. The main performance issues are related to reunifications not occurring within 12 months and lack of efforts to achieve the goal in 12 months.

In addition to CFSR and OERII data, the state evaluates its performance for Item 8 with data from the national composite data indicator related to timeliness and permanency of reunification, for which there are 2 components and 4 measures overall (see charts below, and next page).
Data in the charts above suggest that fewer cases with a goal of Return Home are achieving permanency in a timely manner, and that the median length of time to achieve reunification is increasing. On the other hand, the data presented in Component B of this composite suggests that although it takes longer to reunify children in Illinois, once they go home they are more likely to stay home permanently (see re-entry data in chart below).

Illinois has consistently been ranked 46th out of 47 states submitting data for Permanency Composite 1.

In Item 9 (below), performance relating to timely adoption practices also improved since the 2009 CFSR, but down overall since 2003. The main performance issues are related to adoptions not occurring within 24 months due to lack of efforts to achieve adoptions within 24 months or to resolve barriers.
In addition to CFSR and OERII data, the state evaluates its performance for Item 9 with data from the national composite data indicator related to timeliness of adoptions. This composite has 3 components, and 5 measures overall (see charts below and next page). The data suggests that fewer children are exiting to adoption in less than 24 months and they are staying in care longer; children in care longer than 17 months are experiencing slightly better timeliness to adoption than in the past; and fewer children legally freed for adoption are being adopted within 12 months.
Illinois has been ranked between 43rd and 47th out of 47 states submitting data for Permanency Composite 2 but is currently ranked 43rd.

Fostering Court Improvement data for Illinois supports that reunifications do not occur timely (an average of 44.95% within 12 months between April 2013 – March 2014), nor do adoptions (taking an average of 44.6 months to occur for adoptions occurring between April 2013 – March 2014).
**Stakeholder Feedback**

Feedback from stakeholders was solicited from all regions of the state regarding strengths and concerns related to P1:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
</table>
| **P1**  | - Use of Permanency Specialists  
          - Cross-Education with some courts around the state (AOIC)  
          - Use of Regional PIP Workgroups to focus on permanency barriers  
          - Use of OER as permanency data source  
          - Use of Universal Peer Review Questions to focus on permanency  
          - CIPP process to promote stability  
          - Access to permanency and stability data via Dashboard  
          - Parent Cafes  
          - Need for additional CIPP resources  
          - Need for additional services to support youth in care  
          - Limitations to the SOC initiative |

Stakeholders noted the following initiatives as positive:

- Development of 10 Universal Peer Review questions via the Regional PIP process (allows DCFS and POS agencies to address items for improvement at a statewide level, particularly as it relates to permanency achievement and known barriers; facilitates for DCFS & POS interaction)
- The STEP initiative as a supervisory support
- Agency Performance Data Site (aka: Dashboard)
- AOIC now more effective in helping address court barriers - AOIC court projects collecting data for select counties has been successful
- Adoption Subsidy packets - now a tracking system data base to track the paperwork and monitoring everything until it is approved within DCFS
- CIPP process to promote placement stability
- Court Forums – bringing agencies and judges/attorneys together
- Parent Cafés as part of the Be Strong Families initiative
- Parenting mentoring services available at some Courts
- Youth driven transition planning
Outcome P2 Discussion

Overall, there has been improvement in performance in Outcome P2 since the 2003 CFSR, and since the 2009 CFSR (see chart above). Current strengths in this outcome include performance related to Item 11 (97.8% strength), Item 12 (98%), and Item 15 (90.7%) (see charts below):

Areas of practice concern in outcome P2 have centered around ensuring parent-child visits and sibling visits, preserving other important connections (particularly for Native American children), and providing parents opportunities to be involved in their child’s life outside of visits so that their relationship is viewed as positive by both the parents and the child (Items 13, 14 and 16).
In Item 13 (below), performance improved since the 2003 and 2009 CFSR, however the state still seeks to improve further.

Reasons for less than desirable performance include:

- Lack of weekly parent-child visits for cases with a goal of Return Home, particularly for fathers (66.67% for mothers versus 41.33% for fathers)
  - Lack of monitoring of the parent-child visits (70%), and having visits in the home to which the child is expected to return (33.68%) (these practices likely contribute to low performance in Item 8);
- Lack of monthly visits between parents and children in cases where the goal is not Return Home (and in which visits are appropriate per specific and procedural conditions), again also especially problematic for fathers than for mothers (occurring in 42.86% of cases for applicable mothers versus 25% for applicable fathers);
- Lack of efforts to establish visitation for parents who are not visiting (75.34% for mothers versus 56.94% for fathers);
- Lack of concerted efforts made to ensure that the quality of parent/child visitation was sufficient to maintain or promote the continuity of the relationship between the child and father (75.64%, versus 91.34% for mothers);
- Lack of efforts to reduce or eliminate barriers to sibling visits occurring as required (78.38%); and
- Lack of supervision regarding facilitation and promotion of parent/child and sibling visitation (72.89%).

In Item 14 (below), performance declined since the 2003 CFSR (although improved since the 2009 CFSR).

Practice issues that contributed to the decline are the lack of efforts to determine whether the child may be a member of, or eligible for membership in, a Native American tribe. When children are identified as being Native American (or eligible), there was not timely tribal notification or placement in
accordance with the ICWA placement preferences (33.3%).

Item 16 is the lowest performing item in Outcome P2, with performance declining overall since the 2003 CFSR. While there has been excellent improvement since the 2009 CFSR, practice concerns center around how the parent and child view their relationship (as gleaned through interviews on cases reviewed; 75.47% strength), and efforts to support a positive relationship between child and parents (74.29% strength).

Anecdotal data (through PIP Workgroup focus groups and such) indicate that casework staff are generally very focused on other key priorities (such as conducting and documenting parent-child visits, often with considerable geographic challenges to overcome and children in multiple placements to coordinate) and that providing other opportunities for parent-child relationship building are not able to be as prioritized (such as inviting parents to attend and participate in school meetings, visits with doctors, etc.).

Stakeholder Feedback

Feedback from stakeholders was solicited from all regions of the state regarding strengths and concerns related to P2:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
</table>
| P2      | - Aristotle P Consent Decree to monitor sibling placement and visitation  
          - Burgos Consent Decree policies to ensure compliance with Spanish language practices  
          - Shared Parenting practices  
          - Use of CFTMs  
          - Availability of FACs to support permanency and child and family well-being  
          - Access to Integrated Assessments (initial with screener)  
          - Regional PIP Workgroup Policy Briefs as a casework and supervisory support tool  
          - Transportation logistics (for parent/child and sibling visits)  
          - Resources for large sibling groups  
          - Supports for serving Incarcerated parents |

Well-Being Outcomes:  Families have enhanced capacity to provide for their children’s needs (WB1), children receive appropriate services to meet their educational needs (WB2), and children receive adequate services to meet their physical and mental health needs (WB3).

Performance Data & Analysis

The data presented above represents Illinois’ performance in Outcomes WB1, WB2 and WB3, as demonstrated with CFSR and OER II data. The data represent a sample of all cases in the Illinois child welfare system during sampling periods. In the CFSR1 & 2 (2003 & 2009 respectively, both occurring in August/September), 65 cases were reviewed; in the combined OER II data, 396 cases were reviewed (528 for Items 18 and 20). The OER II data reflects data collected between April 2011 and February 2014.

In all three outcomes there has been improvement in performance since the 2003 and 2009 CFSRs.

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

<table>
<thead>
<tr>
<th>WB1, associated Items</th>
<th>WB2, associated Items</th>
<th>WB3, associated Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 18: Child and Family Involvement in Case Planning</td>
<td>Item 23: Mental/Behavioral Health of the Child</td>
<td></td>
</tr>
<tr>
<td>Item 19: Caseworker Visits With Child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 20: Caseworker Visits With Parents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Outcome WB1 Discussion

Overall, there has been improvement in performance in Outcome WB1 since the 2003 CFSR, and since the 2009 CFSR (see chart above). Items 17, 18 and 20 have seen significant improvements; while Item 19 has remained flat (this appears to be related to visits on intact/reunified family cases. OER data for placement cases, as well as other internal data, suggest that CW-child visits on placement cases is above 90%. (See charts below)

Although there has been improvement in 3 of the 4 items, Illinois remains focused on achieving still higher performance, as practice concerns remain for both placement and intact cases such as:

- Lack of concerted efforts to provide services to address identified needs for fathers and paramours
- Lack of ongoing assessments
- Lack of service plans (intact cases)
- Lack of active involvement in service and case planning by all applicable participants (except foster parents in placement cases)
  - Lack of concerted efforts to engage and involve participants in case planning
  - Lack of efforts to locate missing parents every six months (placement cases)
  - Lack of Child and Family Team Meetings every quarter (placement cases)
- Case assignment changes are barriers to engagement and timely linkage to services
- Lack of required in-home visits with ALL children in intact/reunified family cases, and lack of qualitative interactions with ALL children during visits (intact cases)
- Lack of visits between the caseworker and parents, and lack of qualitative interactions with parents (especially fathers and/or paramours in placement cases)
- Lack of supervision, generally
Table 3 illustrates how the different types of cases performed across the items, and where the practice concerns noted above had the most impact:

<table>
<thead>
<tr>
<th>Item/OER II Data, Combined (4/11 – 2/14)</th>
<th>Placement Cases</th>
<th>Intact Cases</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 17: Needs and Services of Child, Parents, and Foster Parents</td>
<td>74.6%</td>
<td>61.5%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Item 18: Child and Family Involvement in Case Planning</td>
<td>78.2%</td>
<td>73.6%</td>
<td>76.3%</td>
</tr>
<tr>
<td>Item 19: Caseworker Visits With Child(ren)</td>
<td>88.3%</td>
<td>74.4%</td>
<td>82.8%</td>
</tr>
<tr>
<td>Item 20: Caseworker Visits With Parents</td>
<td>59.6%</td>
<td>81.7%</td>
<td>70.3%</td>
</tr>
</tbody>
</table>

**Outcome WB2 Discussion**

Overall, there has been steady improvement in performance in Outcome WB2 since the 2003 CFSR. Outcome WB2 includes only 1 Item, Item 21 (Educational/Developmental Needs of the Child).

Other data and feedback collected during the OER reviews (through interviews with staff and families, and during regional Program Improvement Plan Meetings with regional DCFS and POS staff), suggests that intact staff have a harder time understanding the extent of their authority in terms of ensuring two activities: 1) making efforts to ensure that children’s educational/developmental needs are addressed through service provision (via community referrals), and 2) making sure ALL children in the family are included in the efforts to ensure needs are addressed through service provision (via community referrals). Intact staff have typically focused on the issues that brought the case into the system, and on the identified child
(versus all children in the family) though this is likely to change with the implementation of revised intact policies.

Additional practice concerns include:
- Changes in placement settings result in multiple educational settings (placement cases, related to Item 6)
- Truancy for older children (placement cases)
- Lack of caseworker efforts to ensure service provision for older children with educational needs (placement cases)
- Lack of supervision to ensure ongoing assessment, timely identification of educational/developmental needs, service provision and follow-up by the caseworker (all cases)

**Outcome WB3 Discussion**

Overall, there has been steady and substantive improvement in performance in Outcome WB3 since the 2003 CFSR, particularly in the area of mental/behavioral health.

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

Although performance was generally positive, there was a difference in performance between placement and intact cases *(see Table 5 below)*. Anecdotal data (as per WB2) suggests practice issues among intact staff to holistically evaluate each case for ALL children and ALL possible physical and mental/behavioral health needs.
Additional practice concerns include:
- Recommendations/treatment for identified physical and mental health needs not included in service plans
- Lack of assessment of, and service provision for, dental health needs
- Lack of service provision for mental/behavioral health services (intact cases)
- Lack of supervision to ensure that dental and mental health needs are identified and addressed

### Table 5

<table>
<thead>
<tr>
<th>Item/OER II Data, Combined (4/11 – 2/14)</th>
<th>Placement Cases</th>
<th>Intact Cases</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 22: Physical Health of the Child</td>
<td>95.4%</td>
<td>88.1%</td>
<td>94%</td>
</tr>
<tr>
<td>Item 23: Mental/Behavioral Health of the Child</td>
<td>95.1%</td>
<td>88.1%</td>
<td>93%</td>
</tr>
</tbody>
</table>

**Stakeholder Feedback**

Feedback from stakeholders was solicited from all regions of the state regarding strengths and concerns related to WB1, WB2 and WB3:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB1</td>
<td>Availability of FACs</td>
<td>Quality of case documentation</td>
</tr>
<tr>
<td></td>
<td>Access to Integrated Assessments (IA)</td>
<td>Supervision</td>
</tr>
<tr>
<td></td>
<td>Parent Cafes as a parent support</td>
<td>Service array, esp. psychiatric and dental in some parts of the state</td>
</tr>
<tr>
<td></td>
<td>Be Strong Families as a support to parents and caregivers</td>
<td></td>
</tr>
<tr>
<td>WB2</td>
<td>Head Start services</td>
<td>Accessibility to Medicaid providers</td>
</tr>
<tr>
<td></td>
<td>Early Childhood initiatives</td>
<td>Timely state payments</td>
</tr>
<tr>
<td></td>
<td>IB3 Waiver</td>
<td></td>
</tr>
<tr>
<td>WB3</td>
<td>HealthWorks</td>
<td>Service array issues in some parts of the state</td>
</tr>
<tr>
<td></td>
<td>SOC services</td>
<td>Timely state payments</td>
</tr>
<tr>
<td></td>
<td>CATU</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SASS services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma-informed practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SACY services</td>
<td></td>
</tr>
</tbody>
</table>

Stakeholders noted the following initiatives as positive:
- FACs
- PIP Workgroups
- Have been building more qualitative questions into case reviews like OER as documentation varies so much
- Birth Parent Advisory Councils
- Be Strong & Parent Cafés
• Permanency Enhancement Initiative (addressing racial disproportionality)
• Headstart/DCFS Collaboration
• IB3 Waiver
• 0-3 Nurturing Parents Program
• Youth Advisory Boards
• Centralization of surgical consents
• Nursing referrals
• Clinical referrals/staffing
• PII project
• CANS demonstration project
Systemic Factors

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

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

**CYCIS** - The Child and Youth Centered Information System (CYCIS) captures data for any person or family that is or ever has received services through DCFS. The CYCIS system tracks significant demographic information on all clients, as well as placement and permanency goal information for all children for whom DCFS is legally responsible. Other than the standard demographic information such as age, race and gender, CYCIS also tracks disability data, some education data and class or consent decree data such as pregnant and parenting wards. CYCIS is a mainframe (IMS) system. All AFCARS data elements are obtained from the CYCIS system.

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

**ICWS** (Illinois’ SACWIS) is the entry point into the DCFS computer systems. It has undergone many phases of enhancements over the years to keep the system in compliance with numerous federal and state requirements in child welfare, as well as to keep the system relevant to the changing needs of child welfare in the areas of intake, investigations, case management, service planning, health and education. The enhancements are detailed in the 2014 Final Report on Pages 211-214.

In addition to the Department’s official information systems, there are several systems designed to track specific requirements or functions that fall outside the purview of SACWIS, CYCIS or MARS. Examples of these other systems include the Child and Adolescent Needs and Strengths system, the statewide provider database, the unusual incident reporting system, and the administrative case review system.

**Strengths**

As noted in the Final Report, the Department uses various data systems to enhance child protection and child welfare practice and improve service delivery to families. The Department relies heavily on data to plan for future initiatives and to support management decisions in all areas of the agency.
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 provides a multitude of reports both internally and externally. On a monthly basis, the Executive Statistical Summary which contains data related to child protection, intact family service and foster care as well as licensing information is posted on the DCFS website. Child abuse and neglect statistics are also posted on the website each month along with general demographic information for children in substitute care. Through response to Freedom of Information Act (FOIA) requests, the Department also responds to data needs of the community at large. Internally, monthly performance reports at the worker level are produced for child protection staff, intact family staff and placement (foster care) staff.

The Department provides regular data to the University of Illinois’ Children and Family Research Center (CFRC), the Chapin Hall Center for Children at the University of Chicago, School of Social Services Administration and Northwestern University. The Department has a data exchange with the Chicago Public School system and receives data from other state agencies, such as the Department of Corrections, so that dually involved wards can be tracked.

All of the above provides Illinois with an enormous capacity to collect and disseminate data on all aspects of Department functions including the foster care population. Staff can view data in real-time and receive reports that are updated daily, weekly, monthly, quarterly and annually.

**Concerns**

Data quality will be discussed in greater detail in the Quality Assurance section of this document however a welcome IT enhancement in FY14 was the implementation of a new structured decision-making process for making data system and other IT improvements. This is known as the OITS Governance Board and it meets bi-monthly making decisions such as how to best transition older legacy reporting systems (i.e. Nomad) into ICWS and prioritize other IT or data requests emanating from the field via the state’s Statewide Quality Council as well as CWAC committees.

Illinois is in the process of implementing its AFCARS Improvement Plan (AIP) which will address various missing data elements previously not being recorded in ICWS (SACWIS).

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

**Case Review System**

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

Service plans are required by State [20 ILCS 505/6a] and Federal law (42 USCA 675) regardless of whether the child and family are served directly by the Department or through purchase of
service providers. The service plan must ensure that the health and safety of the child are the paramount concerns that guide all service, placement, and planning provisions.

The Division of Administrative Case Review assists in ensuring that the children and parents are included in the development of the service plan by directly asking the said parties during their attendance at the ACR about their level of involvement. Administrative Case Reviews are conducted every 6-months, providing another opportunity to measure progress and compliance.

Aggregate OER data collected between April 2011 and February 2014 indicate that a current service plan was found in 98.1% of placement cases and 80.7% of intact/reunification cases.

OER II data related to active involvement in case planning by mothers, fathers, paramours and age-appropriate children for Intact/Reunification cases shows that there is a general trend toward improved performance (with the exception of age-appropriate children). The charts below also illustrate that the efforts that casework staff make to actively involve stakeholders in case planning are generally higher than the actual involvement by stakeholders, and that there is a relationship between efforts and actual involvement (the greater the efforts, the greater the participation).
OER II data related to active involvement in case planning by mothers, fathers, paramours, age-appropriate children, and foster parents for Placement cases shows that there is a mix of upward and downward trends in performance depending on the stakeholder type. For mothers, there is increasing involvement, but decreasing efforts on the part of the agency. For fathers, there is decreasing involvement, as well as decreasing efforts on the part of the agency. For paramours, children and foster parents, there is increasing involvement and efforts on the part of the agency. As with the intact/reunification charts, the charts below also illustrate that the efforts that casework staff make to actively involve stakeholders in case planning are generally higher than the actual involvement by stakeholders, and that there is a relationship between efforts and actual involvement (the greater the efforts, the greater the participation).
Periodic Reviews: The state provides a process for the periodic review of the status of each child that includes the required provisions no less frequently than once every six months, either by court or administrative review.

Two review processes are required by Rule and Procedure to ensure periodic review of the status of every child in the Illinois substitute care system no less frequently than every 6 months: Permanency Hearings, and Administrative Case Reviews (ACRs). Permanency Hearings will be discussed in the next section. Administrative Case Review focuses on the safety, well-being & permanency for children in substitute care from a social work perspective. The first administrative case review is conducted six months after a child or youth’s placement in substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remains in substitute care.

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

<table>
<thead>
<tr>
<th>SY</th>
<th>Statewide</th>
<th>Cook</th>
<th>Downstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY10</td>
<td>91.3%</td>
<td>92.2%</td>
<td>90.5%</td>
</tr>
<tr>
<td>FY11</td>
<td>98.2%</td>
<td>98.5%</td>
<td>97.9%</td>
</tr>
<tr>
<td>FY12</td>
<td>101.7%**</td>
<td>100.7%**</td>
<td>102.4%**</td>
</tr>
<tr>
<td>FY13</td>
<td>99.2%</td>
<td>95.9%</td>
<td>101.6%**</td>
</tr>
<tr>
<td>FY14</td>
<td>95.2%</td>
<td>93.1%</td>
<td>96.7%</td>
</tr>
</tbody>
</table>

*FY14 data through 05/31/2014  
** More children than eligible were reviewed

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

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

The Department will continue to look for ways to accurately track performance on 6-month permanency hearing compliance. However, compliance with 12-month permanency hearings continues to be strong, consistently in the high 90% range for the past 3 years. The chart below reflects compliance data for all open cases in foster care for the time periods indicated.

12-Month Permanency Hearing Data

<table>
<thead>
<tr>
<th>Occurrence of PH every 12 months, average</th>
<th>FY’12</th>
<th>FY’13</th>
<th>FY’14*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATEWIDE</strong></td>
<td>97.4%</td>
<td>96.7%</td>
<td>96.3%</td>
</tr>
<tr>
<td>Cook DCFS</td>
<td>98.5%</td>
<td>97.9%</td>
<td>97.6%</td>
</tr>
<tr>
<td>Cook POS</td>
<td>98.0%</td>
<td>97.1%</td>
<td>96.9%</td>
</tr>
<tr>
<td>Downstate DCFS</td>
<td>96.5%</td>
<td>96.8%</td>
<td>97.0%</td>
</tr>
<tr>
<td>Downstate POS</td>
<td>97.0%</td>
<td>96.1%</td>
<td>95.5%</td>
</tr>
</tbody>
</table>

*Data unavailable for October 2013 and January 2014

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

While Illinois has a well articulated process in place for terminating parental rights (TPR) in conjunction with the juvenile court, the timeliness of TPR in accordance with ASFA continues to be a challenge as evidenced by the data in the chart below. As noted in the Assessment of Performance section for Permanency Outcome 1 - Item 7: Permanency Goal for child, the lack of TPR petitions on cases open longer than 17 months (with no real compelling reason not to file) continues to be one of the main barriers to improved permanency performance.

**Placement cases: TPR and ASFA compliance**

<table>
<thead>
<tr>
<th>OERII, Statewide Aggregate Data, %S</th>
<th>2011 55 cases</th>
<th>2012 51 cases</th>
<th>2013 48 cases</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPR filed (eligible cases, child in care more than 17 mos)</td>
<td></td>
<td>28.0%</td>
<td>41.7%</td>
<td>Up</td>
</tr>
<tr>
<td>If No TPR filed, there was a compelling reason</td>
<td></td>
<td>66.7%</td>
<td>50.0%</td>
<td>Down</td>
</tr>
<tr>
<td>Overall compliance with ASFA timeframes</td>
<td>50.9%</td>
<td>72.5%</td>
<td>68.8%</td>
<td>Up</td>
</tr>
</tbody>
</table>
Efforts to address barriers and effect change in this area (i.e., the Illinois PIP) have not yet resulted in sustainable improvement.

Additionally, Illinois continues to have challenges in the following areas:

- OER and CFSR data suggest reluctance at times by attorneys, as well as judges, to advocate for or enter goals other than return home at the initial permanency hearing. The cause for this reluctance is reportedly that more often than not, the first permanency hearing occurs when fewer than 9 months have elapsed since adjudication, and that would preclude the use of the ground for termination most often used that the parent failed to make reasonable progress within 9 months. This may lay the groundwork for an appeal.

- Although Illinois does require expedited appeals of TPR, the six month period from the filing of notice of the appeal to resolution of that appeal, reportedly almost certainly precludes compliance in a case where the 9 month provision was the basis for termination. Furthermore the reported reluctance may be heightened because the non-custodial father has had no known prior involvement preventing an early abandonment of reunification efforts. Additional structural impediments include the time that Illinois requires from the initial filing of adoptions petitions to the entry of the final adoption order and appeals.

The Administrative Office of the Illinois Courts (AOIC) implemented steps during the CFSR PIP period aimed at improving time to child permanency; this includes judicial training on permanency hearings and termination of parental rights (TPR) proceedings. The AOIC developed the *Enhancing Permanency Practice in Illinois: a Judicial Training and Road to Permanency and Best Practices in Termination of Parental Rights Proceedings*. The trainings were developed and first delivered in 2011 and 2012 respectively. The AOIC continues to periodically offer the trainings. They have been well received with high evaluation results.

Subsequent to the PIP, the AOIC developed the *Optimal Judicial Practice in the Early Stages of Child Protection Cases- The Shelter Care Hearing Through Adjudication and Disposition Training* for judges. Data analyzed through the Child Protection Data Court Project shows delay at the beginning stages of cases. In the participating counties, many cases are not adhering to the mandated adjudication timelines, but are meeting the 12 month permanency hearing mandated timelines. This led to the AOIC’s development of the curriculum on the early stages of child protection cases.

AOIC also implemented the Child Protection Data Court (CPDC) Project which is supported through a partnership with the National Center for State Courts (NCSC). The CPDC is designed to collect and analyze court performance measures in child abuse and neglect cases, including achievement of child permanency, time to TPR, time to first permanency hearing, and time to permanent placement. Four CPDC original sites are involved in manual data collection activities, while the fifth CPDC site is the test site for automated data collection. The counties involved are: Kankakee, Madison, McHenry and McLean. The AOIC/NCSC developed a data
collection instrument and procedures manual that was designed to collect the necessary data elements. CPDC sites engaged in a test period of its manual data collection instrument. Each CPDC site has a trained, designated coder who is continuously entering juvenile abuse and neglect cases as they close. Once data are entered, the coders then upload the information to the AOIC judicial portal.

Each county developed an action plan based on data analysis that includes a project initiative with goals, action items, responsibilities and timelines, and outcome measures. Each county will be able to measure the effectiveness of agreed upon interventions through comparison data and an evaluation plan developed in conjunction with AOIC and NCSC.

**Notification of Hearings and Reviews to Caregivers:** The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard in, any review or hearing held with respect to the child.

The Division of Administrative Case Review (ACR) maintains an electronic database that schedules ACR’s for families with children in substitute care and supports the legal notification of persons invited to the ACR. 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 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.

Foster, adoptive, and relative caregivers are sent a letter twenty-one days prior to the ACR date providing them with the date, time, and location of the ACR as well as inviting them to attend. For families with a return home goal within 5 months, a telephone call is made to ensure they are aware of the upcoming ACR, its purpose and the need for their participation. Caseworkers are also expected to inform these parties of the upcoming ACR and request their information regarding availability to attend the ACR. This information is then relayed to the ACR unit for the invitational letter to be sent accordingly. Caseworkers are also expected to encourage caregivers who work during the day to at least participate by phone when possible. At the conclusion of the ACR, the next review is pre-scheduled six months in advance. If the foster parent participates and stays for the entire review they are also given the next review date at that time.

Coordination of foster parent availability is to be considered along with workers and biological parents schedules when workers submit the CRMR for scheduling. 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.
Feedback from stakeholders was solicited from all regions of the state regarding strengths and concerns related to case review:

<table>
<thead>
<tr>
<th>Systemic Factor</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
</table>
| Case Review    | • Parents on Return Home cases called to encourage attendance at reviews  
• Increasing effort by casework staff to involve key stakeholders in case planning  
• Implementation of the ACR permanency alert system  
• Increased consistency in practice among administrative case reviewers  
• Timely 12-month permanency hearings | • Additional training needed for supervisors and caseworkers on developing a good case plan  
• Late adjudication  
• TPR delays  
• Caseworkers not being proactive to request court hearings when due  
• Delays in subsidy packets |

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

Continuous Quality Improvement (CQI) is a program support function within the Department of Children and Family Services, of which Quality Assurance (QA) is a critical component, that is designed to monitor the standards for child welfare services as well as delivery of services that ensure achievement of optimal outcomes as it relates to the safety, permanency and well-being of children and families served by the Illinois child welfare system.

Illinois Continuous Quality Improvement Processes and Activities - Primary Components:

I. Administrative Structure:

The DCFS Division of Quality Assurance (DQA) and Research is charged with monitoring and supporting the full implementation of the state’s CQI process and is comprised of 5 basic organizational units: Regional Quality Improvement and Accreditation, Field Review and Aristotle Consent Decree Monitoring, Special Projects, Federal/State Strategic Planning, and Agency Data Support. 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, and monitor compliance with the accreditation standards of the National Council on Accreditation. 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 Department’s Statewide CQI Plan (as well as Regional CQI Plans) outlines the processes and expectations of implementing CQI activities within DCFS. DCFS has had a formal CQI process in place since 1997. The CQI process in each of the agency’s four regions includes Regional
Quality Councils (RQC), Site and Local QI teams that meet formally monthly, as well as a standardized quarterly peer case record review process, and incorporates the access, use, and follow up of consumer satisfaction, incident/accident/grievances, and program evaluation information. DQA has Regional Quality Specialists operating in each the state’s four regions as well as a small centralized group of QA staff who assist in case review and other CQI activities.

The top layer to the DCFS internal CQI process is its Statewide Quality Council (SQC) which meets quarterly and includes representatives from all four RQC’s along with key divisional leadership and other stakeholders. RQC members bring regional issues (referred to as “one-pagers”) that have not been solvable at the regional/local level for statewide input and decision-making.

Purchase of Services (POS) agencies directly provide the majority of foster care services, in-home family services and residential, group, independent and transition living services in Illinois. As such, POS agencies are an integral part of the Illinois CQI system. All contracted POS agencies in Illinois are required as part of performance contracting to be accredited, with virtually all agencies being accredited by the National Council on Accreditation (COA). COA standards require agencies to have a strong CQI system including case review processes, a written CQI plan and demonstrated capacity to generate and disseminate data to stakeholders.

As DCFS and POS providers each have their own internal CQI structure, it is the Department’s Regional PIP Committee process that joins public and private staff in the interest of sharing data, identifying issues and challenges, and seeking opportunities to enhance case practices in order to impact outcomes. The Regional PIP committees meet quarterly and have been in place since 2005. It is supported by the Foster Care Utilization Review Program (FCURP), a program of the Children and Family Research Center, School of Social Work at the University of Illinois and DQA staff in the regions.

II. Processes for Quality Data Collection:

DCFS has multiple avenues for gathering performance data from its network of data systems which covers the life of a child and family’s time with the Illinois child welfare system. A variety of data reports are accessible to staff via the ICSW (SACWIS) system as well as CYCIS and other legacy systems to assist the field in managing their work towards improved outcomes. DQA collects compliance and qualitative data via various case record review processes (see below) and utilizes quality controls to help ensure data quality. The posting of DCFS and POS provider data on the Department’s new Agency Performance Data Site has led to an increased sense of responsibility by agency staff over the quality of their data since they can be put on heightened levels of monitoring due to poor performance. The implementation of the state’s AFCARS Improvement Plan (AIP) beginning in 2011 has resulted in improved coordination between DQA and the Office of Information Technology Services around the timely submissions of the state’s AFCARS and NCANDS files. A data quality process coordinated between DQA, OITS and staff from the University of Illinois Chicago has also led to improvements in data quality of AFCARS files.
An additional key initiative aimed at formally assessing POS capacity to carry out key functional components of a CQI system with a particular focus on agency capacity to produce reliable data is currently underway. This project is being led by FCURP staff under the direction of DQA. A pilot was completed in FY13 with full implementation being initiated in FY14 and completion anticipated by the end of FY15. Results from the Pilot phase of the assessment of 5 POS agencies suggested:

- Capacity for conducting CQI activities and producing reliable data is most highly related to agency size and access to resources (medium to large agencies have better overall capacity than smaller agencies)
- There is not a coordinated and consistent distribution process, and use of, external data within agencies (data from DCFS rarely goes directly to agency QI staff; external data is not consistently used to evaluate performance and inform data-driven decision-making)
- Agency QI staff do not consistently have access to their agency files on SACWIS
- Agencies do not evaluate permanency achievement activities and performance through aggregate data collection and analysis (i.e., through peer record review or some other tracking and monitoring system)

III. CQI Case Review Processes:

DCFS implements a quarterly peer record review process via staff in regional field offices. Peer review for DCFS is a statewide initiative, guided by principals and criteria that are detailed in the state’s CQI plan. There are standardized peer instruments and Question by Question (Q by Q) rating guides for placement, intact, child protection and licensing case files and standardized sampling procedures that ensure 10% of regional caseloads are randomly selected for review over the course of a fiscal year. Peer review at DCFS is a true “peer” experience meaning caseworker and supervisory staff take the time each quarter to evaluate the practice of their peers while DQA staff validate the results for data consistency and quality. All staff who serve as peer reviewers receive formal training on the instruments and process. The DCFS peer review process underwent a major transformation in FY14 when the tools were integrated into the ICSW (SACWIS) system.

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

DCFS Staff with support from FCURP also implements the Outcome Enhancement Review (OER) which mirrors the CFSR and includes case specific stakeholder interviews and is used to, among other things, monitor the Illinois PIP. Beginning in FY11 with the implementation of an OER baseline review and continuing through FY14, DQA and FCURP staff (DCFS and POS field staff also participate as reviewers) conducted OER’s in each of the Department’s four regions on a biannual basis. The OER is administered with a stringent quality control process, which includes...
detailed Q by Q rating guides, regular de-briefings of cases with reviewers by trained team leaders, and a thorough data cleaning process subsequent to data entry.

In addition to these established QA case record review processes, QA also implements annual reviews of DCFS and POS cases in order to monitor compliance with the Aristotle Consent Decree regarding sibling placement and visitation. QA also conducts special reviews of DCFS and POS agencies upon request (i.e. Director, OIG), and DCFS Monitoring staff conduct quarterly reviews of POS cases in order to assess agency compliance with contractual requirements.

IV. Analysis and Dissemination of Quality Data

DCFS disseminates performance data generated through its IT systems, databases and qualitative case review processes to stakeholders for the purposes of supporting staff in the administration of their work with children and families, identifying performance issues in need of improvement and ensuring the overall accountability of the state’s child welfare system. A series of weekly, monthly and quarterly reports, some via automated distribution lists are disseminated on an on-going basis. DQA staff run data reports off the Department’s peer review database for discussion at regional statewide CQI meetings. DQA staff help ensure that data is reviewed on an on-going basis for data quality in the regional offices and take the lead in ensuring that data reports are made available to staff for discussion at CQI meetings. FCURP and DQA also disseminate OER data reports to DCFS and POS staff as part of the Regional PIP committee process each quarter.

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

V. Stakeholder Feedback Processes

The Department’s CQI and related infrastructure – Statewide Quality Council, Regional Quality Council, and Regional Quality Councils, CWAC, Advisory Groups – are the vehicles utilized for providing feedback to DCFS stakeholders as to the results of CQI related activities and for obtaining their feedback.

Peer Review data that illuminates practice trends are discussed at Regional and Statewide Quality Council meetings where members contribute to analyzing the data and provide valuable feedback as to issues driving trends. OER and PIP related data is regularly reviewed at quarterly Regional PIP meetings where discussions among members has led to the development of Policy Briefs around targeted practice areas in need of improvement, and decisions regarding the addition of universal peer review questions to both DCFS and POS review tools. Members of Regional PIP Committees provide input into topic areas for regional Supervisory Forums and of special note, provided valuable recommendations in April 2013 to the DCFS Director as to suggested improvement activities in an effort to address remaining PIP items. Minutes are
recorded from all CQI and Regional PIP Committee meetings and disseminated in an effort to keep members fully informed of CQI activities. DQA staff also contribute to the creation of Regional CQI Calendars and Newsletters which are posted on regional shared drives so that members can access up to date CQI information.

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

POS and DCFS staff provided critical feedback in FY14 regarding enhancements made to the Department’s Agency Performance Data Site. DQA staff have used CQI and Regional PIP meetings as venues to discussing performance data trends from the site while CQI/Regional PIP members have suggested how to improve the level of detail available in data reports and how to make reports more user-friendly.

**Strengths and Challenges/Concerns**

<table>
<thead>
<tr>
<th>Systemic Factor</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
</table>
| Quality Assurance | • Internal CQI Infrastructure in place - QA staff available in regions to support local CQI activities  
• Written Statewide CQI Plan that guides Regional CQI planning efforts  
• University partnership to provide additional CQI support for DCFS and POS providers  
• Regional PIP Committees and Supervisory Forums which bring DCFS and POS staff together for joint problem-solving | • Efforts underway to formally assess the capacity of POS providers to administer comprehensive CQI activities  
• Standardized case record review tools with strong quality controls and formalized training of reviewers  
• Additional efforts needed to improve communication between CQI infrastructure and DCFS Advisory Groups  
• Continued efforts to improve external stakeholder participation in the Department’s internal CQI committees  
• Need for additional training resources for CQI staff on CQI techniques and data analysis  
• Need to incorporate assessment of systemic factors into OER or internal CFSR process  
• Continued efforts needed to focus on improving data quality  
• Continued efforts needed to add to/enhance the Agency Performance Data Site and make data more accessible, particularly to POS staff  
• Consideration as to improving data accessibility (transparency) to the general public |
Staff and Provider Training

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

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

The Division of Clinical Practice and Professional Development manages a comprehensive program of initial and ongoing training to support supervisors and workers in the implementation of a family-centered, trauma-informed, strengths-based (FTS) model of practice. Specific professional development activities are detailed in Chapter 10 of the 2010-2014 CFSP Final Report; key activities included:

- Pre-service training offered to new hires in all disciplines: child protection, in-home preventative services, permanency and adoption, supervision and management, foster home licensing, hotline specialists, new foster parents, and foster parents transitioning to adoptive parents;
- 900,000 hours of in-service training credits issued to a combination of staff, supervisors, and foster and adoptive parents;
- Learning Collaboratives offered in 32 learning centers in various regions of the state focused on 9 phases of FTS practice and attended by 2500 DCFS and POS staff;
- Launch of the Virtual Training Center (VTC) Assessment Center to support the CANS training course and certification process for new hires;
- Implementation of the Supervisory Training to Enhance Practice (STEP) Program to provide FTS coaching.

During the next 5 years, as outlined in the 2015-2019 training plan, specific training programs will be implemented to support the achievement of the Department’s CFSP goals, including:

- Training all child protection supervisors and workers on the revised procedures governing child protection services;
- Providing a mandatory training for relative caregivers to help them know and understand their role in helping to prevent child maltreatment;
- Training all supervisors and caseworkers on enhanced permanency procedures.
- Providing specific supervisory training modules to support supervisors in the guiding, supporting, and monitoring staff on the concepts and procedures covered in the revised polices.

Foster and Adoptive Parent Training: The state provides training for current or prospective foster parents, adoptive parents, and the staff of state-licensed or –approved facilities that care for children receiving foster care or adoption assistance under title IV-E, and the training addresses the skills and knowledge base trainees need to carry out their duties with regard to foster and adopted children.
As noted in the Diligent Recruitment Plan in the foster parent training section, DCFS requires training for all of the caregivers it licenses, for both DCFS and POS agencies. The four major categories of training are foster care pre-service (which is required in order to receive a foster care license), relative foster parent pre-service training, adoption conversion training and foster care in-service training. Foster and adoptive parent training is informed on an ongoing basis by the ever-changing needs of the children coming into care and also respects caregivers’ culture, ethnicity, age, and learning styles.

During FY14,
- 21,130 prospective foster and adoptive parents participated in PRIDE pre-service training. This includes separate sessions conducted in Spanish;
- Approximately 5,821 foster parents participated in in-service classes and courses on over 300 child welfare topics.
- 2,212 foster parents participated in adoption conversion trainings;
- 1,109 relative foster parents viewed the PRIDE HMR DVD, and over 400 attended the 2 session HMR PRIDE training.

Foster and adoptive parent training is generally well received; a review of a sample of training evaluations on different topics and from different areas of the state indicate participants usually strongly agreed that the training topic was important, informative and delivered well by the trainer. Participant training concerns generally focused on the length or number of sessions required to complete a topic.

Caregivers also have the opportunity to attend the Illinois Foster and Adoptive Parent Conference (IFAPA), co-sponsored by IFAPA and DCFS, and a variety of Caregiver Institutes that are offered throughout the state by DCFS. Feedback received on evaluations of both the IFAPA Conference and the Caregiver Institutes was overwhelmingly positive and indicated that caregivers found these an invaluable source of learning and networking.

Feedback from stakeholders was solicited from all regions of the state regarding overall strengths and concerns related to staff and provider training:

<table>
<thead>
<tr>
<th>Systemic Factor</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff and Provider Training</td>
<td>Enhanced delivery and tracking of training through the web-based Virtual Training Center</td>
<td>Balancing the time required for staff pre-service and ongoing training and time away from casework and supervision</td>
</tr>
<tr>
<td></td>
<td>Ability of the Department to deliver training in different formats to support different learning styles</td>
<td>Finding ways to ensure foster parents understand and retain training topics.</td>
</tr>
<tr>
<td></td>
<td>Training offered in Spanish</td>
<td>Request s for more interactive training opportunities.</td>
</tr>
<tr>
<td></td>
<td>Breadth and depth of the classes and courses offered to staff and foster parents</td>
<td></td>
</tr>
</tbody>
</table>
Service Array and Resource Development

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

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

Illinois maintains a rich overall array of services (see Chapter IV for a detailed description of the comprehensive service array), and data from the most recent OERs (see charts below) show strong performance for evidence that services were available and accessible to meet identified needs of child(ren) in the cases reviewed.

| Intact cases: Services are available and accessible to meet all identified: |
|----------------------------------|--------|--------|--------|---------|
| **OERII, Statewide Aggregate Data, %S** | **2011** | **2012** | **2013** | **Trend** |
| developmental needs | 100.0% | 100.0% | 100.0% | Flat |
| educational needs | 100.0% | 88.9% | 88.9% | Down |
| physical/dental health needs | 88.9% | 100.0% | 100.0% | Up |
| mental/behavioral health needs | 90.9% | 96.7% | 93.3% | Up |

| Placement cases: Services are available and accessible to meet all identified: |
|----------------------------------|--------|--------|--------|---------|
| **OERII, Statewide Aggregate Data, %S** | **2011** | **2012** | **2013** | **Trend** |
| developmental needs | 90.0% | 90.9% | 100.0% | Up |
| educational needs | 100.0% | 93.5% | 93.8% | Down |
| physical/dental health needs | 94.1% | 94.7% | 100.0% | Up |
| mental/behavioral health needs | 100.0% | 97.8% | 98.1% | Down |

While the array of services and the accessibility and availability of most services is strong, the Department still experiences challenges in ensuring that services are accessible to children and families throughout all geographic areas of the state. Caseworkers, and other stakeholders, as well as information from the Statewide Provider Database (SPD), continue to report a lack of accessible services in some of the more rural areas of Illinois, especially dental and mental health services.
Initiatives implemented as part of the CFSR PIP to effect change in this area include the use of the Statewide Provider Database (SPD) to support service gap analysis, implementation of a continuous quality improvement contracting function, and expansion of the Family Advocacy Center (FAC) model statewide.

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

While DCFS was committed to the full implementation of the continuous quality improvement contracting function to address service gaps, the possibility of serious budgetary hardships due to the overall state of the Illinois state budget during the two-year PIP implementation period was also anticipated. These budget hardships impacted the state’s ability to fund all of the service needs identified which means the SPD Contract Analysis committee and DCFS Budget unit staff needed to effectively prioritize service needs critical to this strategy’s success. DCFS will be re-visiting the efficacy in implementing this strategy in the coming fiscal year.

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

Feedback from stakeholders was solicited from all regions of the state regarding strengths and concerns related to Service Array:

<table>
<thead>
<tr>
<th>Systemic Factor</th>
<th>Strengths</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Array</td>
<td>Family Advocacy Centers for intact families</td>
<td>Substance abuse services in Cook County</td>
</tr>
<tr>
<td></td>
<td>Safe Families</td>
<td>Special Units for domestic violence and substance abuse</td>
</tr>
<tr>
<td></td>
<td>Be Strong Families</td>
<td>Budgetary issues that impact service provision</td>
</tr>
<tr>
<td></td>
<td>Day Care programs meeting early education standards</td>
<td>Geographical variances in the availability of dental and psychiatric services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not enough providers who accept Medicaid</td>
</tr>
</tbody>
</table>
Agency Responsiveness to Community

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: In implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

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

The Department engages, consults and coordinates activities with a number of stakeholders to inform its work with children and families. DCFS maintains a close working relationship with a number of other State agencies, including: the Department of Human Services (DHS) in regards to TANF and Daycare; the Division of Alcoholism and Substance Abuse; the Division of Mental Health; the Division of Developmental Disabilities; a vast array of Youth Services programs and DHS-funded Medicaid services; the Department of Employment Security in regards to employment programs; the Department of Commerce and Economic Opportunity; the Department of Juvenile Justice; and the State Board of Education. In addition, the Department maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority, the Chicago Department of Youth and Child Services, and the Chicago Public Schools. DCFS collaborates with other state agencies that provide services to our youth now, and when they emancipate, to help ensure there is a seamless transition to community-based services for our youth who will continue to need supportive services through adulthood.

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

DCFS has a legislatively appointed seat on the Illinois State Advisory Council on the Education of Children with Disabilities and is a mandated member of the Interagency Coordinating Council (ICC). The ICC is a legislatively created council composed of directors or designees of the Illinois Board of Higher Education, Illinois Community College Board, Illinois Council on Developmental Disabilities, 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 Department’s Medical Director serves as the DCFS representative to the Health Care Worker Task Force of the Health Care Reform Implementation Council, which was formed to
make recommendations to the Governor on changes to Illinois healthcare worker requirements in light of federal health care reform. The Health Policy Administrator for Health Services serves as DCFS’ representative to the Maternal and Child Health (MCH) Advisory Board. The MCH Advisory Board advises the Illinois Department of Human Services on the implementation of the Illinois Family Case Management Act, including assessments and advice regarding rate structure, and other activities related to maternal and child health and infant mortality reduction programs in the State of Illinois.

The Health Policy Administrator and the Statewide Administrator for Education and Transition Services were appointed to the School Health Advisory Committee (SHAC) of the Illinois State Board of Education (ISBE). The purpose of the Committee is to advise ISBE concerning legislative acts which affect the health of students in Illinois’ school and to identify critical issues of student health needs. The Illinois Department of Children and Family Services, Office of Education and Transition Services (OETS) operate a collaborative partnership with Job Corps.

DCFS relies primarily on the state funded alcohol and other drug abuse treatment system for services to DCFS involved youth and young adults. The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS-DASA) continues to experience funding uncertainties that makes planning for services difficult. The services are delivered in the community via private agencies contracted through 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 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.

The Administrative Office of the Illinois Courts (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 Litems 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.
Additional collaboration activities that contribute to community responsiveness are outlined in the 2010-2014 Final Report in Chapter 8 starting on page 149.

**Foster Parent Licensing Retention and Recruitment**

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

All foster and adoptive homes and childcare institutions must meet the same criteria for licensing. However, relative caregivers are not required to be licensed – they are approached and are “encouraged” per policy. The Director has the ability to waive any standard not prohibited by law for foster and adoptive home licenses; waivers are received in the Director’s office weekly. Rule 402.29 reads:

“Unless prohibited by law, the Director of the Department may waive, or may conditionally waive, any requirement under this Part, if doing so is in the best interest of the foster children. Waivers from the Director shall be in writing. Written notification of any waiver under this Section, with an explanation of the waived provision and the basis for the best interest determination, shall be sent to the child's parents, unless their parental rights have been terminated, the State's Attorney, and the child's attorney.”

The chart below reflects disposition for the types of waiver requests received for the time period indicated.

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Requests</th>
<th>Approved</th>
<th>Denied</th>
<th>Withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANTS Employment</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>CANTS Licensing</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>CANTS Placement</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Criminal Placement</td>
<td>10</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Licensing Standard</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Capacity</td>
<td>30</td>
<td>19</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total Waiver Requests</strong></td>
<td><strong>58</strong></td>
<td><strong>24</strong></td>
<td><strong>18</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

52% of the waiver requests were due to capacity issues - most prevalently to keep siblings together and 40% of the requests were from the Central Region.

**Requirements for Criminal Background Checks:** The state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

100 per cent of all foster home applications (traditional, adopt only, relative and renewals) have all needed clearances – Sex Offender clearances, CANTS clearances, Illinois State Police
clearances and FBI clearances – for all adult members of the household. Minors (ages 13 through 17) who are members of the household receive sex offender clearances and CANTS clearances only.

The application and licensing unit processes approximately 6,000 applications each year and approximately 1,200 loose authorization forms (being added to a household). One hundred percent of these will have all clearances described above.

The licensing unit verifies each applicant (in the case of an initial application) or provider (in the case of a renewal application) has current clearances prior to licensure.

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

One of the major challenges that the Department has faced with recruitment, prior to the development of the Resource Recruitment specialist position in 2013, is that there has been no staff whose primary responsibility was dedicated to the recruitment, retention and support of the Department’s foster care community. From 2009 to 2013, the Department’s primary recruitment efforts relied on the development of local regional recruitment teams under the leadership of the Regional Foster Home Licensing Manager and Resource Development Manager. Although the concept was ideal in regards to localizing recruitment efforts, implementation, support and the buy-in from staff was not without significant challenges. Recruitment was and historically has been an “ad hoc” responsibility imposed on regional and licensing staff who are already stretching to meet the routine and unexpected, and often urgent demands of their primary job responsibilities.

The Department has also relied heavily on general recruitment strategies that involve providing information regarding foster care at community venues and through public service announcements. Additionally, the Department has been a part of media campaigns such as the “Foster Kids are Our Kids” and “You Don’t Have to Be Perfect to Be a Parent” that relied on media exposure to potential caregivers and aimed to improve the image of foster care and involve the community with local agencies to offer support to foster care programs. These along with our partnerships with AICI, Wendy’s Wonderful Kids and the Heart Gallery are integral parts of the Departments ongoing recruitment strategy.

As part of the Department reorganization in 2013, Department administration recognized that there was a need to have staff dedicated to the responsibilities of recruitment, retention and support, which led to the development of the Resource and Recruitment Unit and the roles of regional Resource Recruitment Specialists and a Statewide Recruitment Administrator. These positions are being organized to take a leadership role in the Department’s recruitment efforts focusing on developing the local and statewide infrastructures to support the enhancement of the recruitment efforts and foster care program.

Early in 2013, two training curriculums were developed for Resource Specialists, one that focused on child specific recruitment and one for targeted recruitment. Child specific
recruitment focuses on the identification of potential foster or adoptive resources where routine methods and practices for placement identification have not been successful. Recruiters are asked to help identify resources for youth that will promote stability and permanency. Often these youth are disconnected for their families, supports and community. The “Illinois Model” for child specific recruitment includes elements from the Missouri Model and models from New York, Milwaukee and Ohio, but also takes into consideration our practice in Illinois. The model includes a heavy emphasis on:

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

In late October 2013, a curriculum was developed to assist the staff with completing needs assessments and developing local recruitment collaboratives to focus on targeted recruitment. Targeted recruitment places emphasis on the development and implementation of strategies that will further the expansion of local(site/regional) foster care placement resources and services that are culturally relevant, linguistically sensitive and will meet the demographic needs of the site/sub-region. The curriculum included strategic planning on:

- how to conduct and complete a needs assessment
- understanding data
- completing a local recruitment plan
- using the results and information from the needs assessment to drive the local planning efforts/action planning

With the exception of two staff who joined the unit after the training was offered, all of the staff have been trained in both methods of recruitment.

Currently the Resource and Recruitment Specialists are in the ongoing process of developing their regional collaboratives. They are functioning at various capacities across the state. Plans are currently underway to assist and enhance the development of these collaboratives, review current media/brochures being used and develop consistent data reports to be used to support and report on recruitment efforts.

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

The Interstate Compact on the Placement of Children Unit (ICPC) continues to serve as a gatekeeper and clearing center for Illinois children who need to be placed outside of Illinois, as well as for children from other states who need to be placed in Illinois. Reciprocal agreements among the states and a national organization help states to coordinate this work and assist one another with case management and other needed services.
ICPC maintains a centralized system to help minimize delays and ensure quality in the matching process across jurisdictional boundaries. The ICPC unit ensures that ICPC approvals are expedited and provides technical assistance to all parties involved in the placement process. The centralized focus allows for better communication and expertise on cross-jurisdiction issues to facilitate more adoptive placements across jurisdictional boundaries.

In order to expedite the placement of children across state lines, ICPC 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 office uses fax and the newly acquired capacity to scan and transmit some documents electronically. Additionally, 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 in complying with the mandates of the Safe and Timely Act.

While the federal “Safe and Timely Interstate Placement of Foster Children Act” (P.L. 109-239) provides timeframes for states to conduct home studies and provide for other inter-jurisdictional placement needs, it continues to be challenging to deal with states that may not respond within the required timeframes. Additionally, Illinois sets a high standard for the services that are available to the children within Illinois guardianship; other states do not always provide financially at this same level.
**GOAL #1:** Reduce the occurrence of maltreatment in out-of-home care

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

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

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

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

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

MEASURES OF PROGRESS:

• Achieve a 10% reduction in the occurrence of indicated reports with a relative foster parent as the perpetrator by 2019.
  o Baseline: 60% (SFY13)
• Achieve a .36% increase in the NCANDS measure of absence of child abuse and neglect in foster care by 2019.
  o Baseline: 99.32% (FFY2013ab)

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

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

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

Enhancing the Relative Caregiver Checklist, will support a more thorough upfront assessment of the ability and commitment of relative caregivers to provide for the safety, permanency and well-being needs of the children in their care. The enhancements will also help investigators and child welfare specialists obtain the information they need to make the most appropriate placement decision, as well as allow them to address issues that may reduce the likelihood of child maltreatment by making expectations clear at the beginning of the placement. The current checklist includes a listing of the expectations of the relative when a child is placed in their care, as well as various dwelling and environmental requirements that must be met. The protocol currently includes concrete issues such as space, number of bedrooms, background checks in reference to past criminal activity and child abuse/neglect history. The enhancements to the Checklist will include clearer expectations and will be more clinical and behavioral in nature. The checklist will be enhanced to include questions such as: Do you understand the emotions of the child, especially the impact of trauma, and can you meet those needs? How will you meet the needs of the child, specifically, education, physical health, and mental health needs? Do you as a caregiver understand visitation and contact plans for parents or persons from whom the child was removed? Do you agree to abide by rules or guidelines surrounding the child’s contact with a parent or previous caregiver? Has the agency discussed with you training and licensing opportunities? Overall, the checklist will be used to facilitate understanding and agreement by the relative caregiver.

**BENCHMARKS:**

- **End of Year 1**
  - Develop the mandated Home of Relative (HMR) Caregiver Training curriculum
  - Develop an implementation plan for ensuring all HMR caregivers are informed about the training requirement and training delivery process.
  - Complete revisions to the enhanced Relative Caregiver Checklist
  - Integrate concepts from the HMR Caregiver training curriculum into the training curriculum for revised Procedures 315; including a requirement that case workers review key safety concepts with HMR caregivers at home visits during the child’s first month in the placement.

- **End of Year 2**
  - Begin conducting the HMR Caregiver training
  - Implement use of the Enhanced Relative Caregiver Checklist.
**Rationale:** The procedures that govern child protection practices are outlined in Procedures 300; all of the requirements related to child abuse and neglect investigations are covered in this guidance. These procedures have not undergone review and revision in a number of years. During the past few years, addendums, policy transmittals, and appendices related to Procedures 300 have been issued in lieu of changing the policy in order to respond to issues such as updated research on child protection, current best practice, findings from investigations conducted by the Inspector General (OIG), and child death review and citizen panel recommendations. As a result, from a field perspective, directives and procedural expectations have been difficult to access and follow. Last year, a workgroup was convened to conduct a review of Procedures 300 to address this problem. The workgroup consists of a cross-section of administrators and line staff from various Department divisions, including representation from legal, child protection, policy, and operations.

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

**BENCHMARKS:**

- **End of Year 1**
  - Revisions to procedures 300 finalized
- **End of Year 2**
  - Training curriculum developed
  - All child protection supervisors and staff trained, including separate modules for supervisors
- **End of Year 3**
  - Make necessary adjustments to the CERAP and Safety Assessment/Risk Assessment
GOAL #2: Improve the timeliness of permanency achievement for children placed in out-of-home care

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

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

<table>
<thead>
<tr>
<th>Rank</th>
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<tbody>
<tr>
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<tr>
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<td>3</td>
<td>Central</td>
<td>36%</td>
</tr>
<tr>
<td>4</td>
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<td>25%</td>
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<td>38%</td>
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<tr>
<td></td>
<td>National Median</td>
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Table 2

<table>
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<th>Region</th>
<th>Months</th>
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<td>15.7 months</td>
</tr>
<tr>
<td></td>
<td>National Median</td>
<td>6.5 months</td>
</tr>
</tbody>
</table>

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

The DCFS Southern and Central regions perform better than Cook County and the Northern region, but still perform below the national median for adoption within 24 months and above the national median for the length of time to adoption (See Tables 3 and 4 below):
These data support the decision to continue concerted efforts to improve timeliness of permanency achievement for children in out-of-home care.

**OBJECTIVES and MEASURES OF PROGRESS:**

A. Increase the percentage of children reunified within 12 months of coming into care (AFCARS Measure C1-1) from 37.6% to 45% by 2019

B. Decrease the length of time it takes for families to achieve reunification (AFCARS Measure C1-2) from 16 months to 13.5 months.

C. Increase the percentage of children adopted within 24 months of coming into care (ACFARS Measure C2-1) from 10% to 15%.

D. Decrease the length of time it takes to reach finalized adoption (AFCARS Measure C2-2) from 44 months to 39.4 months.

**MONITORING PLAN:**

Ongoing monitoring of progress toward the identified measures will be done through the analysis of AFCARS data. These data will also be supplemented by internal case review data through the OER or implementation of the new CFSR process.
INTERVENTION #1: Revise Procedures 315 and train all supervisors and caseworkers on the new procedures

RATIONALE:

A comprehensive and targeted revision and training of Procedures 315, the procedures that guide the Illinois child welfare workforce on permanency practice, will provide the field with best practice standards and procedural requirements for managing cases with an emphasis on returning children home sooner or getting them adopted sooner.

Revised Procedures 315 will:

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

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

- **End of Year 1**
  - Revisions to procedures 315 finalized
  - Training curriculum developed, including separate modules for supervisors

- **End of Year 2**
  - All DCFS and POS supervisors and case managers trained

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

RATIONALE:

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

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

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

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

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

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

BENCHMARKS:

- End of Year 1
  - Automated regional report developed by OITS that isolates 0-5 cases by child name, DOB and permanency goal.
  - The following five (5) questions will be added to the Permanency Achievement Specialist quarterly review process for all 0-5 cases:
• What can be tried that has been tried before?
• How can we engage the child in planning?
• What can we try that has never been tried?
• How many things can we do concurrently?
• What will it take to achieve permanency?

- Follow-up process implemented to monitor case progress after a quarterly review is conducted.
  - End of Year 2
    - Plan developed to incrementally include POS cases in the PAS quarterly review process.
  - End of Year 3
    - PAS quarterly review process fully implemented for all POS cases, with emphasis on the 0-5 population.

**INTERVENTION #3:  Enhance diligent search practices.**

**RATIONALE:**

The enhancement of diligent search practices will bolster efforts to identify relatives and positively impact critical case dynamics that support timely permanency. The enhancements to the procedures and practices that inform and guide the diligent search process will be based on the following:

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

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

In addition to expanding the use of the Diligent Search Center to include the identification of grandparents, the administrative procedures (AP22) that currently outline casework activities for conducting diligent searches will be rescinded and promulgated into rule and procedure; specifically Rule and Procedure 310. AP22 currently speaks to the basic activity of finding people; Rule and Procedure 310 will provide the context and process for using the diligent search process in a more meaningful way toward achieving permanency. Some of the concepts in the new rule and procedure will include:

- Expediting the process of finding able and willing relatives, at the front end of the case, who are willing to provide and assist with long term care;
- Taking a lifespan approach when a child is placed by making sure the caregiver is able to be involved with the child to maturity;
- Identifying as many meaningful relationships for the child as early as possible to assist with case planning; and
- Expediting finding non-custodial parents.

**BENCHMARKS:**

- **End of Year 1**
  - The Diligent Search Center expanded to include the capability to find grandparents
  - Draft of Rule and Procedure 310 completed
  - Draft Rule and Procedure sent out for review by staff and outside stakeholders
- **End of Year 2**
  - Amended Rule and Procedure sent to the Joint Commission for Administrative Review (JCAR) for 1st notice and public review and comment
- **End of Year 3**
  - Rule and Procedure 310 Promulgated and ready for implementation by the field.
GOAL #3: Increase the capacity of families to provide for their children’s needs

RATIONALE:

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

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

OBJECTIVES:

A. Enhance the capacity of birth parents to provide for their children’s needs upon return home.

B. Enhance the capacity of foster parents to provide for the needs of children while placed in their care.

C. Enhance the capacity of parents as part of intact families to provide for their children’s needs.

MEASURES OF PROGRESS:

- Achieve a 10% increase in performance for applicable cases reviewed for Item 17 by 2019.
  - Baseline: 69.4% (OERII)
- Achieve a 10% increase in performance for applicable cases reviewed for Well-Being Outcome 1 by 2019.
  - Baseline: 63.4% (OERII)
MONITORING PLAN:
Ongoing monitoring of progress toward the identified measures will be done through the analysis of data obtained through the annual implementation by QA of the OER or new CFSR process.

INTERVENTION #1: Implement the evidenced-based TARGET Program

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

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

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

BENCHMARKS:

- End of Year 1
  - Continue to provide TARGET to eligible youth randomized to the intervention group through PII;
• DCFS will identify a program manager and intake coordinator for sustainability of TARGET by December 2014;
• Close PII intake February 2015;
• DCFS will identify funding sources for TARGET sustainability by March 2015.

  o End of Year 2
  • Westat follow-up interviews and data collection will end August 2015;
  • DCFS will pilot intake and linkage to TARGET therapists beginning August 2015 (TARGET therapists must have cases to maintain their fidelity);
  • TARGET therapists will be allowed to see clients outside of PII beginning September 2015 if all PII data collection has been completed;
  • Final PII findings will be shared with Illinois September 2015;
  • DCFS will establish the full eligibility criteria and process for TARGET referrals based on PII findings October-December 2015;
  • Illinois TARGET Trainers will begin training additional therapists across the State December 2015;
  • Full intake (TARGET therapists will continue their contractual role of 50% SOC and 50% TARGET – capacity will be 5 family cases at a time) and linkage to TARGET therapists will begin January 2016.

  o End of Year 3
  • Maintain a minimum of 26 TARGET therapists statewide providing service, 12-16 weeks in duration, to approximately 520 children each fiscal year;
  • TARGET Trainers will provide bi-weekly consultation and monthly fidelity monitoring to all therapists, conduct booster trainings to maintain fidelity, and provide TARGET training to new therapists as attrition demands;
  • Advanced Trauma Solutions (ATS) will continue to provide fidelity monitoring of the Illinois TARGET trainers.

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

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

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

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

**BENCHMARKS:**

- **End of Year 1**
  - Hire staff to manage the implementation
  - Review data for each region to determine number of potential participants based on established criteria
  - Review provider capability to train and provide NPP program
  - Select provider and schedule training of trainers

- **End of Year 2**
  - Training of Trainers conducted by developer or master trainers
  - Execute contracts for NPP providers
  - Begin communications/outreach to targeted participants
  - Establish schedule of group classes
  - Begin classes

- **End of Year 3**
  - Conduct NPP groups and home-based coaching
• Collect pre- and post- AAPI data (Adult-Adolescent Parenting Inventory)
• Report data analysis for outcomes

○ End of Year 4
  • Conduct NPP groups and home-based coaching
  • Collect pre- and post- AAPI data
  • Report data analysis for outcomes
  • Plan for sustainability

○ End of Year 5
  • Conduct NPP groups and home-based coaching
  • Collect pre- and post- AAPI data
  • Report data analysis for outcomes
  • Sustain intervention

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

**RATIONALE:**

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

In mid-2013, DCFS convened a statewide workgroup comprised of DCFS and private agency providers to develop credentialing criteria and requirements for treatment providers (and their supervisors) of trauma focused interventions. Although an exact count of eligible providers is difficult to establish, it is estimated that between 1000-1500 DCFS counseling and POS treatment providers will be eligible. The workgroup has been focused on the development of a two-tiered credentialing approach to achieving a state-wide preferred provider treatment network. Work with the Office of Training is proceeding to augment an existing data base and IT capacity to process and store provider credentialing information. An estimated budget of $80,000 for data base enhancements, data entry and management has been identified.
While Tier I and Tier II have the same baseline credentialing requirements related to education, state licensure, and initial training, Tier I criteria will focus on ensuring that treatment providers have a sufficient foundation in assessing, identifying, treatment planning and evaluating intervention outcomes for clients in the areas of trauma-related emotional and behavioral regulatory issues. Applicants for Tier I status will need to provide documentation of completion of a number of specified DCFS and National Child Trauma Stress Network (NCTSN)-sponsored educational and training activities.

Tier II and Tier III credentialing requirements will support the identification of treatment providers certified in one or more evidence-based trauma interventions. Tier II and Tier III criteria include all those required at the Tier I level, plus additional documentation of completion of educational qualifications in specific trauma-informed evidenced based practices.

**BENCHMARKS:**

- **End of Year 1**
  - Finalize criteria for each credential tier.
  - Conduct outreach and marketing to providers
  - Implement the credentialing process for Tier I providers
- **End of Year 2**
  - Implement the credentialing process for Tier II and Tier III providers

**STAFF TRAINING, TECHNICAL ASSISTANCE AND EVALUATION**

Staff training and technical assistance activities have been outlined as part of the discussion of each CFSP goal.

**IMPLEMENTATION SUPPORTS**

In order to support the successful implementation of the goals and objectives outlined in the CFSP, Illinois will implement a Model of Supervisory Practice. The tenets of the Supervisory Practice Model will be incorporated into IDCFS policy and will require certification to ensure that all supervisors achieve a high standard of knowledge and practice.

The Supervisory Practice Model is based on four functions of supervision: administrative, developmental, supportive and clinical supervision which are interwoven throughout the model. This model requires that supervisors balance these four functions, recognizing that each is a necessary component of effective supervision.

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

Training for supervisors on Procedures 300 and 315 will be conducted within the context of the Supervisory Practice Model. Training modules specifically designed for supervisors will be developed to teach supervisors how to apply the tenets of the model to ensure that the requirements of Procedures 300 and 315 are consistently applied in child welfare practice. These training modules will be provided to DCFS and purchase-of-service supervisors, and will be integrated into practice by field support and coaching. In addition to the procedures specific supervisory training planned as part of CFSP benchmarks, plans are also underway to conduct an initial phase of general training to introduce supervisors to the basic components of the model, including the four functions of supervision, before the end of year 1 of the CFSP.

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

Child and Family Services Continuum

SAFETY INTERVENTION SYSTEM

Protecting Children
Whenever possible, DCFS provides services that enable at-risk children to remain safely at home. When removal is necessary, every effort is made to provide services, which are also monitored by the courts, to ensure the child’s safe return to their family or seek other permanency options that ensure the child’s safety.

Community-Based Child Abuse and Neglect Prevention programs and Child Welfare Services Intake programs provide additional tools to ensure children the safe, loving homes they deserve while preventing further trauma of family disruption.

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

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

Child Safety and Well-Being
There are three primary components to keeping children safe:
• Prevention
• Protection
• Partnership

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

**Intact Family Services**

The Intact Family Services program is designed to work with families voluntarily who have come to the attention of the Department of Children and Family Services as a result of a referral from child abuse/neglect investigation or involuntarily when ordered by the court to provide services. Intact family services are meant to provide reasonable efforts to preserve families to enable children to remain safely at home and avoid separation and/or placement of the children. Primary components of this program include professional assessment of family issues that lead to the Department’s involvement and the provision of direct intervention and linkage to community services.

A family must consent to receive intact family services, maintain a safe environment for the children and remain sufficiently stable to participate in services. A family-centered approach to engage families is utilized to strengthen the family’s capacity to function effectively to ensure child safety and well being.

**Family Advocacy Centers**

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

In FY 2014, FACs reframed their efforts to specifically focus on a combination of families who have already been involved with DCFS and on families who may not have prior involvement with DCFS but who have children age 6 and under, putting them at a greater risk of severe abuse and neglect. FACs maintain a prevention-focused, holistic approach that builds on families’ existing strengths. In FY 2014 the centers transitioned from grant-based to fee-for-service funding, thus increasing the accountability of both the FACs and DCFS.

FACs provide parents with the support and encouragement they need to follow through on the goals that will allow them to preserve and reunite their families. They tailor their services to the unique needs of the communities they serve.

In addition to traditional counseling, referral, and training services, FAC’s may also offer:

- 24-hour crisis response and systematic support services;
- Intensive mediation services;
- Counseling for women and children who are victims of domestic violence;
- After-school, summer and out-of-school programs;
- Parent coaching, mentoring and classes in English and Spanish;
- Execution of intervention strategies to support the family reunification process; and
- Court ordered supervised child visitation for non-custodial parents.
Be Strong Families/Strengthening Families Illinois

In FY2013, 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. Be Strong Families was contracted by the department at the beginning of the second quarter of FY13 to provide protective factor building services 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.

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. Since that time, however, protective factors-building, family strengthening efforts have continued 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. Online resources developed through the initiative are available at www.strengtheningfamiliesillinois.org. New resources are added as developed. One Hope United (OHU), co-convener 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 2014, the National Strengthening Families Summit will be held in Chicago and Strengthening Families Illinois partners are playing an important role in supporting program planning efforts. The summit occurs every two years and brings together key implementers (early childhood & child welfare providers, parent leaders) from across the country who are implementing Strengthening Families in their home states. Approximately 300 – 350 individuals are anticipated to attend from the more than 30 states currently partnering nationally.
All services provided by Be Strong Families contribute to achieving child welfare goals and include training workshops and cafes for both parents (Foster, Birth) and teens (teen parents / youth in care). Training topics include:

- Living the Protective Factors (Birth Parents, Foster Parents)
- Get Real About Getting Your Kids Back (Birth Parents)
- Wake Up to Your Potential Leadership (Parents and Teens)

**Extended Family Support Services**

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

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

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

Norman Services assist families who lack food, clothing, housing or other basic human needs that place children’s safety at risk and would otherwise necessitate their removal from the family or would be a barrier to family reunification. The statewide program provides:

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

**Public Education**

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

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

**Protecting Children**

As soon as a call is made to the Child Abuse Hotline, DCFS staff urgently take the action steps necessary to protect the child in question. Protecting children involves a strong system of screening reports, a properly assessed “front end” investigation, effective use of investigative tools, and timely service delivery. Illinois has made significant gains this past year by completely
overhauling the 32 year-old Child Abuse Hotline system resulting in a much more efficient and timely response. Furthermore, DCFS increased the number of Child Protection Investigators as part of the agency-wide reorganization plan to lessen investigators’ case loads and to expedite investigative findings.

Key strategies for an effective front end response are:
- Answering calls quickly to prevent hang ups;
- Providing child welfare services to families in need who are not the subject of a child abuse hotline investigation; and
- Fully staffing and filling front end vacancies.

In addition, the Department continues to invest necessary resources in the “front end” of the service delivery system. In the past year, DCFS has significantly intensified its intact family services through the addition of special high risk intact positions working with the most difficult cases. Intact family services are voluntary services provided to families whose cases do not result in temporary custody being taken of children. By focusing on intact family services when appropriate, and front-loading the services, involvement with families is directed toward 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 kids 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.

**Partnering to Combat Abuse**

Although the Department is charged with the responsibility to care for and serve the families of Illinois, the agency is not alone in this endeavor. A significant number of the families served also have contact with other government agencies. It is therefore a chief priority for the Department to continue our efforts to forge partnerships with our sister agencies as well as law enforcement, schools, medical providers and members of the legislature. Through interdepartmental collaboration, DCFS will improve the safety net for its most vulnerable children and families.

Initiatives to promote cross-agency collaboration include:
- **Human Trafficking**

  In our efforts to guard our youth from the dangers of human trafficking, the Department has employed a human trafficking coordinator responsible for collaborating with the FBI, local Sheriffs, law enforcement, the Cook County Public Guardian, and university researchers. The Department has created statewide workforce training on how to engage and work with this specific group of vulnerable youth. In addition, two new allegations that address this type of abuse have been added to the child abuse allegation system as well as a tracking indicator to monitor these victimized wards.
• **Illinois Partnership to Reduce Child Deaths**
In recent years, accidental infant deaths due to co-sleeping with a parent or sleeping in an inappropriate environment have emerged as a major and preventable tragedy in Illinois. In response to these deaths, the Department has joined the national Collaborative Improvement and Innovation Network (COIIN) to develop policies and strategies to improve measures related to Safe Sleep practices of infants in Illinois and reduce infant mortality. Over the course of eighteen months, Illinois will work with other states of Region Five to develop AIMS and strategies that will reduce the incidence of infant deaths associated with unsafe sleep practices. This group is spearheaded by the federal Maternal Child Health Bureau. Illinois Department of Children and Family Services Deputy Chief of Staff Ericka LaCerda, Acting Operations Chief Michael Ruppe, and Nora Harms-Pavelski Administrator State Central Register, participate in this team along with various Governmental, Medical, Educational and Private Agencies across Illinois and the participating States of Regions Four and Six.

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

• **Engaging Experts to Prevent Child Deaths**
Under Illinois law, the state’s nine Child Death Review Teams (CDRT) review the death of every Illinois child related to abuse or neglect as well as any death of a child for other causes who had current or recent involvement with the Department. CDRTs bring together experts from child welfare, medicine, law enforcement, public health and other fields in a multi-disciplinary effort to keep all children safe. Since their creation in 1994, CDRTs have made hundreds of recommendations to the Department not only to improve investigations and case management, but also to support advocacy to reduce preventable child deaths, whether from abuse, neglect or accidental causes.

• **Partnering with the Office of the Inspector General (OIG) to Reduce Systemic Errors**
The Office of the Inspector General is required by statute to develop Error Reduction Implementation Plans to remedy patterns of errors or problematic practices that compromise or threaten the safety of children as identified in the Inspector General’s death and serious injury investigations and by Child Death Review Teams. The Inspector General has developed a training curriculum and introduced child protection investigators, their supervisors and managers and intact family services staff to the concept of error management – i.e., what can be done to prevent the occurrence of tragic error by applying error reduction methods to child protection investigations of allegations of cuts, bruises, and welts, since these allegations are often a precursor to the fatality of young children. Using the Inspector General report, “Ten-
Year Review of Deaths of Children of DCFS Parenting Teens”, the Inspector General’s Office, the Teen Parent Services Network, and the DCFS Hill-Erickson consultant developed an interactive and discussion-driven training model that assists Teen Parents in developing strategies for: non-violent responses to infant crying and other challenging developmental behaviors; creating non-violent approaches to parenting; and implementing safe sleep practices. The training was designed to reduce the risk of infant mortality and prepare inexperienced parenting wards for the challenges of caring for a vulnerable infant.

- **Substance Affected Families**

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

**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 six 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. (The Act changed to include serious physical abuse and child deaths beginning on 6/1/08). 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.

CACs expanded services during FY 2012, in order to provide services to ten counties that were previously un-served 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.

**Strengths and Challenges of Safety Services**

The 2015-19 CFSP contains the Illinois spectrum of Safety Services. Illinois has built a best practice Safety Intervention System over the last several years. The strengths of this system are immense. The strength of the Illinois system begins with the focus on a Safety Intervention System as a whole. However each piece of the Safety Intervention System has its nuances that create the Best Practice focus. The strengths include tools, process, partnerships, supervision and critical decision making.

Illinois has one of the lowest removal rates in the nation. Illinois is very proud of this as every effort is made to keep families together whenever possible. This is a life altering decision for children and their families and Illinois takes this decision very seriously. The workforce is provided with the tools, supervision and critical decision making tools that enhance the ability of staff to make the most precise decision.

DCFS also has a very positive working relationship with a multitude of community partners in the delivery of safety services which helps to advance the Illinois Safety Intervention System.

Unfortunately some gaps in service still exist. These gaps at times are in specific geographical areas of Illinois. Illinois is very geographically diverse. Safety related needs and services for instance in Chicago may differ from the issues that exist in more rural communities in Central and Southern Illinois.

Due to the severe budgetary issues in Illinois over the last several fiscal years, there was a need to adjust spending. This created changes and gaps in some areas. The number of front line workers continues to decrease. Therefore, the DCFS reorganization in 2012 focused on increasing the number of child protection staff in order to ensure investigators were assigned no more than 9 new investigations per month. The Department has, and continues to make,
progress towards this goal. The reorganization also allowed DCFS to reduce the number of middle management positions. Another goal of the reorganization was modifying the Intact Family Services program. DCFS increased its utilization of private agency partners by transferring case management responsibility for approximately 80% of the intact family caseload to POS. DCFS has experienced challenges, both fiscally and programmatically, with the new intact family services model. Illinois is now intensely engaged in overcoming these challenges.

Child Abuse Prevention is a needed and necessary component to any Safety Intervention System. However, due to budget constraints, monies for media and non DCFS involved prevention services are not as readily available. The gap has not yet been realized but may begin to show an increase of abuse/neglect from communities that no longer offer community based services.

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

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

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

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

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

**Foster Care**

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

Specialized licensed foster care provides youth who have serious medical or behavioral health issues with a more intensive level of case management and therapeutic services. These specialized foster families provide a loving home setting that avoids the more costly and traumatic placement in a residential facility. Caseworkers assigned to these youth have smaller caseloads and have access to mental health clinicians and medical professionals to address needs identified in each youth’s individual treatment plan. Specialized foster parents receive additional training to meet the unique needs of the youth placed with them as well as supportive services including respite and 24 hour consultation and crisis response.

**Residential Treatment Services**

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

**Initiatives to Assist with Permanency Achievement:**

**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. CMT staff participates in CIPP meetings to provide expertise around placement resources. Their aim is to bring their knowledge of services and placement resources of which other participants may not be aware, to the meeting with the goal of supporting foster care placements, reducing placement disruptions and, when necessary, providing information as to what residential programs can meet a youth’s 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 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 Foster Care**

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

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.

After the child returns home, the caseworker visits the family twice weekly for two months and then weekly thereafter, contacts providers weekly during the first month, and provides ongoing services and monitoring for a minimum of six months. These interventions remain in place until the time of case closure.

**Family Advocacy Centers**

A major focus of DCFS is the expansion of the Family Advocacy Centers. The Family 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 to parents by accompanying them 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, Family Advocacy Centers refocused their efforts to families involved with DCFS. A minimum of 50% of the families served were DCFS involved. The centers will also target services to DCFS involved families with children age 5 and under. This refocusing of resources is intended to ensure the availability of culturally sensitive intact family services statewide as well as to provide opportunities for substitute caretakers, parents and placed children to participate in parenting classes and visitation.

Permanency Achievement Specialists
A new initiative for the Department began in January 2012 with the implementation of Permanency Achievement staff. (PAS) positions were developed to support permanency outcomes for all children in care. The state defines permanency as providing a lifetime commitment to a child/youth in a setting where they are safe, have a sense of belonging and well being. Permanency includes reunification, guardianship, adoption and establishing lifelong connections for children and youth in care. PAS staff provides experienced professional services to assist in facilitating the timely achievement of permanency for children in all placement settings. Their focus is to identify and remove barriers that impede a case from achieving permanency. PAS staff are located in all regions of the state and work collaboratively with the assigned casework staff and with other divisional staff to address and remove the barrier(s). Quarterly case reviews are conducted that consist of a meeting between the caseworkers, PAS staff and other divisional staff as needed. If the case is “stuck”, PAS staff can take the lead in helping to resolve the issues impacting permanency. The PA specialist tracks, analyzes and records the data from the reviews. Reports from this data can assist in identifying any trends that are impacting permanency in different areas of the state. The PA specialist can mine a child’s file in order to locate someone that can be reconnected to the youth in order to establish long term connections. PAS work in collaboration with the resource recruitment specialist to secure appropriate placements and provides supports to adoption staff to expedite the adoption/subsidized guardianship process. Permanency Achievement Specialists are committed to improving permanency outcomes for children and youth that are impacted by length of stay in care, placement stability, racial disparity, disproportionality and other contributing factors that delay a child/youth’s sense of permanency.

The implementation of the PAS model has served to heighten the need for permanency for all children in care where staff have embraced the concept of urgency and the child’s sense of time in achieving permanency. Additionally, staff are engaged in the practice of considering the child’s wellbeing in relation to permanent relationships and feeling connected through a sense of belonging. The Department must carry this concept further by engaging the private agency partners, who make up over 80% of the foster care service provision in Illinois. IDCFS has begun the critical task of examining and implementing strategies to improve permanency but now
must begin to engage purchase of service providers in the urgency for permanency for all children in care.

**Partnership for Permanency (P4P) Casey Family Programs Technical Assistance**

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

Permanency Round Tables are structured, professional case consultations that:

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

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

**Permanency Innovations Initiative**

In September 2010, Illinois began identifying a target population and articulating an implementation plan to improve permanency through a trauma-focused model to reduce long-term foster care. In 2011/12, Illinois selected an evidence based practice model called TARGET (Trauma Affect Regulation: Guide to Education and Therapy) and articulated the full eligibility criteria. Therapists throughout the existing Illinois System of Care (SOC) program were interviewed and selected to participate in the first cohort TARGET training in January 2013, and Illinois began their usability phase of the project. Cohort two therapists joined the project in May 2013, and cohort three in November of that same year providing twenty-seven therapists statewide. Six Illinois trainers began their TARGET trainer certification process in the summer of 2013, helping to ensure sustainability of TARGET post the PII grant.

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 450 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 Summative Phase of the study (year four) and has randomized close to 300 children thus far.

**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.

**Adoption Preservation and Support Services**
The provision of post adoption and post guardianship services to 27,440 children and youth receiving adoption or subsidized guardianship assistance (as of March 26, 2014) continues to be a critical challenge for the Department. Intensive services are often required to stabilize and support adoptive families. Fourteen years of age is now the median age of youth in homes receiving adoption or guardianship assistance and so it is clear that the special needs of adolescents will only amplify the behavioral and mental health issues of their past.

Statewide adoption preservation programs have been the cornerstone of the post adoption services offered to these families and this successful model has proven to be an invaluable resource of intervention and stabilization. The rate of adoption dissolution for FY13 is 0.724%, showing an improvement from FY12, with an adoption dissolution rate of .944%.

To further enhance the progress and efforts made by the adoption preservation programs, the agency has additional programming supports for adoptive/guardianship families:
**Maintaining Adoption Connections:** The MAC programs provide an additional range of services to post adoption/guardianship families from crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy. The Department’s Maintaining Adoption Connections programs began operation in Cook County and vicinity in FY09 and are continuing in FY15 to meet the ever expanding support needs of the post adoption families. These programs have been able to meet many service needs that are not covered through the normal subsidy related services and have provided much needed stabilization and support services.

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

With these points in mind, work is being started in FY15, to expand adoption preservation services. The “Embrace Adoption” project will be initiated in the Cook and Northern Regions, to reach out to newly adoptive families. The focus will be to celebrate the adoption and offer support through individual and group therapeutic services to families. This early and ongoing connection to families will be the cornerstone to normalizing adoption preservation services. These services will be offered to families who have adopted children internationally as well. With so much concern nationally about the practice of “adoption re-homing”, it is believed that this public and supportive outreach will decrease the number of families who feel isolated and wait to ask for help until they face a crisis within their newly formed family.

**Post Adoption Transitional Services**

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

Data shows that within this population three to five young adults are aging out of the child welfare system per month. Obviously, not all of these children need adult transition services, but for those who do, the goal would be to expand service delivery to make the transition into adult programming as smooth as possible, before the child turns 21 years old.
Educational Support for Post Adoption Children
Over the past years, budget constraints caused the educational supports that DCFS once provided to post adoptive families and their children to be decreased. The need to restore these supports was identified as a priority during FY14. Discussions have been held with Equip for Equality, (an organization tasked with advocating for special needs children in the educational setting) to develop a contract for these services. The plan is to have the organization serve as the advocate for children who are facing exclusion from school or placement in a most restrictive environment. Other plans include having the organization hold a series of trainings throughout the state to teach DCFS post adoption staff how to effectively advocate for children at school.

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

Youth in KinGAP may continue to receive KinGAP services beyond their 18th birthday if the child is:
- Attending high school and will not graduate before their 18th birthday; or
- Has a physical or medical disability that substantially limits one or more of the youth’s major life activities.

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

- There is an increased attention for overall permanency and the Department is engaged in several initiatives aimed at improving permanency practice and outcomes for children and families in Illinois.
- Illinois has passed several laws that are sure to impact permanency positively. The post permanency sibling contact law was passed in 2012, reversal of TPR (termination of parental rights) was passed in 2013 and fictive kin was passed in 2014, all paving the way to allow casework staff to pursue permanency plans and permanency resources with family, kin, relationships and lifelong connections in mind. These changes allow for a greater focus on family and kin connections, nurturing relationships and lifelong supports.
- The implementation of the PAS model has served to heighten the need for permanency for all children in care where staff have embraced the concept of urgency and the child’s sense of time in achieving permanency. Additionally staff are engaged in the practice of considering the child’s wellbeing in relation to permanent relationships and feeling connected through a sense of belonging.
- IDCFS is committed to improved permanency practice and has established a workgroup aimed at reviewing, analyzing and revising core permanency practice procedures to establish a standard of care and service provision that considers family engagement, shared parenting as a means to empower birth parents, the child’s sense of time in achieving permanency, and lifelong connections for families and children.
- IDCFS is engaged with Casey Family Programs to analyze, assess and employ permanency strategies through Casey technical assistance that will enhance overall practice and reshape permanency planning for all youth.

Permanency Challenges:

- With 80% of the foster care cases being served by private agencies, the task of developing, training and sustaining improved practice is challenged by a transitioning workforce with high rates of worker and supervisor turnover.
- The PAS model of support is not widely used by private agencies where the majority of permanency cases are served. The Department must continue to work toward further engagement of private agency casework and supervisory staff in utilizing support and assistance from the permanency achievement support staff.
- Illinois is made up of 102 counties and court jurisdictions. There is a need in bringing court systems and legal stakeholders to the table in efforts to inform and gain support to get children and youth to achieve permanency more timely.
- The Illinois budget has consistently placed DCFS with potential reduction in staff and funds for contracted services. The loss of resources has had an impact on case progress as well as staff morale. The budgetary culture has repeatedly forced staff to face potential layoffs and changes in job assignments, which impacts productivity. IDCFS needs to establish a sense of stability for staff and stakeholders in order to forge ahead
with planned improvements. Staff are hesitant to buy in and difficult to engage when morale is low and stability is uncertain.

- IDCFS needs to improve foster home recruitment planning to acquire more appropriate homes for matching children in need of temporary placement and long term permanency.

**WELLBEING SERVICES**

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

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

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

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

Specific activities associated with the School Readiness Initiative include:

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

In cooperation with the DCFS Office of Technology, DCFS and DHS developed an encryption list for Head Start use with early recruitment and enrollment of children ages 3-5 entering DCFS care.

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

The Early Childhood Project consists of two vital components-

• Early Childhood Placement Family Services Program
• Early Childhood Intact Family Services Program

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

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

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

**Office of Social Work Practice and Field Support**

**Regional Clinical**
Regional Clinical staff provide clinical support to the field through the Regional clinical units. These units consist 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.

**Specialty Services**
The Specialty Services division provides expert consultation, training, and education on several specialty areas including Substance Abuse (AODA), Deaf/Hard of Hearing, Developmental Disabilities, Domestic Violence, HIV/AIDS, LGBTQI, and Adult Mental Health. These programs have a number of pending projects intended to enhance practice and promote the well-being of children and families served by the Department.

**Additional Clinical Services**

**System of Care (SOC)**
SOC is a flexible service array program that is designed to stabilize a foster home setting. The SOC agency uses wraparound planning principles to help develop the Child and Family Team and to help with the assessment process including strength identification. The program demonstrated the ability to help children maintain their placements by reducing placement changes from approximately two per year prior to SOC to less than one per year during SOC involvement. In FY15, 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.

**Psychiatric Hospitalization Project**

A Psychiatric Hospitalization Project (PHP) data base was rolled out early in January 2014. This has allowed DCFS to identify youth by hospital, age, and region. It also identifies youth that have had multiple hospitalizations. This data base will be used to analyze trends in psychiatric hospitalization as well as identifying what age groups are frequently hospitalized and what type of programming is needed. PHP staff provide BMN information to assist Central Matching in finding placements for youth if they cannot return to their pre-admit placements.

**PSYCHOLOGY SERVICES**

**Testing**

Many youth and their families are referred for Psychological and Neuropsychological Evaluations and Parenting Capacity Assessments either before they enter care as an Intact Family Case, when they first enter care from an Integrated Assessment, during care from a Placement Caseworker, Residential Facility or Psychiatric Hospital or after care from a Post-Adoption Caseworker. The Psychology Program of the Clinical Division provides reviews of these referrals by licensed clinical psychologists to assure that the evaluations are necessary and appropriate.

**Goals:** To continue to provide high quality review of Psychological, Neuropsychological, and Parenting Capacity requests to the caseworkers ensuring that all testing and referral questions are appropriate. Restructure the testing payment rate in order to have a focused Psychological Evaluation and a comprehensive Psychological Evaluation. This more equitable system should result in a savings to the Department. Continue discussion as to how Psychological Evaluation providers can provide service in a manner which would allow for Medicaid reimbursement, and research 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, it has become an increasingly difficult task of storage space and access to reports for information when needed.

**Provider Training**

The Psychology & Psychiatry Program oversees the 132 approved testing providers. Based on the outcome of a prior review of reports and the fact that no training has been offered to fee-for-service providers, it was deemed that statewide training was a necessity to provide up to date information about the Family Centered, Trauma Informed and Strengths Based (FTS) orientation of the Department.

**Goals:** The Psychology & Psychiatry Program is developing training for all testing providers with a focus on testing and writing with a Family Centered, Trauma Informed and Strengths Based
(FTS) orientation and continued compliance with DCFS Psychology Program Guidelines and Standards. With the inception of the Illinois Psychological Association’s requirement for Licensed Psychologist to obtain CEU’s for license renewal, we have added the objective of being able to offer CEU’s to participants. The training will be presented via small groups, webinars and written material. The plan is for this to be held in each of the four statewide Regions in order to maximize participation. The expectation is that every provider must attend in order to remain on the Approved Provider List.

Consultations
The Psychology & Psychiatry Program’s Consulting Psychologists provide consultative support to the caseworkers and supervisors as needed and attend staffings to provide clinical input. 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 act as liaisons with other programs within the division. 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 Program & 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.

Goals: To continue to provide a similar level of clinical consultation to the casework and supervisory staff. Develop a second HealthWorks consultation form that the care giver will complete either prior to medical visit or at the visit.

PSYCHIATRIC SERVICES
Continuity of Care Center (CCC)
In this model, psychiatric continuity of care consultations assure a connection between placements and treatment facilities; and case managers provide care coordination for the high-need children and youth that require medication and therapy services. Medicaid is billed for direct professional psychiatric services for medication administration and medication management. There are currently three CCCs operating in Cook County.

Title IV-B Services 5 Year Plan – Federal Fiscal Years (FFY) 2015-2019
The Title IV eligible services the Department plans to provide or purchase during FFY 2015 through FFY 2019 are described in the Title IV-B Services 5 Year Plan. This plan also describes general changes planned as well as progress or improvements which will be made during those periods. Given the state’s current fiscal climate, it is likely that desired service improvements to achieve federal outcome goals will result from no-cost changes and substitutions of one service for another. (The APSR for FFY 2010 through FFY 2014 describes several such substitutions that occurred which resulted in increased performance at no net increase in
costs.) Unless otherwise noted, all of the services described were offered during FFY 2010 through FFY 2014 and are being continued.

**Title IV-B, Subpart 1 Services**
The Department provides child welfare case management services to open child and family cases where the child is the subject of a founded (indicated) abuse or neglect allegation. The purposes and uses of this funding have been stable for several years. Eligible case management services are determined by Random Moment Studies of caseworker time conducted in accordance with methods approved by the federal government as described in the DCFS’ Public Assistance Cost Allocation Plan. Eligible services claimed under Title IV-B, Subpart 1 exclude those services eligible to be claimed under Title IV-E or TANF-Emergency Assistance. Historically, eligible expenses for Title IV-B, Subpart 1 services have exceeded federal spending authority. This situation is expected to continue during FFY 2015 through FFY 2019.

**Title IV-B, Subpart 2 Services**
The Department provides services under the Promoting Safe and Stable Families (PSSF) Program’s four services categories which include: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion and Support Services. A general description of each service category as well as its relationship to the CFSR Outcomes and Systemic Factors is provided below. Similar to Title IV-B, Subpart 1, expenditures in prior periods for eligible Title IV-B, Subpart 2 services have exceeded federal spending authority. This situation is expected to continue during FFY 2015 through FFY 2019.

Reporting on the use of the Monthly Caseworker Visitation funds and compliance is discussed in the chapter on Fiscal Reporting, Non-Supplantation and Assurances. As a result of intensive improvement efforts, the Department has been able to attain and maintain more than a 90% compliance rate with respect to the requirement that caseworkers visit children in placement every month. These efforts continue. As a result, the Department expects that all of the federal outcomes related to caseworker visitation will be attained during FFY 2015 through FFY 2019.

**Family Preservation Services**
Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse or neglect report to remain safely with their families. Adequately assessing the family’s strengths and needs and assisting the family meet minimum parenting skills are essential to the success of those efforts. These services were thoroughly revised and improved during FFY 2010 through FFY 2014. In October 2012, after almost two years of planning, the Department implemented a defined model of Intact Family Services and published revised procedures (302.388) instructing workers and providers on its use. The Department also began transitioning cases requiring intact family services from DCFS to Purchase of Service (POS) agencies. Before the transition, less than 25% of those services were for cases assigned to POS agencies. After the transition, more than 80% of the cases requiring intact family services were assigned to those agencies.
The new model works with families voluntarily after contact with DCFS as a result of a child abuse or neglect investigation or involuntarily when a court orders the service(s). Intact family services provide reasonable efforts to preserve families and allow children to remain safely at home rather than in placement. The service model intends for services to be completed within a six month period by 85% of the families served. During the last year 85% of the participating families completed those services within the established six month time frame. The new model is providing those services to the same number of families serviced under previous models. Payments are made on a performance basis rather than by grant, with a declining payment rate paid for services requiring longer than a six month period to complete. The cost of this program far exceeds the Title IV-B, Subpart 2 allotment, with the bulk of costs paid from State funds. Most of the expansion necessary to implement these services has occurred and those services provided at no net cost increase to the Department when compared to previous models. It is likely that the current model will continue to be used due to its success in meeting its service and outcome goals while providing those services at no net increase in cost.

Current service programs partially funded under Title IV-B, Subpart 2 are proving to provide effective Family Preservation Services. These services relate to CFSP Safety Outcome 1 -- Children are, first and foremost, protected from abuse and neglect, with respect to Item 1 -- Timeliness of investigations and to Family Preservation Services, Item 2 -- Repeat maltreatment. Family Preservation activities also relate to Safety Outcome 2 -- Children are safely maintained in their homes whenever possible and appropriate, with regards to services which protect and/or reduce the risk of harm to children in their own home. Although not funded under Title IV-B, Subpart 2, it is important to note that the implementation of changes/enhancements to SACWIS in the Spring of 2012 assisted in improving CFSP goal compliance. These were known collectively as the Enhanced Safety Model of Practice.

These changes resulted from evaluations completed in 2008, which identified improvements needed to the investigations process and linkages to service. Those improvements were developed and then implemented along with staff training and release of SACWIS 5.0. One of the key components involved identification and training on the importance of critical thinking in the completion of child abuse and neglect investigations. Also, there were improvements with safety plans and the criteria regarding when they could not be used. Another major improvement was clearly distinguishing between risk and safety. Determinations relative to risk and safety now occur separately. The results of the Enhanced Safety Model of Practice are promising and appear to be long lasting. It is quite likely that use of this model will continue until further enhancements are needed.

Family Support Services
Family Support Services are described below and include: Extended Family Support Services, Habilitation Services, and Family Advocacy Center Services.

- Extended Family Support Services (EFS) are designed to divert relative caretakers from the child welfare system when caring for a relative’s child for more than 14 days and a risk of abuse or neglect may be present. In these instances neither the children nor their families have open cases with the Department. The services
offered include safety assessment, casework services, counseling, parenting training, connecting the family to short term and long term family support services provided by community based programs, and other, services designed to increase family stability. Case goals and decisions are developed collaboratively between the provider(s) and the family. These services may help a family obtain guardianship in a local probate court, a child only grant, subsidized day care and other entitlements, or enroll a child in a school in the community where the caretaker lives. However, when a protective services case must be opened for safety reasons, steps are taken to maintain those services that have already been offered. EFS programs protect children from abuse and neglect while allowing them to remain in their home, providing those children with needed family stability and permanency. EFS programs have operated successfully with few changes for several years. As a result, these services will continue to be provided during FFY 2015-2019. These services are claimed to and funded from federal PSSF in Cook County; downstate they are paid from state Foster Care funds.

- Habilitation Services promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placements, promote family reunification, stabilize foster care placements, and facilitate youth development. Habilitation services are provided to parents or other caregivers in order to maintain or reunify the family. These services are typically delivered in the client’s home and assist in strengthening the ability of parents or caregivers to provide adequate childcare and improve their parenting skills. Services are furnished on a statewide basis through a network of providers using a standardized program plan. The Department’s funding for these services has declined over the last five fiscal years and been reinvested in an expansion of the Family Advocacy Center Services. This decrease in funding for habilitation services and reinvestment in Family Advocacy Center Services is expected to continue through FFY 2015-FFY 2019. For these programs, 99% of the funding is from state Family Preservation dollars, while the remainder is from Foster Care Initiative funds. Spending for these programs exceeds the allocated PSSF. Claims for reimbursement are filed under Title IV-B, Subpart 2 up to the amount allocated.

- Family Advocacy Center (FAC) Services are described under Strategy IV of the January 31, 2011 Program Improvement Plan (PIP), Improved Service Accessibility and Individualization of Services to Children and Families throughout Illinois, Component B. Development of these services was considered critical to achievement of the PIP and the CFSP goals and objectives, even if that development required investment of funds previously spent on other services. By FFY 2014, there were 23 state-funded programs in operation. This effort by the Department is directed at preventing child abuse and neglect by funding community organizations providing comprehensive and diverse support services to families. FACs use a prevention-focused, holistic approach that builds on a family’s existing strengths. Locations of these Centers targeted communities that had higher than average
incidents of protective custodies and placements. Although program development for the FACs took somewhat longer than originally anticipated, these programs have stabilized and the services provided considered effective. As a result, beginning with FFY 2014 funding for these programs by DCFS moved from a grant based approach to a fee for service basis. Also, in FFY 2014 the FACs focused their efforts on those families at greater risk of abuse and neglect, i.e., those families that have been involved with DCFS with children age 6 or under. This further increased the effectiveness of FAC services in protecting children from abuse and neglect and helping them remain in their own homes, preserving the continuity of family relationships, and strengthening the family’s ability to care for their children and provide for their needs. Spending for these programs exceeds the allocated PSSF. The programs are initially funded from state Counseling, Family Preservation Foster Care and Family Centered Services appropriations and claims for reimbursement are filed under Title IV-B, Subpart 2 up to the amount allocated.

**Time-Limited Family Reunification Services**

Time-Limited Family Reunification programs offer services prior to reunification to assist families in reuniting and aftercare services which offer support to families after reunification has occurred. Additionally, time-limited reunification services associated with early discharge from institutional residential treatment programs and group homes are also offered by the Department.

- Time-limited reunification services are offered to the child and family in support of their reunification. The reunification services offered include counseling, planning, visitation supervision, evaluations and court testimony regarding the family’s readiness to reunify, etc. These time-limited reunification services are initially funded from the state Foster Care appropriation. Then the costs included in claims for reimbursement under Title IV-B, Subpart 2 along with other reunification services provided to the child. As long as the current Performance Foster Care services are offered, this component in the comprehensive foster care service array will continue.

Time-limited reunification services are also offered in support of the reunited family. These reunification services include case planning, monitoring of behavior, progress, and safety, safety assessments, counseling and therapy as needed, and collateral referrals and contact with community agencies. The services provided after reunification are billed separately, identified by service type and child’s ID number and claimed under Title IV-B, Subpart 2. These payments are in addition to and separate from the monthly payments for services made under Performance contracts and per diem payments for specialized foster care services made under Specialized contracts. State Foster Care and Family Preservation appropriation funds are initially used to pay these costs.

- Time limited family reunification services related to early discharge from institutional residential treatment programs and group homes are also provided, but are not claimed under Title IV-B, Subpart 2. These services supporting family reunification are an
integral component of the residential treatment and group home services offered and will continue during FFY 2015 through FFY 2019. The residential treatment center or group home is also able to provide up to 3 months of transition support for those youth who are reunified with their families. This transition support is paid for by the Department via the Residential and Transition and Discharge Protocol. One of the performance measures for residential treatment centers and group homes is Sustained Favorable Discharge. A reunification is considered a favorable discharge. These costs are paid from state Institution and Group Home funds and from the Counseling appropriation.

The time Limited Family Reunification services funded, in part, under Title IV-B, Subpart 2, and 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 30 years, the Illinois Department of Children and Family Services has contracted with major universities for research to assist it in improving the family reunification services offered, reviewing and analyzing the services provided, evaluating outcomes, and recommending improvements as needed. In addition, the Division of Quality Assurance has implemented a Post-Reunification Protocol with questions and measures applied to individual cases and in studies of program services offered. The results of university research and information obtained by the Division of Quality Assurance are used to identify those services and outcomes that lead to permanency and successful, lasting reunifications. The measures in that protocol are concerned with the same services and outcome as those included under CFSR Permanency Outcomes 1 and 2.

Adoption Promotion and Support Services
This Title IV-B section of the APSR describes those Adoption services that are the most relevant to Title IV-B, Subpart 2.

- Intensive Adoption Preservation Service programs for adoptive families in crisis and in danger of surrendering an adoptive child are available both for families of former wards (whether DCFS or a private agency was responsible for the adoption) and for adoptive families who have had no connection with the State child welfare system. These services include emergency intervention, assessment, short-term clinical therapy by M.A.-degreed workers, casework/case planning, support groups, respite, and intervention and interaction with community services. The programs support the family, stabilize the adoption, attempt to prevent psychiatric hospitalization of the child, and prevent the adoption from dissolving. A formal evaluation by Illinois State University found these services effective in preserving the permanency and stability of the adoptive home, maintaining adoptive family relationships and connections, and enhancing the ability of the family to meet the adopted child's needs. Therefore, these services are likely to continue for FFY 2015 through FFY 2019. State Adoption and Family Centered Services funds pay for these services, which are then claimed for Title IV-B, Subpart 2 reimbursement.
• Maintaining Adoption Connections (MAC) program began near the end of FFY 2011. MACs identify challenges and recommend support services needed to stabilize and preserve the adoptive family relationship. MAC services focus on young adolescents, 13 to 15 years of age, but may also include children of other ages. The services offered are not as intense or as crisis-oriented as the Intensive Adoption Preservation Services previously described. MAC services include short term individual and family therapy, crisis prevention, etc. These services will continue to be offered during FFY 2015 through FFY 2019 as the Department continues its efforts to improve this model’s effectiveness. State Adoption and Purchase of Children’s Services funds have been the initial payment sources for this service. The services are eligible to be claimed under Title IV-B, Subpart 2 grant but are not currently claimed due to the limited size of that grant.

• Older Caregiver Services include several programs serving the Chicago/Cook County area and immediate vicinity which have delivered services for the last 10 years. These programs provide adoption support services to older caregivers, 60 years of age and above and their adopted children. One service provides for and implements an agreed upon back-up plan in the case of death or incapacity of the caregiver in order to provide continuing care to the child. Juvenile Court liaison is another service involving a specialist who is available every day court is in session to assist with problems requiring court involvement. Another valuable service includes therapeutic, casework and legal assistance when a caretaker death occurs. These programs provide added special-purpose support beyond the partially federally funded Adoption Preservation programs. These services assist in adoption preservation by providing continuity to children when death or other tragedy befalls an older caregiver and a planned transition to a successor caretaker ready to care for them. It should be noted that, in downstate communities, Department staff perform these functions but are not always able to offer all the specialized services available in Cook County. These services are effective in the preservation of adoptions and will continue to be offered during FFY 2015 through FFY 2019. State adoption funds, supplemented by state Counseling and Family Preservation funds, and Family Centered Services funds, are used as the payment sources for these services. The services are eligible to be claimed under Title IV-B, Subpart 2 grant but are not currently claimed due to the limited size of that grant.

• Adoption Respite Services – consist of short-term, temporary services to provide stress relief to the adoptive or subsidized guardianship family serving former Department wards. It also provides stress relief and skill building experiences to adopted children to improve their social and coping skills. (It is important to point out that this service should not be confused with babysitting.) The goal is to strengthen the adoption or guardianship relationship and prevent its dissolution which would necessitate the return of the child to state custody and placement in foster care or institutional care. These services will continue during FFY 2015 through FFY 2019; however funding is not currently available to expand them. This
service is supported from state adoption funding. Although they are eligible for claiming, these services are not currently claimed to Title IV-B, Subpart 2, since the state has already maximized available claiming.

- Other supportive adoption services -- mainly consist of post-adoption counseling and therapy, which together constitute more than 85% of other supportive adoption services. The “other” category also includes therapeutic day care/day treatment services for children, when diagnostically required, and tutoring services for children, as necessary. These services are permitted if their need is referenced in the signed adoption subsidy agreement entered between the Department and the adoptive parents. While use of other supportive services per adoptee has increased, the total usage of these services will probably decline slowly due to the decrease in the population eligible for those services. These services are funded from state adoption, counseling, family preservation and children’s personal and physical maintenance funds and are paid via purchase of service payments, usually on the basis of documented hours of service. They are not included in the monthly subsidy payment. Once paid, to the extent that the counseling or therapy services are authorized in a specific child’s signed, dated subsidy agreement they are then claimed under Title IV-B, Subpart 2.

While Permanency Outcome 1, Item 7 -- Permanency goal for child and Item 9 – Adoption, relate most directly to the Adoption Promotion and Support Services, the presence of many other components of service help prepare for a successful adoption.

A staff reorganization in the opening months of FFY 2013 has aided the delivery and improved the effectiveness of adoption promotion and support services described above. Prior to this reorganization, the Department had three separate adoption related components: These components included Adoption staff who completed DCFS adoptions, Post Adoption staff who managed post adoption functions and cases, and other staff responsible for the review and approval of all the purchase of service subsidies. It became clear that this functional separation did not maximize the Department’s ability to promote, consummate, and support adoptions. Under the reorganization these three functions were consolidated and performed by the same specialist, i.e., the specialist who completes the adoption continues to provide post adoptive support to the family. As a result, the Department is better able to identify and address the adoptive family’s needs. In addition, workload after the reorganization is more equitably distributed and performance improved resulting in more efficient use of the Department’s limited resources. These improvements are expected to continue during FFY 2015 through FY2019.

Adoption Incentive Payments
The last year that the Department received an Adoption Incentive payment was FFY 2010. The large number of children in placement in the mid-1990s enabled the Department to focus on the adoption of a large number of children in those earlier years. A high rate of adoptions was possible and adoption incentive awards to the Department were substantial. However, with
the decrease in the foster care population to one third the number of children in care during those peak years, even fairly high percentage rates of adoption have not resulted in the Department receiving any recent adoption incentive awards. This situation is not expected to change during FFY 2015 through FFY 2019.

Service Decision-Making Process for Family Support Services
Information about the process for selecting agencies and organizations for family support services can be located in the discussion of Family Advocacy Centers in the Child and Family Services Continuum: Safety Intervention System and Permanency Services section of this report.

Populations at Greatest Risk of Maltreatment
Identification and description of the population at greatest risk of maltreatment, and how this population was identified:
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: http://www.state.il.us/dcfs/library/index.shtml

How are services targeted in the next five years?
The Illinois DCFS has and continues to focus attention on the 0-5 population. This population is the most vulnerable due to their age and their inability to self protect. Illinois focuses on this population by their Family Preservation efforts which include their Safety Intervention System.

DCFS has one of the best family preservation rates because the agency takes children into protective custody only as a last resort, when it is the only way to ensure the child’s safety, relying on DCFS monitored safety plans and a wide range of programs like our Intact Family Services that enable children to remain in their homes and their communities safely.

Illinois continues to be a leader in maintaining children in their home when safe to do so. This is due to there being numerous child protection front end measures in place. Illinois utilizes a detailed allegation system when calls are made to the State Central Registry. This system is utilized in taking a report involving incidents of abuse and/or neglect. Hotline workers are trained in the allegation procedures and what may constitute a report being taken. Illinois also utilizes a detailed safety assessment in assessing safety and risk to children in which a hotline investigation has been initiated. Child protection staff are trained in the use of the safety assessment and receive ongoing close supervision when a safety determination is made regarding child victims. In using the allegation system as well as a precise safety determination process the protective custody rate is very low. Protective custody is taken of those minors only in the most serious situations and where protective measures cannot be taken to ensure their safety without being removed from the caretaker. Illinois is also able to offer diversion programs for families and children which may address less serious harms or situations. Some of these include referrals to intact service providers which can arrange for an array of preventive services ranging from protective daycare to counseling services. Department staff can also
refer families to various community service providers who can assist with needs such as housing or parent training.

Over the next five years, Illinois will continue to refine assessments and services to this most vulnerable population. This will be the focus by using data to guide decision making for Intact family services reforms. Additionally resources will be added and will include Permanency Achievement specialists that will focus on Permanency efforts for all children.

Despite the decline in the number of children entering substitute care, the number of children in foster care has plateaued at 15,000, after dropping sharply from 52,000 in the 1990’s. DCFS has committed the entire agency and our nonprofit partners to breaking through the “permanency barrier” to reduce the number of children in substitute care to 10,000 in the coming years. This will require not just innovation within the child welfare system, but the critical engagement of the court system, who are the primary gatekeepers to permanency.

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

- Revamped the “How Well Do You Know Your Partner?” campaign brochure.
- Launched the “You Are Not Alone” campaign in schools statewide.
- Have taken our prevention messages to social media, including Facebook, Twitter and Instagram.
- Participated statewide in the Blue Bow/Blue Ribbon, Child Abuse Prevention Month campaign with speaking engagements and targeted media outreach in English and Spanish
- Completed the “When Is It Safe to Leave My Child Home Alone?” brochure.

Parent resources available on the IDCFS website for prevention of child abuse and neglect: http://www.state.il.us/dcfs/library/index.shtml

**Services for Children Under the Age of 5**

Describe the activities the state has undertaken and plans to undertake during the period of the 2015-19 CFSP to reduce the length of time that young children under age 5 are in foster care without a permanent family.

IDCFS remains committed to improving Illinois permanency outcomes with a focus on permanency for all children and youth. The focus for improved permanency for all children in care remains, but with an increased focus on the 0-5 population based on IDCFS data. The concept for improved permanency overall in a “life of case” approach considers that improved practice with the younger population will better ensure that these children achieve permanency sooner and the aging population of children in care will decline.

Over the next five years the Division of Permanency will continue to focus on reshaping staff and stakeholder mindset regarding the need for timely permanency. IDCFS will continue working with Casey Family Programs in efforts to effectively message permanency in an
aggressive and urgent way with a focus on the child’s sense of time. The “gold standard” for permanency highlights the three legally permanent forms: reunification, adoption and guardianship, with an emphasis on the child’s sense of belonging for permanency. Finally for children and youth who are not able to achieve legal permanency, IDCFS remains focused on the need to secure permanent, lifelong connections for all children.

The focus on permanent relationships and connections from the lifespan approach is a major tenet of the enhanced model for permanency in Illinois. When supports are in place for children and families, the reunification process is more supported. Further, when family, fictive kin and other supportive connections are engaged in the reunification process, the family has positive resources in times of need and, when reunification is not possible, children and families can remain engaged with supports to establish the best possible alternative path to permanency. The gold standard for permanency is “legal” permanency, which consists of reunification, adoption and subsidized guardianship. When one of these permanency paths cannot be achieved for a child or youth in care, the importance of connections and relational permanency is crucial in that our children and youth need support and supportive relationships well into adulthood, just as any child or youth may need to be successful in their transition to adulthood and beyond. IDCFS will continue to draft, implement, train and sustain improved permanency practice through enhanced procedures and best practices with an ongoing quality assurance measure for outcomes. An improved model of supervision and workforce supports will also serve to help sustain improved practice.

The division has taken measures to analyze and improve practice procedures, including a complete revision (in process) of permanency planning procedures (P315) that includes enhancements from initial placement selection to post permanency. DCFS Division of Permanency has partnered with Casey Family Programs to gain technical assistance around strategies for improving overall permanency outcomes and processes of permanency planning and achievement. Illinois is committed to improving permanency outcomes for children in Illinois by focusing attention on the front end practice and procedures as well as an improved practice on the back end when children are nearing permanency or transitioning to adulthood. For youth unable to achieve legal permanency, an increased focus on relational permanency, use of fictive kin and establishing lifelong connections is key to the lifelong successes of foster care alumni.

In order to improve services to children in care and to those in care for extended periods of time, the Department believes improving placement selection, identifying supportive resources to the caregiver dyad (birth and foster) and child, assessment and service delivery with focus on trauma experiences is a strategy that will impact not only younger children but all children who enter care. The revisions to procedures (P315) will include these practices and guide workers and supervisors to ensure families who experience protective custody are more supported by the agency, foster parents, providers and other stakeholders in a systemic community based approach to improving permanency for all. An improved front end practice such as placement selection and diligent search for family and fictive kin connections will impact permanency for the 0-5 population in that better identification of kin and fictive kin connections allows these
children to remain in family systems, even if children are placed in foster care. While this practice is currently a tenet of IDCFS procedures, the Department has taken measures to further improve and explore ways in which families stay connected, supported and empowered, even if protective custody must occur.

As noted IDCFS has partnered with Casey Family Programs in a permanency enhancement project called “Partnerships for Permanency” (P4P). IDCFS and Casey recently launched the P4P project with IDCS executive level staff. The community based model will focus on identifying addressing (“busting”) barriers to permanency. The model calls for stakeholder engagement, participation and cooperation in the “barrier busting” process and employs a sense of empowerment to workers and supervisors to reach out to stakeholders in efforts to move children and youth to permanency more efficiently and with the best supports in place for family and child. The model notes that IDCFS is one part of the system and that all parts of the system (courts, attorneys, education, medical, mental health etc.) have a responsibility. IDCFS will continue to explore strategies in partnership with Casey Family Programs and will benefit from the expertise of Casey in performing change management with multiple layers of stakeholders, both internal and external, such as court systems, law enforcement, educational and medical entities who commonly interact with the families served in Illinois child welfare.

IDCFS will continue the Permanency Achievement Specialists (PAS) position and will continue to utilize their expertise and support in assisting front line caseworkers in addressing barriers to permanency. The PAS staff review IDCFS permanency cases every quarter and will place a specialized focus on the 0-5 population to expedite permanency. PAS staff will also begin supporting and providing technical assistance to purchase of service (POS) private agency staff where the majority of foster care service provision resides in Illinois. This expansion to support and guide POS will surely impact Illinois permanency outcomes in a positive way.

Describe the state’s plan to provide developmentally appropriate services to this population over the next five years.

Developmental services to children under the age of 5 are described in the discussion of School Readiness Initiative and The Early Childhood Project, under the heading of Well-Being Services. Please refer to those sections for additional information about developmental services.

Services for Children Adopted from Other Countries

Describe the activities that the state has undertaken to support the families of children adopted from other countries.

Illinois’ Family Preservation Act, Section 302.5 includes, among those eligible for intensive family preservation services, “any persons who have adopted a child and require post adoption services.” The services the law identifies are: “Intensive family preservation services provided by local community-based agencies experienced in providing social services to children and families.” Since 1991, Illinois has developed and implemented a statewide system for providing adoption preservation services. These services are offered to all families with adopted children, including those families with children adopted from other countries. Each area of Illinois has at
least one Adoption Preservation Program to which families can self-refer. These programs provide a range of services to strengthen and stabilize families. Adoption therapists, most with an MSW or master’s degree and advanced training, serve relatively small caseloads, providing intensive, home-based services. In addition to therapeutic counseling with parents, families and with children, the programs provide support groups for parents and for children, advocacy for families to receive needed services, and training and support of parents as they master new skills to better meet their children’s emotional and behavioral challenges. Preservation services are described as intensive, family-centered support and therapeutic services to help families gain stability and to reduce the risk of out-of-home placement. It is based on the recognition that families built through adoption or guardianship, especially when there is a history of trauma, maltreatment and loss, can significantly differ from those created through birth. The goals of all preservation programs are to help parents:

- Feel better about their ability to parent
- Understand adoption and its impact on children
- Connect their children’s current behavior to past history
- Understand the children’s past losses
- Gain skills to help their children

Describe the activities that the state plans to take over the next five years to support children adopted from other countries, including the provision of adoption and post-adoption supports.

Illinois is committed to supporting children adopted from other countries by continuing to maintain and enhance this statewide network of highly trained, trauma-informed and adoption competent practitioners offering a comprehensive range of services though the Adoption Preservation programs. The goals of these programs will continue to include the following:

- To increase the use of community-based services to support families, where appropriate, and to prevent the out-of-home placement of children, for at least 95% of families served by the program.
- To prevent the entry/re-entry of a child into the child welfare system for at least 95% of the children served by the program.
- To establish a range of services that address the needs of adoptive families, while responding to their immediate needs, for at least 95% of families served by the program.
- To increase the family’s level of functioning in at least 80% of families served by the program.
- To maintain the child in the adoptive home, or when placement outside the home is appropriate and necessary, maintain parent/child relationship in at least 85% of families.
Chapter V - Consultation and Coordination Between States and Tribes

Indian Child Welfare Act (ICWA)

Congress’ expressed intent in enacting the Indian Child Welfare Act of 1978, 25 U.S.C.A. 1902, ("ICWA") is to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families.” The Department is likewise committed to Native American/Alaskan Native Indian children in substitute care and those whose families are receiving remedial and rehabilitative services to prevent out-of-home placement. The Department continues to engage in active efforts to prevent the break-up of Native American families through the provision of intact family services, as well as within case planning services when Native American children are placed into substitute care. The Department updated its Rule and Procedure 307 (Indian Child Welfare Services) to promote timely identification and consultation with tribes in April 2014.


DCFS Indian Child Welfare Advocacy Program
The Department’s Indian Child Welfare Advocacy (ICWA) Program is part of the Office of Affirmative Action and 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 welfare proceedings. ICWA does not apply to divorce proceedings, intra-family disputes, or juvenile delinquency proceedings.

The Mission of the DCFS ICWA Program is to:
- Enhance services and facilitate communication between the Illinois child welfare system and communities involved with 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 has two ICWA Program Specialists, who are enrolled members of a Native American Indian Tribe, and who are active in the Native American community through various outreach and advocacy efforts. They participate in activities within the Native American Indian community weekly. This nurturing and supportive approach has cultivated a trusting relationship and led to collaborations between Native American community members and the Department, including joint planning for youth and families through community planning meetings and outreach. The Native American Indian community has also continued to refer families in need of child welfare support and/or seeking some other form of assistance to the ICWA Program. This partnership facilitates coordination of prompt, culturally sensitive services and responses to families at risk of disruption with the goal of preventing out-of-home placements.
DCFS ICWA Program Specialists also serve as liaisons between the court system, child’s case work team, and tribal representatives. The Program Specialists consult with tribal representatives nationwide to determine a child’s enrolled membership and/or eligibility for membership with a federally recognized Tribe under the ICWA, as well as to ensure the provision of child welfare services in a manner consistent with ICWA requirements. Illinois currently does not have any federally recognized tribes within its borders and, therefore, all of the ICWA Program’s communications and collaborations with tribal nations involve those outside of the State of Illinois. The ICWA Program Specialists maintain on-going communication with the child’s tribe and report any recommendations and culturally appropriate resources identified by the tribe to the court and child’s case management team. They also collaborate with the child’s family team, including identified tribal representatives, to review services and participate in case planning services for the child and family to ensure that active efforts are made consistent with the ICWA to prevent disruption of the family and/or facilitate reunification of the child with his or her family, as well as ensure that diligent search efforts are made to identify and locate extended family members as possible caregivers for the child.

If a determination is made that a child is eligible for services under the ICWA, the Program Specialists work closely with the child’s tribal representatives, the court, the child’s family and case management team to ensure coordination of services consistent with the Indian Child Welfare Act, including active efforts in service delivery to the family, diligent search efforts recommended for extended members of the child’s family as potential resources, and education/advocacy regarding the child’s Native heritage. In situations in which a child is placed in a non-Native Indian foster or adoptive home, the ICWA Program Specialist provide the non-Native foster or adoptive parents with referrals and resources to address the unique needs of the 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, and Native American Indian language and storytelling.

The Department seeks guidance from Native American stakeholders and to engage the Native American community in numerous ways. It:

- 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 provide input on amending rules and procedures to facilitate 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.

• Includes the ICWA Program on the Office of Affirmative Action’s website to enhance communication and access to resources for Native American Indian community members. The ICWA Program section includes extensive links to other resources within the Native American Indian community throughout the State, including contact information for prospective Native American Indian foster parents. The Program’s foster care recruitment brochure has also been made available to Native American Indian community organizations and agencies throughout the Chicago area for distribution and is continuously distributed at community outreach activities throughout the year.

The ICWA Program Specialists further implement the Department’s efforts to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” both internally and externally. They:

• Participate in the resolution of reported Native American Indian lineage issues by supporting child welfare staff in the exchange of necessary information to determine membership enrollment and/or eligibility options with the identified tribes.

• Initiate, maintain, and cultivate connections with the identified tribes of the child [ren] and families involved.

• Attend child and family meetings, ACRs, and any case related meetings, including court hearings.

• Identify community support organizations, programs and activities for Native American Indian children and families.

• Provide training to DCFS licensed foster parents and community members about ICWA, its history, and relevance to the child welfare and Native American Indian community.

• Give two-hour presentations involving ICWA’s historical foundation and relevance to the child welfare system, including information regarding the Department’s ICWA Program. The ICWA Program Specialists have given trainings to DCFS staff and other child welfare stakeholders in both the public and private sectors Statewide.

• 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 and advocacy activities within the Native American Indian community, including volunteer work at the American Indian Center and American Indian Association of Illinois.

• Engage child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the life of child welfare cases.

Increased awareness and compliance with the Indian Child Welfare Act through on-going child welfare staff education and training has resulted in the increased timeliness of referrals to the ICWA Program. There were approximately 81 new referrals to the ICWA Program concerning a
child’s reported Native American/Alaskan Native Indian heritage and to obtain information necessary to comply with ICWA July 2012-April 2014.

**Collaborations with Tribal Nations/ICWA Professionals Nationally**

The ICWA Program continues to communicate with tribal entities throughout the country to clarify a child’s membership and or eligibility for membership with an identified tribe and ensure that tribal representatives are involved in case planning/permanency for those children who are members/eligible for membership of a specific tribe. The ICWA Program Specialists contact the Bureau of Indian Affairs (BIA) for assistance in situations in which Native American Indian ancestry is suspected but insufficient information is available to identify the specific tribal group.

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

**Native American Community Outreach and Advocacy within the State of Illinois**

The ICWA Program Specialists have continued to engage the Native American Community through weekly outreach and advocacy activities. These activities include volunteer work at the American Indian Center, the American Indian Association of Illinois, the Kateri Center of Chicago (formerly Anawim Spiritual Center), and American Indian Health Center, as well as participation in major Native American events such as the annual largest Midwest Pow-Wow hosted by the American Indian Center. Other outreach within the Native American community include collaboration with the Native American Title VII Program through Chicago Public Schools and Positive Paths, a Native American Youth Group sponsored through the American Indian Center in Chicago. These collaborations have afforded opportunities to create trusting relationships between the Department and Native American Indian community and facilitated relationships between the ICWA Specialists and Indian families who have recently come to the attention of the child welfare system. The result has been more opportunities for the delivery of prompt, culturally relevant services to Native American Indian families at risk of disruption.

The ICWA Program has also 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 to help provide input and collaboration between the Native American Indian community and the Department, as well as to enlist Native American Indian leaders throughout the state to participate in developing a state-wide DCFS Native American Indian Advisory Council. This outreach to interested Native American Indian leaders and members throughout the state is on-going and will continue to be a Program goal. 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 the ICWA Program Specialists.
ICWA Trainings to Support ICWA Compliance
The ICWA Program Specialists continue to provide training to educate child welfare professionals, mental health professionals, legal staff, and members of the Native American Indian community about the Indian Child Welfare Act. These trainings include the historical foundation of the Act, its relevance to the child welfare community, and an overview of DCFS ICWA rules and procedures. Training materials covered include the importance of inquiring about the possibility of Native American Indian heritage throughout the life of a case, implications for case and service planning, placement preferences, and permanency planning factors to be considered for Native American Indian children under the Indian Child Welfare Act. The ICWA Program also achieved one of its goals of providing training to court personnel throughout the state. A presentation was given to 250 participants in DuPage County, including juvenile court judges and attorneys at the 18th Judicial Circuit Child Welfare Issues Committee Symposium, in April 2012 and to juvenile court judges in 2011. An ICWA webinar training was also developed to provide easily accessible presentations to a broader audience, particularly Downstate, which includes, child welfare professionals, community members, court personnel and families.

ICWA Goals and On-going Activities
The ICWA Program will continue to facilitate the Department’s ICWA compliance and coordinate the provision of culturally sensitive remedial and rehabilitative services to prevent out-of-home placement and case planning services when Native American children are placed into substitute care. The ICWA Program’s continuing goals and activities include the following:

- 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 initiated extensive outreach to Native American Indian leaders and community members to develop a statewide advisory council; informational meetings for interested Native American Indian community leaders and community members have been convened. The development of the advisory group continues with the goal of having a broad-based membership comprised of educators, Native American parents, religious and or spiritual leaders, 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 which serve Native Americans. A community conference was held in June 2012 for 300 community participants to discuss the needs of the Native American Indian community and included the ICWA Program Specialists. The conference resulted in a group of 16 Native American Indian agencies and programs (Chicago American Indian Community Collaborative) creating a 39 page Community Action Plan to be implemented by 16 collaborative/community members. The ICWA Program continues to serve 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.

- An ICWA webinar presentation has been developed and provided to child welfare professionals, attorneys, judges and community members statewide.
- The ICWA Program is included on the DCFS Office of Affirmative Action website with links to resources within the Native American Indian community throughout the state, including contact information for prospective Native American Indian foster parents, community programs, and resources.
- A foster care brochure which specifically targets recruitment of Native American Indian foster homes has been developed. ICWA Program Specialists also follow-up with prospective Native American foster parents during the licensing process to provide support.
- The ICWA Program created a short video which uses cultural, traditional tribal practice of storytelling via digital media to assist in the targeted recruitment of potential Native American Indian foster parents.
- Because resources for Native American Indian children and families are primarily centered in the Chicago metropolitan area, which has the largest concentration of Native Americans, the ICWA Program is continuing its efforts to expand the availability of resources Downstate. Outreach to Native American Indian faculty on staff at universities downstate and community programs continue, as well as outreach to the United Methodist Native American Indian community about working together to support Native American Indian children outside of Chicago.
- The ICWA Program Specialists will continue to strengthen their case and clinical support to direct service teams in ICWA cases. Potential resources for grants to fund an additional ICWA Specialist position will continue to be explored, as well as opportunities to support overall service delivery to Native American Indian children and their families within the State.
- The ICWA Program Specialists are developing a strategic Native-American foster parent recruitment plan to target the recruitment and retention of Native American foster homes. The goal of the plan is to concentrate the ICWA Program Specialists Native-American foster parent recruitment efforts in the areas where there is the greatest need as reflected by Native-American intake and placement. Information about ICWA foster parent recruitment is also contained in the 2015-2019 State of Illinois Foster and Adoptive Parent Diligent Recruitment Plan.
Chapter VI - Chaffee Foster Care Independence Program

Agency Administering CFCIP (section 477(b)(2) of the Act)
The Illinois Department of Children and Family Services (DCFS) will administer, supervise, and oversee the CFCIP. The DCFS Office of Education and Transition Services assigns a staff person to monitor the contracts with private providers that deliver CFCIP services. The staff are available on an ongoing basis for providers to discuss issues of concern or seek clarification to ensure compliance with program guidelines. The vendors participate in an annual service and fiscal review where the provider and contract monitor discuss expenditures, and evaluate extremes to determine the success of the program. The vendors are required to submit a monthly data collection report to DCFS. This is in compliance with a Chafee certification that the State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan. OETS staff are trained annually on the use of the Department’s standard monitoring tool developed by the Contracts Unit and are required to implement the tool in on-site monitoring visits.

Description of the Chaffee Foster Care Independence Program Design and Delivery
The Chaffee Foster Care Independence Program (CFCIP) replaced the Title IV-B Independent Living Initiative of 1986. With the passage of the Foster Care Independence Act of 1999, Illinois gained enhanced capacities and resources to better serve older youth transitioning from the state child welfare system to independence. The philosophy and values of Empowerment and Responsibility are the driving force for the provision of education, training, mentoring and financial support to youth that can be instrumental in paving the ways for their emancipation. Chafee is providing funding for the resources needed to offer programs to better support wards and former wards facilitating their transition to adulthood. The primary focus of the Chafee program includes achievement of the following seven outcomes for youth:

- Increase Level of Educational Attainment;
- Increase Employment Opportunities & Number of Youth Working;
- Avoid dependency;
- Reduce at-risk behavior;
- Reduce non-marital pregnancy;
- Reduce incarceration; and
- Reduce homelessness.

Discussion of How the Department Will Design, Deliver and/or Strengthen the Programs to Achieve the Purposes of Section 477(a)(1-7) of the Act to:

Help youth transition to self-sufficiency by employing the following strategies:

- Effective 07/01/14, implement Countdown to 21, a Department initiative aimed at improving outcomes for emancipating youth that embeds improved youth driven transition planning activities at age 19 and continuing until the youth’s 21st birthday. The model of practice for Countdown to 21 supports emancipating youth through the following activities:
  - Facilitated transition planning meetings aka Discharge-CIPP’s at age 19 & 20.75.
- Financial literacy classes for all emancipating youth.
- Establishment of eligibility requirements for the availability of youth to receive one-time **financial assistance as they exit care at 21.**

- Continue to implement a comprehensive goal oriented transition service plan that begins with an interview with the youth to identify their service needs, goals, and objectives. The existing transition plan will be reviewed to revise and streamline if possible while still meeting the required objectives.
- Complete a life skill assessment for all youth at age 14, 16, and 6 months prior to case closure.
- Implement a “tickler” in SACWIS system to remind caseworkers when a life skills assessment is due for a youth on their caseload.
- Program the SACWIS system to automatically populate the youth’s service plan with the information placed in the youth’s Casey Life Skills Assessment Learning Plan.
- Maintain an interactive life skills program via individual instruction or classroom instruction designed for and made available to all eligible youth. IDCFS offers life skills programs that require an interactive, hands-on teaching curriculum and minimize the use of classroom instruction.
- Ninety days prior to the youth’s planned discharge date, the caseworker reviews the youth’s transition plan with the youth. This review should include discussions concerning the youth’s employment and/or educational opportunities, job resume, housing, health care, counseling, health and life insurance, information on use of community resources, reference letters, and list of emergency contact persons. Within 30 days following the youth’s eighteenth birthday, he or she shall be provided with information about the Department’s post-adoption search and reunion services. At the time of service termination, he or she shall also be provided, at no cost, a copy of his or her health and education records. The youth should also be assisted in obtaining or compiling other documents necessary to function as an independent adult, including:
  - Identification card;
  - Social Security card;
  - Driver’s license;
  - 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;
  - 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;
  - List of schools attended, previous placements, clinics used; and
  - List of community resources with self-referral information.
Youth successfully transitioning to independence should be notified by their caseworker of the cessation of any benefits that may occur at the time of transition as well as services for which the youth may be eligible after becoming emancipated.

- Explore reinstatement of an educational “passport” via a DCFS Database to track youth’s educational needs and services and respond more proactively to educational crises and issues.
- Encourage all youth, ages 14-21 to be involved in an educational, workforce, or vocational training program.
- Ensure youth receive appropriate mental health and substance abuse services, if indicated.
- Continue to utilize the CFS 440-8 “Youth Alcohol and Other Drug Abuse Indicators” as method to determine when a youth should be referred for a substance abuse assessment. Maintain an updated resource directory of treatment providers funded to serve DCFS/POS youth referrals. The directory is accessed through the “Resource Links” on the DCFS D-Net, and the features tab on the DCFS web page.
- In accordance with the Fostering Connections legislation, require caseworkers to develop a youth directed transition plan at age 17, reviewed as appropriate and during the 90-day period prior to the youth’s emancipation.
- Continue to offer and expand relevant services to pregnant/parenting youth in the downstate Regions of the State.
- Continue efforts to ensure every pregnancy is reported in a timely manner so services are started/offered as soon as possible for the pregnant youth and to allow for the birth of a healthy baby.
- Continue in-home post-partum services provided to youth in the State who are determined “high-risk” pregnancies or delivery.
- The Teen Parent Service Network (TPSN) will continue to integrate the New Birth Assessment statewide and develop a tool to track and analyze the aggregate results of the Assessment.
- TPSN will work with DCFS will to develop a better system to ensure clients are prepared for emancipation.
- Provide additional resources to caregivers via the DCFS website, Foster Parent Training Institutes, newsletters and resource libraries on how to support independent living needs of older youth.
- DCFS state website, newsletters and resource libraries updated.
- DCFS will coordinate work between the Local Area Networks (LANS) and the Educational Access Project to provide timely advocacy and support services to children experiencing academic difficulties.
- Coordinate with the Educational Access Project to develop a self-advocacy curriculum for youth and target training for youth in Independent or Transitional Living Programs and residential settings to participate effectively in their academic plans and educational meetings.
• Provide DCFS youth a specialized K-adult learning and program management system that delivers and manages self-paced standards in education, training and resources over the Internet. The curriculum will cover academic skills as well as those needed for work and career.
• Financial Literacy for DCFS youth 19 years and older to prepare for Countdown to 21. DCFS youth will receive 8-10 hours of financial education covering their first paycheck, saving, budgeting, credit and investing. DCFS youth will also receive Get Real Financial Decisions in the Real World workbooks, and financial education materials.
• The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis the commissioned board shall:
  o Provide the Department and the General Assembly with the perspective of youth in foster care;
  o Recommend solutions to any issues concerning youth in foster care;
  o Review and advise the Department on proposed legislation concerning youth in foster care;
  o Make recommendations to the Department on policies and guidelines as it relates to foster care youth;
  o Engage youth in positive leadership development.
  o Continue to develop recruitment and retention strategies of board members.

Help youth receive the education, training and services necessary to obtain employment through the following strategies:
• Make ETV funds available to youth who attend an accredited Career and Technical Education Program.
• Explore the possibility of expanding programs that offer statewide job coaches who will provide pre-employment workshops, job placement (both subsidized and unsubsidized employment), work experience, monitoring and tracking, especially for youth who are unlikely to attend college or qualify for ETV funds.
• The ETV program will continue to be offered to youth in care, youth who were discharged from care at age 18 or older, and youth who went to an adoption or guardianship placement at age 16 or older who are interested in attending any accredited school or institution, such as a community college, 4 year college or university, or career and technical education program.
• The Employment Incentive Program provides financial and supplemental services which help older youth gain marketable skills through on-the-job work or job training programs. Through this program youth gain employment skills and positive work ethics. Eligible youth are at least 17 years old with an open legal case, have a high school diploma or GED, and are working a minimum of 20 hours per week or the equivalent in a job training program. Program participants receive a $150 monthly grant and start-up funding ($200 maximum) for work related or vocational program required purchases. Youth in Cook County that do not have a high school diploma or GED will be offered the Transitional Jobs Program to gain the same
experiences, and to promote the pursuit of other workforce training and obtaining the high school diploma or GED.

- Collaborate with the Illinois Department of Employment Security (IDES), in order for DCFS youth to participate in the IDES “Hire the Future” (HTF) program. The Hire the Future program offers resources and workshops for youth and young adults ages 16-24. The workshops include Job Readiness, Resumes, Interviewing, Researching Careers, Scholarships, Financial Aid, Researching Colleges and Employment Assistance.

- Collaborate with the Illinois Department of Commerce and Economic Opportunity (IDCEO), in order for DCFS youth to participate in the IDCEO Workforce Investment Act (WIA) programs. The WIA programs are provided statewide and have the following services: Basic Skills, Work Readiness, Internship/Job Shadowing, High School Diploma, Job Placement Assistance, Case Management, GED, Life Skills and Trainings,

- The Cook County contracted employment providers will provide to DCFS youth the following services: Pre-Employment Workshops, Job Readiness Workshops, Career Readiness Trainings, One on One Counseling, Job Placement, Case Management, Employment Mentoring, Subsidized Employment (80 hours a month), Unsubsidized Employment and Post Employment assistance and support.

- Collaborate with the Illinois YouthBuild Coalition to provide DCFS youth an integrated education, job skills training and leadership development program. Job skills will include construction, automotive and manufacturing skills building.

Help youth prepare for and enter post-secondary training and educational institutions by employing the following strategies:

- The Department is currently using the Casey Life Skills assessment tool. This is not always appropriate to use to assess youth with developmental and learning disabilities. As such, the youth are referred to the Division of Clinical Services to ensure services are coordinated with the Illinois Department Human Services-Division of Developmental Disabilities.

- Continue to develop and expand on-going educational training for youth, who are graduating from high school, to provide assistance with college and scholarship application process, accessing financial aid and DCFS post secondary programs.

- Provide youth with a letter documenting the youth’s prior relationship with the Department at time of case closure. Most youth are required to verify any stated relationship with DCFS on financial aid and/or scholarship applications.

- Support and expand literacy programs to assist youth with reading skills, including conducting research to locate and access existing community based literacy programs.

- Continue to explore possibility of establishing contracts with qualified community providers to offer tutoring programs for youth.
• Identify existing study resource centers in each community college and four-year college or university to assist youth with study skills and advertise/communicate availability of such resources to the youth and caseworkers.
• Explore possibility of reinstating educational passport for all youth age 16-21 in the DCFS system.
• Maintain and continue access to Education Advisors for timely educational advocacy and support for youth in care.
• Continue orientations for DCFS & Purchase of Services direct service staff in each region to explain the educational services that are available to DCFS youth. Additionally, information will be provided on other State and federal financial resources and how to effectively apply for all of the above named programs.
• Identify a point person at the post-secondary institutions to provide supportive services to DCFS youth and advertise/communicate this information to the youth and caseworkers.
• Encourage each DCFS Field Office to have a “specialist” on available services and programs for transitioning youth.
• Direct youth to education specific websites so they can compare schools before enrolling. Currently College Navigator has information regarding cost, retention rate, graduation rate, but starting in the 2015-2016 academic school year, the Department of Education will have a rating system in place for comparisons.
• Include in youth’s post secondary training what they must do academically to continue being eligible for federal, state, and DCFS related funding as well as the changing time restrictions to receive various funding.
• Continue to partner with the private sector in offering an array of educational services to promote educational well-being and increase the percentage of wards successfully graduating from high school. For some youth, services will begin in elementary grades in order to ensure successful educational transition to high school. Services included: mentoring, counseling, educational advocacy, family support, post secondary education services (college tours, college application, financial aid, scholarships applications, etc), tutoring and educational and cultural enrichment opportunities. Services are intended to reduce truancy and contact with the legal system, improve academic performance and encourage postsecondary education or vocational training, all of which assist youth in gaining skills and confidence to reach their full potential.
• Adequate funding for education and training, and the lack of knowledge on how to obtain it, has been a significant barrier to youth who are attending a post-secondary education program. Other non-Chafee funding, including Federal financial aid, may only cover a portion of the cost of tuition. The Chafee funding can be used to supplement tuition costs not covered by State and Federal financial aid. In addition, youth who are attending a community college are eligible to receive tuition payment program benefits to cover tuition, fees, books, and required supplies and equipment for their chosen program.
Because of the increased cost of all post secondary education including public universities, most youth attending 4 year colleges or universities must take out loans to cover what is not covered with federal, state, and department related funding. A very big concern is the amount of debt our youth are incurring to either pay for the increased costs or as a result of not understanding the long term consequences of signing for student loans. In addition to educating youth about how to access FAFSA related financial aid, youth will be given training during the Financial Literacy training on how loans can impact future credit rating and borrowing ability. Youth will be encouraged to consider attending their local community college to first obtain a transferable associates degree or to seek outside scholarships to lower the amount of loan debt taken while pursuing a degree.

**The State will strengthen postsecondary educational and assistance programs by informing all youth ages 14-21 that those programs exist by using the following strategies:**

1. **Maintain Existing Marketing Strategies and Explore Expansion Possibilities:**
   a. An information packet will be available to all youth in regional orientation sessions explaining the transitional and education services that are available to them and how to access them.
   b. For Youth, By Youth published quarterly by the Statewide Youth Advisory Board containing information regarding information and transition services will be mailed to all youth in care over age 14 and DCFS field offices.
   c. Illinois Families Now and Forever newsletter published quarterly will continue to maintain columns regarding issues impacting older youth and annually dedicate one issue solely to education and transition services. It is distributed to all licensed caregivers and relatives and DCFS and private agency caseworkers.
   d. Post the above information on the D-NET internal computer system of the Department (IDCFS).
   e. Continue to maintain a stand-alone website designed by youth to be a constant source of updated information to older youth on programs and services available from the Department to assist them with their successful preparation for adulthood.
   f. Information will be sent directly to those youth with a known email address.

2. **Continue to offer and enhance training curriculum to be delivered via ongoing training in conjunction with the Division of Clinical Practice and Professional Development staff to DCFS/Purchase of Service providers, caregivers, foster parents and adoptive parents to increase their awareness of the availability of post-secondary services.**

3. **Hosting free, annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community based resources.**

4. **Use of social media to make youth aware of programs and how to access them.**

5. **Contact DCFS and POS caseworkers identified to have youth at appropriate ages to advise of programs, funding sources, and how to access**

6. **Provide ‘Tip Sheets’ describing IL DCFS post secondary education program to admissions and financial aid departments at accredited post secondary schools to they can refer application students to DCFS for program assistance**
7. Expand post secondary educational programs by the following strategies:
   a. Continue to identify and, when possible, assist youth who are attending career and
teaching education programs or a public or private 4-year college or university without
sufficient financial resources to cover tuition, fees or books. ETV funds not to exceed
$5,000.00 (five thousand) will be used to provide educational support to these youth.
   b. Currently, non-Chafee Federal Financial Aid Programs (i.e. Pell grants and MAP
funding) are limited to a certain number of credit hours or semesters. ETV funds and the
Department’s Community College Payment Program will continue to be used for
financial support to pay tuition, fee, and allowable education costs for eligible youth
who attend summer school if youth have not used all available funding for the fiscal
year.

Provide personal and emotional support to youth through the promotion of interactions with
dedicated adults by the following:

As an extension of team decision making, in 2005, the DCFS Child and Youth Investment Teams
were designed and implemented. Child and Youth Investment Team (CAYIT) means a regionally
based, multidisciplinary team consisting of designated DCFS staff, biological and foster family
members, teachers, clinicians, medical staff, adults who have a connection with the youth, and
any others who have relevant, current information about the child or youth. Youth that are 12
years of age and older are expected to participate in the CAYIT staffing unless deemed clinically
inappropriate. Clinical Intervention for Placement Preservation (CIPP) has now replaced CAYIT
as of 1/1/2013. It follows the same model as CAYIT with a stronger emphasis on the youth’s
adult connections/relationships and their role in stabilizing placements and improving well-
being.

As a part of the Department’s Lifetime Approach in providing services, the broad goal of CIPP
model is to improve the quality of life of children and youth in the Department’s care by
streamlining decision-making processes. The team decision making approach is used in a
staffing-type setting to design an Action Plan that identifies what services an individual youth
needs, such as tutoring and mentoring, and delivering those services earlier to help stabilize
their current placement or better implement the next placement if needed. It brings the voice
of the youth, caregiver, youth’s adult relationships and worker toward a collaborative effort in
developing a plan going forward.

The Department implemented the Placement Alternative Contract program. The 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 promotes the youth’s ability to achieve economic self-sufficiency;
and identified an advocate who will assist the youth in achieving his/her goals and cooperate
with the youth’s caseworker.

The advocate may be an adult relative or friend, a current or former caseworker or foster
parent, or another adult who can mentor the youth. An advocate who is not a caseworker or
foster parent must submit an authorization for a CANTS and criminal background fingerprint and LEADS check.

The youth and advocate must complete the **CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan**, identifying the youth’s goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth’s caseworker.

The Department believes that mentoring is very critical to the long-term stability and success of youth in foster care. 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 will continue to explore the possibility of expanding mentoring services to youth statewide.

**Description of how the state involved youth/young adults in the development of the plan for CFCIP.**

The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis the commissioned board shall:

- Provide the Department and the General Assembly with the perspective of youth in foster care;
- Recommend solutions to any issues concerning youth in foster care;
- Review and advise the Department on proposed legislation concerning youth in foster care;
- Make recommendations to the Department on policies and guidelines as it relates to foster care youth;
- Engage youth in positive leadership development.
- Continue to develop recruitment and retention strategies of board members

**Description of how the state is both informing stakeholders, tribes, and courts; and involving them in the analysis of the results of the NYTD data collection and how it is using these data and any other available data in consultation with youth and other stakeholders to improve service delivery.**

The Department has information posted on the internal D-Net site about the history of NYTD, definitions of all relevant terms, and a power point training presentation on NYTD independent living services and survey response reporting in the SACWIS system. Information regarding NYTD is also posted on the Department’s Youth in Care website that is available on the internet.

The Department shares data from the independent living services reporting and surveys with Chapin Hall for research purposes. The Department needs to discuss additional ways to utilize the NYTD data internally for the improvement of service delivery.
Provide information of the state’s plan to continue to collect high-quality data through NYTD over the next five years.

The Department will continue to request completion of the NYTD survey in each of the baseline and follow up survey years as required. Currently, information is shared with the private agencies regarding youth in their care who are in either of the populations. The caseworker and supervisor also receive direct emails for youth on their caseload in a NYTD survey population.

The Department paid two financial penalties for not meeting the requirements of the first follow up survey population. An internal workshop has been formed to look at the issues causing the non-compliance and develop recommendations to present to the Director to improve participation by out of care youth.

The Department will continue to require caseworkers to report independent living services as required for NYTD.

Serving Youth Across the State

Ensure that all political subdivisions in the State are served by the program, though not necessarily in a uniform manner.

The Department’s Youth in College/Vocational Program, Employment Incentive Program, Education and Training Voucher (ETV) Program, Scholarship Program, and Community College Payment Program are available to youth regardless of where they reside in the State, as long as they meet the eligibility requirements for the program. The availability of contracted services is more concentrated in the Chicago/Cook County region of the State as historically that is where the majority of the population has been. Recent trends showing an equalizing of the numbers in Cook County compared with the Downstate Regions of the State. IDCFS is committed to looking at ways to expand contracted services in the downstate regions of the State to meet the service needs of the youth. The Department will also continue to identify community based resources for youth in care to access.

Provide relevant data from NYTD or other sources that addresses how services vary by region or county.

The Teen Parent Service Network (TPSN) will continue to build relationships with the downstate partners to assess and evaluate the needs of the downstate regions. This process will include completion of a GAP analysis and an evaluation of potential future Network partners. TPSN will work with DCFS to address any needs identified on an on-going basis.

The Statewide Provider Database (SPD) provides a tool for staff throughout the state network to identify and to locate community based services for children and families. You may search the system with a child's CYCIS ID, select services within a given area, or obtain details about programs and services.

Serving Youth of Various Ages and States of Achieving Independence

Description of How Youth of Various Ages and at Various Stages of Achieving Independence are to be Served, Particularly With Regard to Services for (1) Youth under age 16, (2) Youth ages 16 – 18, (3) Youth ages 18 through 20 in foster care, and (4) Former foster youth ages 18
through 20; and (5) Youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Illinois has selected age 14 as the eligibility starting point for Chafee services. Research has shown that the likelihood for youth to attain permanency decline sharply once a youth reaches that age. Thus, a youth in care at age 14 is likely to remain in foster care until age 18. Illinois’ approach to preparing youth for independence is individualized and focused on youth development. Youth are required to complete a Department-recognized life skills assessment at age 14, age 16, and, currently, at 6 months prior to emancipation. The results from the assessment are used to develop an individualized learning plan for youth based on the identified service needs. The Department is exploring the feasibility of linking the life skills learning plan with the youth’s service plan in SACWIS, where the identified needs and services from the learning plan would automatically populate the youth’s service plan.

Services Offered to Foster Youth Ages 14 – 16

The following are all services the Department believes are or should be available to youth in this age range. Some services are not available on a statewide basis and some are not readily made available to the youth if the youth does not seek them out. In addition, some of these very services are ones youth reported on surveys solicited for this Report that they believe should be more available and accessible. It is the Department’s intention to work to improve the availability and quality of these services over the FFY 2015-2019 time period.

- Life Skills Assessment
  All youth in care are required to participate in the Casey life skills assessment, which should become the basis for the transitional service planning for the youth. A well-developed CFS 497 service plan should include clear and concise objectives for all wards ages 14 – 21. These objectives should address specific areas for development and timeframes for task completion, person’s responsible, desired outcomes and progress evaluations.

  The Department redesigned its life skills delivery system. Group instruction that promotes peer-to-peer mentoring is encouraged along with participative, community-based field trips which facilitate experiential learning.

- Tutoring services
- Mentoring services
- Educational advocacy and support services through Education Advisors
- Pregnant and Parenting Teen services, if applicable.
- Obtaining a state identification card
- Membership on Regional and/or Statewide Youth Advisory Boards
- Free, annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment resources as well as community based resources.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting the student’s academic progress is reviewed,
problems/issues are discussed, and post-secondary planning is begun. Education Advisors participate in the planning team when problems are identified beforehand to provide advocacy and support. The Plan is to be brought to the youth’s next Administrative Case Review.

**Services Offered to Foster Youth Ages 16 – 18**

The following are all services the Department believes are or should be available to youth in this age range. Some services are not available on a statewide basis and some are not readily made available to the youth if the youth does not seek them out. In addition, some of these very services are ones youth reported on surveys solicited for this Report that they believe should be more available and accessible. It is the Department’s intention to work to improve the availability and quality of these services over the FFY 2015-2019 time period.

- Transition staffing with caseworker and education advisor to discuss career options and the educational programs that are available
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance in completing referral application to Youth in College/Vocational Training program
- Assistance in completing the Education & Training Voucher application
- Assistance in accessing the Community College Payment Program
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills through the use of a job coach
- Advanced life skills classes that utilize “hands on” instruction and real life experiences
- Membership on Regional and Statewide Youth Advisory Boards
- Provide free, annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community based resources.
- Referral for Employment programs and follow-up to ensure youth engages in the program, especially Transitional Jobs Programs to ensure youth obtain work experience before emancipation.
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establishes on his/her own.
- Assistance with connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing the Employment Incentive Program (if youth meets eligibility requirements)
- TLP placement (if meet eligibility criteria)
- Placement Alternative Contract living arrangement (if meet eligibility criteria)
- Assistance with obtaining a State ID.
- Educational advocacy and support services through Education Advisors
- Pregnant and Parenting Teen services, if applicable.
- Education Passport is available to track educational and progress for youth.
• Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting the student’s academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun. Education Advisors participate in the planning team when problems are identified before hand to provide advocacy and support. The Plan is to be brought to the youth’s next Administrative Case Review.

Services Offered to Foster Youth Ages 18 through 20

The following are all services the Department believes are or should be available to youth in this age range. Some services are not available on a statewide basis and some are not readily made available to the youth if the youth does not seek them out. In addition, some of these very services are ones youth reported on surveys solicited for this Report that they believe should be more available and accessible. It is the Department’s intention to work to improve the availability and quality of these services over the FFY 2015-2019 time period.

• Develop a community resource directory to link youth to community resources
• Monitor academic and vocational training progress
• Assist with housing needs: develop “step down” program to transition youth to self-sufficiency while still eligible for Department funded services; during the “step down” phase, ensure youth are acquiring sufficient cash savings for emergencies that will arise after emancipation
• Assist with career planning and follow through with youth
• Assist with comparing and calculating actual costs of various post-secondary education programs
• Membership on Regional and Statewide Youth Advisory Boards
• Facilitate (high school) community service hours for Regional Youth Advisory Board officers and members.
• Provide free, annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community based resources.
• Orientation to post-secondary and vocational training programs
• Assistance with completing financial aid forms and college applications
• Assistance in completing Scholarship applications
• Assistance in completing the Education & Training Voucher application
• Assistance in completing referral application to Youth in College/Vocational Training program
• Assistance in accessing the Community College Payment Program
• Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills through the use of a job coach
• Referral for Employment programs and follow-up to ensure youth engages in the program
• Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establishes on his/her own.
• Assistance with connecting positive mentors to foster post-secondary expectations and career goals
• Assistance with accessing Employment Incentive Program (if meet eligibility requirements)
• TLP or ILO placement (if meet eligibility criteria)
• Placement Alternative Contract living arrangement (if meet eligibility criteria)
• Assist youth that are not likely to continue their education to obtain work experience through Transitional Jobs Program workforce development services.
• Educational advocacy and support services through Education Advisors
• Pregnant and Parenting Teen services, if applicable.
• Education Passport is available to track education and progress for youth.
• Per DCFS Policy, at the time of case closure, youth shall also be provided, at no cost, a copy of their health and education records. The youth should also be assisted in obtaining or compiling other documents necessary to function as an independent adult, including:
  o State Identification card;
  o Social Security card;
  o Driver's license;
  o Medical records and documentation;
  o Certified copy of birth certificate;
  o Documents and information on the youth’s religious background;
  o U.S. documentation of immigration, citizenship, or naturalization;
  o Death certificate(s) if parent(s) is deceased;
  o Medicaid card or other health eligibility documentation;
  o Life book or compilation of personal history and photographs;
  o List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
  o List of schools attended, previous placements, clinics used;
  o Educational records, such as high school diploma or general equivalency diploma; and
  o List of community resources with self-referral information.

Services Offered to Former Foster Youth Ages 18 through 20
Traditionally, the Illinois Department of Children and Family Services keeps youth in care until their 21st birthday in order to provide services. The majority of youth residing in Cook County in Illinois remain under the state’s legal care until age 21. The remainder of the state is not as consistent and tends to be dependent on the court having jurisdiction over the case.

• Education
DCFS will continue to offer the Scholarship program to former foster care recipients. There are 48 scholarships that are given out each year, of which 75% of the scholarships are awarded to former wards who are currently adoptees or under subsidized guardianship. As a result of recently passed legislation, the number of scholarships awarded will increase to 53 effective May, 2015.
DCFS will continue to make the Education and Training Voucher Program available to former foster care youth between the 18 – 21 years of age.

Youth who are participating in the Department’s Youth in College/Vocational (YIC/VT) Program at age 21 and case closure are eligible to remain in the program through the semester they turn 23 years old as long as they continue to meet the eligibility requirements. The youth must maintain full time status in their post-secondary program with a minimum 2.0 GPA and submit their program schedule confirming enrollment and grades each semester to the Office of Education and Transition Services. Participation in the YIC/VT program provides them with a $491 monthly grant and financial assistance with required books and supplies that financial aid does not cover.

• **Housing, Financial Assistance, and Counseling**

  The goal of the Department is to provide financial and housing services to wards and former foster care youth who need it, between their 18th (17.5 years for housing advocacy) and 21st birthday to complement their own efforts in achieving self-sufficiency, recognizing and accepting personal responsibility in preparing and then making the transition from adolescence to adulthood.

  The following services will continue to be offered to youth:
  - Housing advocacy;
  - Cash assistance;
  - Start-up grants;
  - Partial housing subsidy; and
  - Crisis Cash Assistance

  Housing advocacy services will be available to wards starting six months prior to their emancipation. Advocacy agencies will help wards prepare a budget, teach them about being a good tenant, and help them locate and acquire appropriate and affordable housing. This service will be available to all youth nearing emancipation and to former wards who age out of care until their 21st birthday. As stated above, this will also be available to youth who move to adoption or guardianship after age 14, if they wish to access it.

  Youth who are within six months of aging out of care may receive up to $800 (if a youth is pregnant, parenting or disabled, they may receive up to $1200) based on a needs assessment, from Youth Housing Assistance and Transition Cash Assistance to facilitate independence. This cash assistance will cover such expenses as security deposits and basic necessities that many youth may not have upon leaving foster care. They will be awarded cash assistance only when the youth has a balanced budget. Funding through Youth Housing Assistance and Crisis Cash Assistance will also be available to help former wards who have aged out of care and whose housing is unstable up until their 21st birthday. Cash assistance may be authorized for up to $2,000 (two thousand) per 12 months, with a lifetime limit of $4,000 (four thousand). The youth must have a balanced
budget in order to receive assistance. However, if the youth does not have a balanced budget he or she may receive up to $600 (six hundred).

If an emancipated youth’s housing costs exceed 30% of her or his income, a partial housing subsidy of up to $250 (two hundred and fifty) per month for up to 12 months (stopping no later than the 21st birthday) will be provided. The new subsidy ensures that the youth pays at least half the rent during the final sixth month of the subsidy. This assistance is not part of the $2,000 twelve month or $4,000 lifetime limit.

Former foster care youth will continue to access counseling services through community based organizations and Department of Human Services’ funded programs/services. Counseling services offered by community based organizations include substance abuse and mental health counseling, parenting classes offered by local hospitals, domestic violence counseling and shelter services, and church based support groups and general counseling. Career / employment counseling is available through local state unemployment offices and State of Illinois Central Management Services’ career counselors. In addition, the state Department of Human Services funds such programs as AmeriCorps where youth can receive skill training, serve as part of a team, receive a small living stipend, and an education award. Local Department of Human Services’ offices in each county also provide cash, food, and medical assistance to those who qualify.

- **Employment**

The Department’s collaboration with the Illinois Department of Employment Security (IDES) and the Illinois Department of Commerce and Economic Opportunity (IDCEO) will continue to provide employment and training opportunities for youth. DCFS will continue to present employment opportunity events to youth, caregivers, DCFS staff and POS staff.

In addition, DCFS will explore the possibility of DCEO providing bi-annual Orientations to DCFS/POS staff about resources, services, Workforce Investment Act programs, etc. and of improved linkages between DCFS offices linking with local DCEO offices to increase access/awareness to resources for employment and career preparation.

The Cook County contracted employment providers will provide to DCFS youth the following services: Pre-Employment Workshops, Job Readiness Workshops, Career Readiness Trainings, One on One Counseling, Job Placement, Case Management, Employment Mentoring, Subsidized Employment (80 hours a month), Unsubsidized Employment and Post Employment assistance and support.

IDCEO is one of 19 states selected by the US Department of Labor to implement **Shared Youth Vision**. The *Shared Youth Vision* calls upon the youth service system at all levels to work collaboratively in designing and coordinating programs serving the neediest youth. Youth in foster care or aging out of foster care are targeted youth of Shared Youth Vision.
The Department will continue to explore ways to provide information to former Foster Care recipients about employment and training opportunities that are available statewide through federal, state, local and city funding. A youth specific internet web site is currently under development.

The Department is working on increased collaboration with the Job Corps sites to encourage former youth in care to take advantage of this opportunity, when appropriate.

In addition, former foster youth who encounter significant hardship upon emancipation are eligible to reengage with the Department and Juvenile Court through the Supporting Emancipated Youth Services program. The program works to secure essential supports and services that will enable these youth to live independently as adults. Youth who aged out of care age 18 or older may request reinstatement up to his/her 21st birthday. The youth would then be eligible for all services listed under “Services Offered to Foster Youth Ages 18 through 20”.

**Services offered to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.**

Youth who leave care after attaining 16 years of age through adoption or guardianship arrangements are eligible to apply for the DCFS College Scholarship Program and are also eligible to participate in the Education and Training Voucher (ETV) Program (see above).

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.

**Discussion About How the Department is Developing Services for Those Individuals Likely to Remain in Foster Care Until Age 18**

The Program Instructions reveal that some identifiers of individuals "likely to remain in foster care until 18" include, but are not limited to, age, ethnicity, presenting problems, case histories, and individual case goals and objectives.”

Reasons youth are likely to remain in foster care until 18 years of age is due to:

- Goals of return home, adoption, and guardianship have been ruled out; and
- Youth is age 15 or older and goal of independence has been established by the court; and
- Either an assessment has been made and the child has demonstrated the ability, capability, and willingness to care for him or herself, has become economically self-sufficient and/or is establishing a family of his or her own.
- The youth are currently placed in ILO/TLP or residential placement and need multiple transitional living services.
- Developmental disabilities; substance abuse issues; and/or mental health issues. Programs are available for these youth, however they are not funded via Chafee dollars.
Examples of these programs include, independent living programs, transitional living programs for Developmentally Disabled youth, System of Care for youth in crisis and/or to avoid potential crises, and linkage/referral to substance abuse and mental health treatment services.

The Department has implemented or is exploring the following strategies for addressing substance abuse issues, mental health concerns, and the transition of older youth with developmental disabilities to adult services:

**Substance Abuse**
- The Department has implemented an Integrated Assessment to be administered at the front end for youth entering the system that includes screening for mental health and substance abuse issues. Youth who are already in the system will be assessed via the Child and Adolescent Needs and Strengths (CANS) and staffed by the Child and Youth Investment Team, which includes a group of clinicians: psychologist, therapist, LCSW, as needed, as well as family members, service providers, and caregivers to determine whether further assessment or treatment for mental health, substance abuse and other conditions is needed. Policy Transmittal 2006.11, Procedures 302, Appendix, Substance Affected Families was released September 8, 2006 providing a step-by-step guide through the casework activities that address the principles and standards around which the Department provides alcohol and other drug abuse services to families with open case or subjects of a child abuse and neglect investigation; or to children for whom the Department is legally responsible. Also new to this procedure is the Youth Alcohol and other Drug Abuse Indicators Form, which provides staff a method of determining when a youth should be referred to a qualified substance abuse counselor for drug and alcohol assessment.
- As part of, or in addition to, completion of Department-recognized life skills assessment, youth will be screened for substance abuse and, based on the results, necessary services added to the Transition Plan.
- Develop criteria to screen youth entering Pregnant and Parenting Teen Program for substance abuse (also see 3rd bullet point below)
- If appropriate, establish linkages to substance abuse prevention programs. These services are coordinated and funded by the Department of Human Services’ Bureau of Substance Abuse Prevention and are available statewide.

**Mental Health**
- An Integrated Assessment is completed at the beginning of each new case and then re-assessed on a quarterly basis. The Integrated Assessment provides a comprehensive clinical understanding of each child at the start of care in order to develop a service plan directly related to the findings of the Integrated Assessment (also see bullet point above under Substance Abuse).
- Staff that form the Integrated Assessments team consist of a team of experts who are dedicated to addressing the mental health needs of children in care
• Downstate Pregnant/Parenting Youth services are now provided by Department contracted providers. DCFS/POS caseworkers are to provide Pregnant/Parenting service providers with referral documentation that include assessments, services plans, Child Endangerment Risk Assessment Protocols (CERAPs), Child and Adolescent Needs and Strengths (CANS), etc., so that service providers are informed of mental health issues. Service providers do an assessment of their own using the referral information provided by the DCFS/POS caseworkers, in addition to the Casey supplements and postpartum depression screens. Pregnant/Parenting Teen Service providers are required to notify DCFS/POS caseworkers immediately in every case when they encounter new behaviors and circumstances that may be signs of mental illness, substance abuse, domestic violence, health, or safety concerns. DCFS/ the Teen Parent Service Network offers trainings for Pregnant/Parenting service providers that enhances their ability to do assessments and service delivery for this special population of youth.

• Pregnant and parenting youth in the State are screened for mental health concerns during intake to the Teen Parent Services Network (TPSN). During that time, they address the topic and or history of mental health. If there are any unaddressed concerns the youth is referred to the TPSN clinical consulting division of the program for a staffing. Upon that staffing, recommendations for any needed services are made.

Developmental Disabilities:

• Collaborative process between IDCFS and the Department of Human Services’ Division of Developmental Disabilities (DMSDD).
• Community based Pre-Admission Screening (PAS) agencies work to ensure all proper assessments are completed on the youth, required documents are in order, and coordinates the referral process.
• Recommended levels of care traditionally include Community Integrated Living Arrangements (CILA) and Home Based Services.
• DCFS assigned caseworker remains involved throughout this process.

Identification of State Statutory and/or Administrative Barriers, If Any, That Impede the State’s Ability to Serve a Broad Range of Youth and How These Barriers Can Be Addressed

Currently, there is no state statutory and/or administrative barriers that need to be eliminated or amended that would prevent Illinois from providing services to a broader range of eligible youth.

However, the Federal regulation requiring youth to have accessed the Education and Training Voucher (ETV) program prior to age 21 in order to be eligible to access the program up to age 23 often causes a barrier to older youth in Illinois. As a result of Illinois maintaining youth under legal guardianship until age 21, some youth do not financially need to access the ETV program until after age 21 when other state provided benefits stop. Youth who did not need the ETV program prior to age 21, and therefore did not access the program, are then not eligible for it when they most need it. IDCFS staff work to ensure youth are aware of this requirement and that, whenever possible, they access the ETV program before age 21 in order to ensure ongoing eligibility. Illinois would prefer the federal regulation stated that as long as youth were enrolled
in and making satisfactory progress in an approved post-secondary program prior to age 21, they can maintain their eligibility for the ETV program up to age 23.

**Description of the Approaches Being Used by the Department to Make Room and Board Available to Youth Ages 18 Through 20**

The Program Instructions indicate that no more than 30 percent of the allotment of Federal funds will be expended for room and board for youth who left foster care because they attained 18 years of age but have not yet attained 21 years of age.

Housing is a major and primary need for our youth. DCFS will continue to set aside 20% of its Chafee funding for direct room and board and 7% for housing advocacy services. Direct room and board is defined as the room and board portion costs of the Independent Living Option (ILO), Transitional Living Program (TLP), Pregnant and Parent Teen Program (PPT), and the Youth Cash Assistance payments for youth between the ages of 18 and 21.

The Department’s Transitional Living and Independent Living Programs are designed to guide the development of an ILO/TLP continuum of progressive independence, kinship connection, and sustainability. The following is an overview of levels of care and expectations of these living arrangements:

**Transitional Living Program/ Transitional Living Arrangements (TLP)**

The purpose of the TLP is to provide a youth, coming from any other living arrangement, an opportunity to practice skills that will be necessary to live independently while continuing to be provided supervision and supportive services. As defined in the TLP re-design, there are four levels of placement under the TLP rubric. In general, the levels are defined by the amount of autonomy that the youth is able to manage. Youth who are engaged in school/work and who are managing their treatment needs with minimal support will be allowed commensurate program structures. Youth who require more direct support to manage their behavioral health needs, and those who require intensive programming focused on developing the skill set that will be required of them upon emancipation will receive more intensive support. This group will be divided by age, as this is likely to represent a large sub-set of this population. Finally, those whose developmental disabilities and/ or chronic, severe mental illness and who have an increased likelihood of reliance on the adult service providers in these areas, will have specialized programming focused on promoting this transition.

TLP’s will offer a mix of services and resources wholly dependent on the needs and capabilities of the youths they serve. These direct and indirect services will include: 1) support of the youth’s academic development, (school involvement, tutoring, GED programs), 2) vocational/employment preparation, (employment readiness, job coaching, trade programs, mentorship), 3) mental health services (psychiatric monitoring, professional counseling, group services, substance misuse services), 4) Kinship reconnection (outreach to kin and fictive kin to develop long-term relationships, visitation), 5) Juvenile Justice, (Gang intervention, specialized community re-engagement, specialized employability services), 6) Parenting (education, support, child care, preparation), 7) DMH/ORS linkages, 8) Housing advocacy, (assisting the youth over the age of 19 in locating and maintaining a community based apartment as they
demonstrate readiness), 10) and others. TLP programs are required to refer and monitor youth in workforce development programs to ensure youth obtain a career pathway, work experience, and unsubsidized employment by age 18.

TLP’s are single-site locations of various descriptions, with on-site staff 24 hours per day and 7 days per week. The eligibility requirements for placement into a TLP are: 1) the youth must be 17 years of age or older, 2) able to be safely maintained in a community setting, 3) the youth must be willing to actively participate in education, employment and other services specific to his or her particular strengths, needs and goals.

**Independent Living Program/Independent Living Arrangements (ILO)**
The purpose of the ILO is to offer prepared youth the opportunity to practice living autonomously with a “safety-net” of supports while they progress toward full independence, usually by emancipation.

ILO is available to youth 19 and older who have demonstrated the capacity to live independently and to maintain themselves, with limited support, in a sustainable community based apartment of their choosing. While many of the same services as above will be available, most will be available via referral to community-based providers. The hallmark of ILO is the creation of stable, sustainable circumstances. The role of the provider is to monitor and enhance the youth’s progressive independence.

Youth in ILO will be placed in apartments that they are expected to remain in after their DCFS involvement ends. To this end, they will be required to make an increasing contribution to the costs associated with their apartment and required to save money earned through their employment to cover post-emancipation expenses.

**Emancipation from Foster Care**
The Department continues to work towards ensuring that all youth who are living in stable foster care homes have the ability to be launched directly from those homes. This is done by providing extra support and resources to the foster home, that will allow them to access the same resources as other TLP/ILO providers including access to all services for adolescents and to housing advocacy and rental support as indicated. Just as in any other ILO, the youth would have to maintain employment and provide partial, but increasing support for maintaining his or her apartment.

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

- selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
- established written goals that promotes the youth’s ability to achieve economic self-sufficiency; and
• Identified an advocate who will assist the youth in achieving his/her goals and cooperate with the youth’s caseworker.

The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background (fingerprint and LEADS) check.

The youth and advocate must complete the **CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan**, identifying the youth’s goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth’s caseworker.

Also refer to “Services Offered to Former Foster Youth Ages 18 through 20”.

**Extension of Title IV-E Foster Care Assistance over Age 18**

Illinois has historically allowed youth to remain in legal care up to age 21. The state is now able to capture Title IV-E funding for eligible youth. The programs and services previously offered to youth age 18 through 20 have not changed. The programs and services described throughout this Plan will continue to be offered to all youth in care in order to support their completion of educational goals, secure gainful employment, and obtain affordable housing to ensure a successful transition to adulthood.

As of May 16, 2014, Illinois had 760 eighteen year olds in care, 709 nineteen year olds, 632 twenty year olds, and nineteen twenty-one year olds. The majority of these youth are residing in an independent living or transitional living placement.

**Collaboration with Other Private and Public Agencies**

**Discussion How the Department Involves the Public and Private Sectors in Helping Adolescents in Foster Care Achieve Independence**

The State of Illinois is continuing to use a variety of means to involve the public and private sector stakeholders in helping adolescents in foster care achieve independence. The Department has ongoing coordination efforts with a variety of public and private groups. The Department takes all major policy development and implementation issues to its Child Welfare Advisory Committee, which is made up of private sector stakeholders. The Department’s redesign of its Transitional and Independent Living Programs and the implementation of performance-based contracting for TLP/ILO was done in cooperation with an Older Adolescent Work Group, made up of private agency representatives from across the state.

The Department also maintains a close working relationship, on program development and implementation issues, with the Child Care Association of Illinois, which includes most of the members of the state’s child welfare services provider community. The Department convenes
Advisory Councils consisting of foster parents and adoptive parents. In addition, there are advisory groups for African-Americans and Latinos. All Department Rule changes go through a public approval process with the Joint Committee on Administrative Rules (JCAR), which allows the public to comment. Department staff are members of community action teams across the state to address the issue of disproportionality in foster care.

The Department maintains a close working relationship with a number of other State departments, including: the Department of Human Services (DHS) in regards to TANF and Daycare; the Division of Alcoholism and Substance Abuse; the Division of Mental Health; the Division of Developmental Disabilities; a vast array of Youth Services programs and DHS-funded Medicaid services; the Departments of Employment Security and Commerce and Economic Opportunity in regards to employment programs; and the State Board of Education. In addition, the Department maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority and the Chicago Public Schools.

IDCFS is currently developing ongoing communication, meetings and trainings to increase collaboration among the state agencies that are mandated members of the Interagency Coordinating Council (ICC). The ICC is a legislative creative council composed of directors or designees of the Illinois board of Higher Education, Illinois Community College Board, Illinois Council on Developmental Disabilities, IDCFS, Department of Commerce and Economic Opportunity, Illinois Department of Corrections, Illinois State Board, and DHS. The role of the council is to provide information, consultation and technical assistance to state and local agencies, and school districts involved in improving delivery of services to older youth with disabilities, thus allowing disabled youth to achieve self-sufficient independence to the best of their ability. 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 DHS/OASA with state general revenue funds and Medicaid funding. In addition, policy recommendations to the directors of DHS/DASA and DCFS are formulated through meetings attended by lead staff from each agency.

DASA received a youth infrastructure grant from SAMHSA/CSAT to improve the overall youth substance abuse service delivery system in the state. The two areas focused on are:

1. Improving collaboration and working relationships between state agencies serving youth; and
2. Developing and improving work force skills.

DCFS was involved on the steering committee for this grant and also worked with DASA to have DCFS involved youth, families, and service providers represented on the advisory committee and working groups for the grant.

DCFS sponsors interagency trainings and networking meetings for local child welfare and substance abuse agency staff. Cross-Training and technical assistance has been provided on
ASAM levels of care, engaging youth in treatment, motivational interviewing and the stages of change, and confronting marijuana use by older youth in the child welfare system.

IDCFS has a statutorily mandated seat on the Illinois State Advisory Council on the Education of Children with Disabilities. The Council provides advice and policy guidance to the Governor, General Assembly, and the State Board of Education with respect to special education and related services for children with disabilities, including unmet needs in the education of children with disabilities. The Associate Deputy Director of the Office of Education and Transition Services currently represents DCFS on the Council.

DCFS contracts with private agencies for the delivery of job coaching, mentoring, financial aid preparation services, Regional and State Youth Advisory Board coordination, and tutoring to help prepare youth for the successful transition to independence. In addition, Illinois contracts with public and private agencies statewide for the delivery of life skills classes, trainings, and experiential activities for youth to participate in where they can learn and practice the skills necessary to make a successful transition to self-sufficient adulthood.

The Department believes it is critically important to connect youth to public and private resources that will sustain them through life for disease prevention and health promotion:

- Local county and city public health departments offer to adolescents and youth adults a broad range of health-related services.

- Federally-funded Community Health Centers were established with a mission to deliver comprehensive, high-quality primary health care as well as supportive services to community residents regardless of their ability to pay. Community Health Centers are committed to the concept of the “medical home”, defined as primary care which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Community Health Centers operate in more than 450 service locations throughout the state of Illinois.

- The Illinois Provider Directory for Children and Adolescents with Special Health Care Needs is an online resource to assist in locating health care providers – pediatricians, family physicians, pediatric specialists, occupational therapists, physical therapists, speech pathologists, audiologists, mental health specialists, pediatric dentists, and other health care providers -- who serve Illinois children and adolescents with special health care needs.

- The Statewide Provider Database (SPD) provides a tool for staff throughout the DCFS network to identify and to locate community based services for children and families. You may search the system with a child's CYCIS ID, select services within a given area, or obtain details about programs and services.

Discussion of the Department's Efforts to Coordinate with Other Federal and State Programs

Efforts have been made, and will continue to be made, in the next five years to provide training to the Public Guardian’s Office, Juvenile Justice System, and court systems across the state to help them understand the services that are available to older youth.
For downstate Illinois (defined as all regions outside of Cook County and its five Collar counties), the services provided for Pregnant/Parenting youth are provided by community based service providers. DCFS contracts directly with 6 local agencies to provided specialized, supportive services for the identified Pregnant/Parenting youth. In counties that do not have a DCFS P/P contract, workers link P/P youth with community based resources that have different funding, when available. These programs are usually funded by state or federal programs. For example, P/P youth and their children receive medical cards, participate in the WIC program, may be eligible for the Link program for food, use day care services funded by another state agency and many live in settings funded with federal funds. When needed, DCFS program staff meet with staff from various agencies to look at the eligibility of DCFS P/P youth and the appropriateness of their use of different programs funded with state and federal money.

DCFS has housing advocacy contracts with local community housing agencies throughout. These programs maintain contact with statewide subsidized housing programs to assist youth in applying for and accessing appropriate housing. These housing advocacy programs participate in their local Continuum of Care and are knowledgeable of federal, state, and local funded programs in their area. Some of them have sought funding through the SuperNOFA and other funding sources to assist clients referred by DCFS.

DCFS has agreements with five housing authorities to accept youth who are aging out of care participate in their Family Unification Program when vouchers are available. Those housing authorities are in Chicago, Danville, DuPage, Rock Island, Springfield and Winnebago County. To meet program requirements, all participants must have already aged out of care and move in to their new housing before they turn 19.5 years of age.

DCFS has a collaborative process in place with the Department of Human Services’ Division of Developmental Disabilities and the Guardianship and Advocacy Commission’s Office of the State Guardian to ensure the appropriate, stable and complete transition of youth with developmental disabilities into adult services. This process includes the involvement of a community based Pre-Admission Screening (PAS) agency that works to ensure all proper assessments are completed on the youth and the required documents are in order. Once the appropriate level of care is determined for the youth to transition to, the PAS agency coordinates the referral process. Recommended levels of care traditionally include CILAs (Community Integrated Living Arrangements, both 24 hour and intermittent) and Home Based Services. For individuals with very special needs, Intermediate Care Facilities (ICF/DDs) or State Operated Developmental Centers (SODC) may be considered. The DCFS assigned caseworker also remains involved throughout this process and ensures that transitional visits occur prior to the new placement being effective. Finally, the worker will assure the vacating of guardianship or its transfer to an appropriate adult guardian.

The Department of Children and Family Services, including staff from the Division of Clinical Services also collaborates with the Department of Healthcare and Family Services on a variety of issues impacting Medicaid-funded services for DCFS wards. Such collaborative activities include participating in interagency committees that oversee particular policy areas and working with DHFS staff to resolve operational, programmatic and case-specific issues. Data
sharing includes obtaining paid claims data upon request as needed for examining trends in health care services for wards. In addition, DCFS has collaborated with the Department of Healthcare and Family Services to implement the expansion of Medicaid eligibility for former foster youth to age 26.

Illinois Department of Children and Family Services (DCFS) began collaboration with the Illinois Department of Alcoholism and Substance Abuse (DASA) in 1986 with the piloting of a federal demonstration program known as Project SAFE. SAFE was an intensive out-patient treatment service providing a highly intensive outreach component, parenting training, transportation, child care, case management, woman’s support group, and aftercare. The program was designed to break down barriers that prevented women from succeeding in treatment. SAFE progressed from the original four (4) demonstration sites to a state funded program of twenty-one (21) sites statewide.

The Division of Alcoholism and Substance Abuse (DASA) and the Department of Children and Family Services (DCFS) continued their commitment to develop and implement a community based system of integrated child welfare and substance abuse services with the establishment, by the Illinois legislature, of the DASA/DCFS Initiative (currently known as the DASA/Child Welfare Integrated Services Program) in 1995. The “Initiative” was to provide accessible and effective services for DCFS clients with substance abuse problems. The Initiative includes substance abuse screening, assessment and treatment, outreach services, case coordination, aftercare, collaborative administration, and on-going quality assurance. Particular emphasis was placed on the development of a specific referral process, establishment of protocols to ensure timely assessment to treatment services. Through these on-going efforts, child welfare workers and substance abuse providers work cooperatively to address DCFS clients’ alcohol and other drug abuse (AODA) and its impact on family life, parental functioning, and child safety and development. The Initiative currently includes 52 AODA providers.

The Illinois Collaboration on Youth and the Illinois Department of Children & Family Services (DCFS) were awarded a two-year federal planning grant from the Department of Health & Human Services, Administration for Children, Youth and Families (ACYF) in September 2013. The purpose of the grant is to develop a model intervention to prevent homelessness for youth and young adults with current or past involvement with DCFS. The Homeless Youth Prevention Planning (HYPP) grant aims to improve outcomes for youth with child welfare experience in the areas of housing; permanent connections; social and emotional well-being; and, education and employment. DCFS will analyze data; determine the youth’s risk and protective factors; and, restructure the referral process and how services are delivered to ensure the most at-risk youth are receiving needed services. As part of the planning process, ACYF has indicated that grantees should begin the work of reprogramming Chafee program-funded services, and title IV-E foster care services to better support youth who are most likely to experience homelessness. This is a collaborative process bringing together staff from the DCFS Director’s Office, DCFS-contracted agencies, DHS, DJJ, ISBE, and homeless youth service providers. ICOY and DCFS plan to submit a second grant application to ACYF in the spring of 2015, which will outline the intervention
model and evaluation structure. This five-year grant would provide up to one million dollars per year.

The Department is a participant in the Child Welfare and Education Learning Community (CWELC) convened by the University-Based Child and Family Policy Consortium. The members of the group represent researchers, policymakers and practitioners across three states of Illinois, Minnesota and North Carolina who work at the intersection of child welfare and education. The goals for the CWELC project include cross-state collaboration on issues of child welfare and education, infusion of research knowledge and practical experience in CWELC recommendations. Topics include: data sharing, student mobility, use of evidence, cultural competency, and different needs at policy and practice levels.

**Discussion About How the Department/State Coordinates with the State Medicaid Agency to Implement the Provisions of the Patient Protection and Affordable Care Act.**

IDCFS covers medical benefits for all wards, up to the age of 21, for whom the Department has legal responsibility.

Also, the Department will approve continuous Medicaid coverage for Medicaid eligible foster care wards that leave DCFS custody for up to one year through age 18 or to their 19th birthday if over the age of 18.

Beginning 1/1/14, youth who are exiting foster care or were formerly in foster care will be eligible for Medicaid until age 26, as a provision of the Affordable Care Act (ACA). The Illinois Department of Healthcare and Family Services has developed an implementation plan for this expansion. The application procedure has been distributed widely to caseworkers, caregivers, and youth across the state.

**Discussion of How the Department/State Collaborates with Governmental or Other Community Entities to Promote a Safe Transition to Independence by Reducing the Risk that Youth and Young Adults in the Child Welfare System will be Victims of Human Trafficking.**

Almost all of youth in care who have been victims of human trafficking were missing from care when the trafficking occurred. Therefore, efforts to decrease the length of time a youth is missing are crucial to reducing the risk of human trafficking. The Department collaborates with the National Center for Missing and Exploited Children (NCMEC), local law enforcement agencies, the Illinois State Police and the Federal Bureau of Investigations regarding youth missing from care. NCMEC and law enforcement have additional resources to locate a missing youth, and the Department’s partnership with these organizations is crucial to a quick recovery of a missing child.

The Department collaborates with many organizations in an effort to prevent trafficking, respond to allegations of human trafficking and provide services to victims. The NCMEC sex trafficking team provides assistance to DCFS caseworkers with suspected or known victims. Department Child Protection Specialists are required to report all allegations of human trafficking to the Federal Bureau of Investigations (FBI) for criminal investigation and the FBI Victim Specialists assist with interviewing and providing services to victims. DCFS collaborates
with State’s Attorney’s offices and the US Attorney’s Office when traffickers are pursued for criminal prosecution. When appropriate, Child Advocacy Centers are utilized in child abuse and neglect investigations with a human trafficking allegation. The Department collaborates with numerous service providers regarding trafficked youth, including the Salvation Army Stop-It program, mental health providers, and medical personnel. The DCFS Human Trafficking Coordinator participates in the Cook County Human Trafficking Task Force and the Statewide Human Trafficking Task Force, which fosters coordination and institutionalized collaboration among task force members.

**Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)**

**Discussion About the Objective Criteria the Department/State Uses for Determining Eligibility for Benefits and Services Under the Chafee and the ETV Programs, Including the Process for Ensuring Fair and Equipment Treatment of Benefit Recipients**

The State’s policy requires using a combination of state and federal funds to provide independent living services to youth 14 – 21 years, and continues to use state funds to offer specific services to youth up to their 23rd birthday. The State is responsible to ensure all youth leave the foster care system with skills to maintain self-sufficiency. The objective criteria are based upon the number of youth who are likely to remain in foster care until age 18. The youth in foster care are older and need more supportive services to prepare for self-sufficiency. Recent evaluation studies have pointed to the fact that youth who leave care without a transition plan end up homeless, incarcerated, unemployed and have low educational achievement.

The process of developing the criteria included the following:

- Review of the National trends of what services the other states are offering to older wards
- The Governor of Illinois’ initiatives
- The priorities of the Director of DCFS
- A needs assessments of older youth
- Recommendations of results of the Chapin Hall Center for Children and other research studies

The eligibility criteria used for the Chafee services are as follows:

- Provide services to youth aged 14-21 to help them make the transition from foster care to adulthood: education, vocational and employment training, post secondary education, daily living skills, substance abuse prevention, PPT prevention and preventive health activities.
- Provide training for foster parents, adoptive parents and workers to address issues confronting adolescents.
- Provide services for older youth aged 18-21 who have left foster care but have not reached age 21.
- Provide room and board for youth aged 18 – 21 who have left foster care.
• Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.
• Serve children of various ages at various stages of achieving independence.
• Use a variety of providers to deliver independent living services.
• Serve youth who otherwise meet the eligibility criteria, but who are temporarily residing out of State, and not terminate ongoing assistance solely due to the fact that a youth is temporarily residing out of State.

The eligibility requirements for the ETV services are as follows:
• Provide vouchers of up to $5,000 (five thousand) to youth otherwise eligible for services under the State CFCIP program. The youth must be enrolled and attending an accredited post secondary education or training program and making satisfactory academic progress toward completion of the program.
• Provide services to youth who emancipated at age 18 or older;
• Provide services to youth adopted or placed in subsidized guardianship from foster care after attaining age 16.
• Provide services to youth aging out of the system who are participating in the voucher program before their 21st birthday, up to age 23 years old as long as they are making satisfactory academic progress towards completion of his/her program.
• The vouchers will cover tuition, fees, books, supplies, equipment, and other education related costs listed as cost of attendance at the school attending.

DCFS will ensure that all youth are aware of the service appeal process that exists and their rights to appeal.

Chafee and other funding will be made available to all wards, and former wards, by the following:
• Statewide training, including on-site trainings, webinars, program mailers, and email updates, to increase the awareness of available services to include DCFS and private agency staff. Policies and procedures help guide service delivery to ensure the services are equitable.
• Mail the Get Goal’d brochure to youth in care that identifies services and how to access them.
• Continue to maintain a stand-alone website for youth to be a resource of information regarding services, resources, etc.
• Have youth establish a ‘professional’ email address to facilitate communication.
• Links to information regarding services and programs for older youth currently exist on the DCFS intranet and internet site. These links need to be made more prominent and accessible to youth, caseworkers, caregivers, and others accessing the sites.
• Use of social media to inform youth of programs and how to access
• Offer Chafee services to youth regardless of placement or living arrangement type.
• Conduct regional informational orientations to discuss Chafee services.
• Conduct one day “Educational Seminars” for youth in care to educate them on the costs/benefits of community college/public universities vs. proprietary schools to help them make educated post-secondary attendance choices.

• Provide free, annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community based resources.

• Identify youth likely to be graduating from high school and send information regarding the YIC/VT program, ETV program, and EIP to the youth and their caseworker via email notifications.

**Cooperation National Evaluations**

DCFS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.
Chapter VII - Education and Training Vouchers Program

Description of the Education and Training Vouchers (ETV) Program and Its Components

The Education and Training Vouchers Program (ETV) will provide additional resources specifically to meet the financial needs for educational and training programs of youth aging out of the Department’s (IDCFS) foster care system. The purpose of the Education & Training Vouchers program is to ensure every youth in care or who used ETV prior to aging out and continue to be enrolled and making satisfactory academic progress has the opportunity to attend a postsecondary or career and technical education program in order to learn or enhance skills needed to make a smooth transition to self-sufficiency.

The ETV program can be used to pay the following items at an accredited post secondary school or institution if they are included in the school’s cost of attendance and are not paid by other grants/scholarships/funding

- Tuition & fees
- Books & supplies;
- Uniforms & Equipment
- Transportation;
- Cost of medical insurance
- Computer
- Room & board (If not in another IL DCFS paid placement)

The amount spent for each youth varies, but an amount not to exceed $5,000.00 per youth may be issued as a partial payment to the educational institution to cover school charges. If there is funding left of the $5000 per fiscal year after the school or institution is paid, other cost of attendance items may be paid directly to the youth or other providers.

Description of the Methods the State/Department Uses to Operate the ETV Program Efficiently

In order to operate the ETV program efficiently, the ETV funding is coordinated by an individual who works with the other OETS personnel in the Youth in College/Vocational Training program. This allows DCFS to identify youth who are already attending a post secondary program and make them aware of the ETV funding for school. These youth are easily identified and are a priority for the funding. Case workers and GALs receive training that includes information on the ETV program and how it is accessed. The ETV information is also listed on the Youth in Care Website and the application is available on the interagency intranet. Applications can be mailed, faxed, or emailed as an attachment to the ETV coordinator. All portions of the ETV process which includes applications, letters of intent, approval letters, payment vouchers, and data collection are coordinated by a single source so that a total review of need and payments to the schools and other entities are consistent from start to finish.

Description of the Methods the State/Department uses to: (1) Ensure that the Total Amount of Educational Assistance to a Youth under and any other Federal Assistance program Does Not Exceed the Total Cost of Attendance; and (2) to Avoid Duplication of Benefits Under this and any other Federal or Federally Assisted Benefit Program.
To ensure that the total amount of education assistance to youth does not exceed total cost of attendance and to avoid duplication of benefits, youth submit application packets each term. This consists of a written application form along with student schedule, grades, and financial aid award information. Once a review of the packet is complete and eligibility established, a letter of intent is sent to the school advising that the funding can only be used for cost of attendance items not covered by other grants or scholarships. The items ETV can cover are listed on the letter of intent. If a youth is already receiving DCFS assistance for housing costs (YIC/VT, TLP, ILO), housing costs are not allowed with the ETV funds. The school is also told that the ETV funding plus other funding sources cannot exceed cost of attendance. The school must send a student’s detailed student account showing charges and payments to the ETV coordinator for review. When those detailed accounts are received, each line item is reviewed and if there are any questions about exceeding cost of attendance or duplicating benefits, the school is contacted for clarification. Approval letters and payments are only made once it is established that ETV funding plus other funding do not exceed cost of attendance and that there is no duplication of benefit.

**Use Data to Improve and Strengthen the ETV Program and to Increase Program Implementation**

The Department will plan to meet with various constituents and stakeholders over the FFY 2015-2019 time period, specific to ETV, to establish goals and outcomes for the ETV program, in combination with other state resources, and how those goals are to be measured.

**Information on the Methodology used to Provide an Unduplicated Number of ETVs Awarded Each School Year**

The ETV coordinator maintains data bases of all ETV activity which is on the share drive so that the information is available to all in the OETS division. This data base includes names of all students, age, school attending, amounts spent in Chafee categories as well as the total amount spent, whether the youth is an initial or renewal student, attending an academic or vocation program, and case worker information. OETS oversees the tuition waiver program for the State of Illinois as well as the Community College Payment Program. The ETV coordinator receives FAFSA training every year through the Illinois Student Assistance Commission (ISAC) so is kept aware of other state and federal funding sources and eligibility to receive these funds. Staff will work to develop goals on all of the state’s funding sources and outcomes so that the agency knows how many youth have utilized the funding to become independent.

**Consultation with Tribes (section 477(b)(3)(G) of the Act)**

**Description of Indian Tribe Consultation and Coordination to Ensure Fair and Equitable Treatment for Indian Youth in Care**

There are no State-recognized Native American Indian tribes officially residing in Illinois, but there are numerous tribal members from other states who reside permanently in the Cook County area. The Native American population in the balance of the state is more diffuse. In the most recent census estimate from the US Census Bureau, approximately 25,525 Illinois residents claimed Native ancestry.
Only 1% of the DCFS caseload is Native American children. Nevertheless, the Department takes very seriously its responsibilities to serve this population appropriately and effectively. The Department will continue to acquaint its staff and private agency workers with appropriate policy, actions and services through rules, procedures, meetings, conferences, contracts, curricula, training and college level courses.

For several years, the Department has utilized state funds to contract with the Native American Foster Parent Association for assistance and advice with cooperative projects. Depending upon the nature and extent of the issues that needed to be addressed, the amount of the contract varies in each state fiscal year.

The Department’s contract with the Native American Foster Parent Association (NAFPA), located in Chicago, is designed to assist caseworkers in navigating the determination process for eligibility, enrollment and application for membership in a tribe. The Department has also supported NAFPA to provide outreach to the Native American population and Child Welfare regarding the needs of Native American children in the system and for foster parents to care for them. The Department recognizes tribal licensed foster homes and/or licenses Native American foster parents under the same criteria as relatives by definition of tribe/extended family. The Department also codes these homes on the CYCIS system differently to indicate the status as a Native American foster home.

The underlying principle of the Indian Child Welfare Act is to “protect the best interest of Indian children.” It was also designed to “promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children from their families.”

The Department will continue to comply with the purpose and intent of the Indian Child Welfare Act (ICWA) to protect the Indian child as a resource for Indian communities. DCFS recognizes that the Indian child is the primary element in the maintenance of Indian tribal culture, traditions and values. Therefore the Department, in conjunction with Illinois Native American communities, organizations and agencies, provides a method of early identification of Indian children and their families, in order to provide services which ensure all the additional protections afforded by the Indian Child Welfare Act.

In order for the Department to inform any Indian child, any parent of an Indian child, or any Indian custodian of the rights afforded under the Indian Child Welfare Act, the Department determines at intake if a child has any Indian lineage. When choosing an out-of-home placement, the Department will continue to give preference to the following order, absent good cause to the contrary, to placement with:

- A member of the Indian child’s extended family;
- A foster home, licensed, approved or specified by the Indian child’s tribe, whether on or off the reservation; and
- An Indian foster home licensed or approved by authorized non-Indian licensing authority; or
• An institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the child’s Indian needs.

The Indian child’s tribe may establish a different order of preference by resolution, in which case the Department will make efforts to place the child according to these priorities so long as the placement is the least restrictive setting appropriate to the particular needs of the child.

This plan was shared with the Native American advocates on staff at IDCFS for their review, comments, and recommendations, which will be considered in improving the service delivery to the Native American population. The ICWA Program Specialists have reviewed the ICWA sections and provided input.

**CFCIP Program Improvement Efforts**

*Description of the State/Department’s Plan to Consult with and involve Youth in the CFCIP and Related Efforts Over the Next Five Years*

The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis the commissioned board shall:

- Provide the Department and the General Assembly with the perspective of youth in foster care;
- Recommend solutions to any issues concerning youth in foster care;
- Review and advise the Department on proposed legislation concerning youth in foster care;
- Make recommendations to the Department on policies and guidelines as it relates to foster care youth;
- Engage youth in positive leadership development; and
- Continue to develop recruitment and retention strategies of board members.

*Description of the State/Department’s Plan to Continuously Involve Youth in Assessment, Improvement, and Evaluation of CFCIP Services and Outcomes for Youth over the Next Five Years*

To ensure the programs are meeting youth needs and that youth have an opportunity to participate in identifying their needs, all contracted programs are required to collect Client Satisfaction Surveys from the youth after they successfully complete transition programs. This practice will continue as it also assists OETS staff with monitoring of the programs/providers and provides feedback to the provider.

All Youth in College participants and Department Scholarship recipients are expected to complete a survey upon their completion of the program. Although not via a formal survey, the Office of Education and Transition Services continuously solicit youth input via youth who participate in the Youth Summit Planning Subcommittees and Regional Graduation Celebrations. The information gathered from the surveys and informal information gathering is beneficial to determining if the programs currently in place are assisting youth with meeting their educational and employment goals and, when note, provide insight into how to improve the programs and services.
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 the OETS plans to send targeted mailings 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. OETS staff will continue to notify all youth currently in our Youth in College post-secondary program who have not accessed the ETV program prior to age 21 or have not submitted renewal ETV applications for additional funding that s/he may be eligible to receive ETV funding.

CFCIP Training
The State of Illinois is currently using training funds provided under the program of Federal payments to provide basic and advanced training to adequately prepare prospective and current foster parents, adoptive parents, workers in group homes, and case managers. However, the current mandatory training for caseworkers includes minimal information on identifying the needs of the older youth population, how to access needed services, and their role in fostering independence skills for this population.

The plan is for staff from the Office of Education and Transition Services to continue work in conjunction with the Clinical Practice & Professional Development Division to develop a “Youth in Transition” training to be offered to all new caseworkers within their first year of employment. The training would be mandatory for those existing caseworkers who have a youth on their caseload or within six months of receiving a youth on their caseload. The goal is to implement the training statewide in. The “Youth in Transition” course will include the following topics:

- Education (High School/Post-secondary)
- Employment/Vocational Training
- Assessment to identify areas of need
- Life Skills: “How To” Training on Teaching Life Skills
- Pregnant and Parenting Teen Services
- Housing Services
- Substance Abuse/Mental Health: Identifying Signs/Symptoms & Accessing Services
- Emancipation Awareness
- Financial Literacy

The Department has also conducted specific training on pregnant and parenting teen issues for DCFS and private agency caseworkers. The Department, through TPSN, TPSN will continue to offer Parenting Specialty Training Curricula statewide annually.

In addition, OETS staff provide on-site and teleconference training to private agency staff on request and participate in Regional management and staff meetings when possible to educate caseworkers and other staff on the available programs and services for older youth. The OETS is committed to strengthening these training efforts in order to reach more staff and provide
more technical assistance to ensure all eligible youth are accessing the programs and services designed to prepare them for adulthood.

Finally, the Department is working to ensure information about available programs and resources for older youth is more accessible to caseworkers, foster parents, and youth by adding direct links to this information on the Department’s intra and internet web sites home pages. And, the OETS will continue to update and distribute the Get Goal’d brochure and manual. The brochure is targeted to youth and contains brief information and contact information on available programs and resources. The manual coordinates with the brochure, but is intended for caseworkers as it includes additional information on how to access the various programs and services.
Chapter VIII - Monthly Caseworker Visit Formula Grants & Standards for Caseworker Visits

Beginning in November 2008, DCFS began a massive training and technical support effort around Monthly Caseworker Visits in order to improve compliance on this measure. These efforts included workforce training and support on contact note documentation and data entry as well as enhancements to the SACWIS system. In addition, monthly compliance reporting by workers and teams is provided through SACWIS and the recently implemented Performance Monitoring Data Site to allow supervisors and managers to identify strengths and needs as related to child/worker contact. As a result of these efforts, DCFS has substantially succeeded in meeting the target for Monthly Caseworker Visits. Statewide average for the current fiscal year is approximately 96%, and has consistently been at 95% for the last two years. Following the initiative in 2008, all new DCFS or POS casework and supervisory hires receive visitation training in their Foundation course. DCFS now posts monthly caseworker contact data on its Agency Performance Data Site, giving agencies accessibility to not only their agency level data but case level data as well which has also contributed to improved data quality in this critical area.

Procedures 315, Permanency Planning, address the frequency and purpose of contacts with children in substitute care placements. Specifically, section 315.110, b)2) requires that the assigned Permanency Worker must see the child in their living arrangement within 72 hours of placement; once every two weeks for the first month following initial placement or change in placement; and one time per month thereafter. Children with identified special needs must be seen two times per month.

Workers are required to focus on these discussion and observation points during their visits with children in care:

- Progress in care
- Safety (verbal children must be interviewed outside of the presence of their caretaker)
- Needs being met
- Physical observation of safety and well-being
- School success or daycare provision
- Visitation with parents and siblings if siblings are placed separately
- Mental and physical health needs

For further information and review, Procedures 315 can be located at the following hyperlink: http://www.state.il.us/dcfs/docs/ocfp/procedure/Procedures_315.pdf
Chapter IX - Child Welfare Waiver Demonstration Activities

IB3
The Illinois Birth through Three Waiver will begin its second year of operation July 1, 2014. The waiver supports several of the DCFS’ vision for children and families through its test of 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.”

Service Delivery: The waiver targets children and caregivers, including either or both birth parent(s) and foster parent(s), providing Child Parent Psychotherapy for high risk cases and the Nurturing Parenting Program for moderate and low risk families.

The waiver is a rotational assignment comparison group design. As such, the project maintains a certain separation from programs and services provided under “business as usual”. It is coordinated with the Integrated Assessment and Early Childhood Developmental Screening programs. Interventions are provided by trained, contracted providers.

Waiver Evaluation
The waiver evaluation is being conducted by the University of North Carolina using measures to track reductions in trauma symptoms, improved child and parent functioning, improved child well-being and increased permanency and reunification rates. The Illinois IB3 waiver is an experimental design with a cost neutrality calculation to determine cost savings and not a flexible funding waiver.

DCFS (Alcohol and other Drug Abuse) AODA Title IV-E Waiver Project
The U.S. Administration for Children and Families (ACF) was authorized by Congress to issue 10 Title IV-E waivers nationally for child welfare demonstration projects. The waiver authority does not provide additional funding to the states for pilot projects or new grant programs. It does allow DCFS to claim federal matching funds for services like the Juvenile Court Assessment Program (JCAP) assessments and referrals and Recovery Coach services that are not normally claimable under federal IV-E regulations. Waiver projects are also required to remain cost neutral over the five year period. States are allowed to retain any cost savings generated by their projects.

The terms and conditions of the Waiver also require states to deliver services using a research design, including random assignment of families to experimental and control or comparison groups. DCFS initially implemented its AODA waiver project in Cook County. The evaluation of the initial five year project period showed success in increased reunifications and improved substance abuse treatment outcomes. The project remained cost neutral over the five years and was able to generate cost savings for the state.

The evaluation also identified areas for improvement and these were addressed in the second five year waiver period that began in 2007. The areas for improvement specified in the
evaluation included adding mental health, domestic violence, and housing services. The second five year waiver also provided the opportunity to expand the Recovery Coach services to Madison and St. Clair Counties in southwestern Illinois.

The IV-E AODA project achieved success and positively impacted several families in both the demonstration and control groups. 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 September 2013 the State of Illinois has benefited from $9,242,332 of cost savings.

![Total IV-E AODA claim savings/loss: Includes all foster care and adoption claims as of September 2013](image)

**PLAN FOR THE THIRD FIVE YEAR WAIVER PROJECT (SECOND EXTENSION OF THE AODA WAIVER)**

The evaluation of the second five year waiver showed increased reunifications and additional cost savings to the state in both the Chicago area and Downstate. DCFS has negotiated with ACF for a third waiver period to continue to further refine and improve services to substance abuse affected families. The third waiver period started on October 1, 2013 and will run for five years through September 2018. The new waiver will focus on even earlier engagement of substance abuse affected families into the reunification and recovery process and work more closely with the courts to quicken the reunification process and safely return more children home to their families.

In the third five-year waiver period DCFS seeks to again utilize the empirical findings to date and systematically improve the AODA Waiver Demonstration so that the intervention is both more effective and more efficient. The process and plan for the current waiver project period is described further below. The project seeks to improve child welfare outcomes by continuing to provide enhanced alcohol and other drug abuse (AODA) treatment services to substance affected families served in the Illinois child welfare system. Project goals for this waiver period remain:
• Increasing the number of substance-affected children in foster care that are safely returned home along with decreasing the length of time it takes for safe reunification.
• Increasing the number of cases and the speed at which AODA impacted cases are moved to a permanency decision.
• Increasing the number of AODA impacted individuals who remain in treatment for more than a 90 day time period.
• Reducing the number of subsequent oral reports of child abuse and neglect.

**Increasing Reunifications and the Timing of Reunification:** As part of the most recent waiver evaluation, permanency rates were analyzed for children associated with substance abusing (or substance dependent) parents five years after assessment at JCAP. Children in the demonstration group were 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 were 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). Evaluation findings and program experience indicate 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**

One suggestion to improve reunification is to focus serious efforts on earlier 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 the Temporary Custody (TC) hearing. For 35% of the families, more than two months elapse between the TC hearing and the substance abuse assessment and treatment referral at JCAP.
Parents need to be present at the temporary custody hearing (or at least shortly thereafter) for at least three reasons (1) the more time that passes, the less likely families are to engage, (2) the more time that passes the more likely caseworkers and judges are to establish negative (e.g. non compliance, 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 get to JCAP and are 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 those families who 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. These are labeled as the early engagement group. The solid line (top line) represents the time to reunification for families in the demonstration group (those assigned a recovery coach). The 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. These are labeled as the delayed engagement group.

**Figure 2: Effectiveness of the Recovery Coach Model when Engaged Early (less than 1 month)**
To improve the effectiveness of the recovery coach model (specifically improve the reunification rates for families), it is critical to close the gap between temporary custody and JCAP assessment. This will help speed up client engagement and consequently lead to better outcomes. One possibility to modify the AODA waiver and speed up engagement is to flag all cases that fail to show up for the initial TC hearing and communicate this information to a JCAP Engagement Outreach Worker within a relatively short time period (perhaps within 48 hours). This engagement worker would do immediate outreach to the parent(s) and their worker to 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. The plan for this five year waiver period also includes a second modification to the demonstration project that will also significantly reduce the time to permanency.

**Benchmarking for Earlier Reunification**

On average, it takes families in the waiver 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 the Department intends to explore techniques and interventions to safely achieve permanency in significantly shorter
periods of time. DCFS is planning to work with the court, caseworkers and recovery coaches to move up the timing of reunification for a small (and well defined) subset of families in the demonstration group.

The waiver project would work to identify families (at the JCAP assessment and beyond) that are not struggling with a long list of co-occurring problems. Families who have not previously experienced multiple years of children living in substitute care, specifically those families with children age 5 and under would also be targeted. That is, project staff would identify parents that are not reporting major issues with mental health, domestic violence and chronic unemployment. Recovery Coaches would then facilitate a plan, based on the DCFS 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 plan would serve as the foundation for a phased and 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). Project staff would use well established and standardized assessments of the home environment and parenting skills to help in the determination of treatment progress. An established measure of child well-being will also be incorporated 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.
Chapter X - Targeted Plans within the CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
As required by the Program Instructions, the Foster and Adoptive Parent Diligent Recruitment Plan has been submitted as a separate document.

Health Care Oversight and Coordination Plan
As required by the Program Instructions, the Health Care Oversight and Coordination Plan has been submitted as a separate document.

Disaster Plan
As required by the Program Instructions, the Disaster Plan has been submitted as a separate document.

Staff Development and Training Plan

Section I
All Department training and education programs are guided by and support the achievement of the Department mission and the goals and objectives of the 2015-2019 Federal Child and Family Services Plan (CFSP). The training plan supports the CFSP outcomes and systemic factors, as well as other program priorities established by the Director and executive staff. This five-year training plan is consistent with the Program Instructions for the Training Plan of the CFSP; and the federal regulations found at 45 CFR 1356.60(b), 45 CFR 1357.15(t)(1) and 45 CFR 235.63 – 235.66(a).

The training plan content is developed, reviewed and implemented in collaboration with Department staff, stakeholders such as the Illinois Courts, contracted private child welfare agencies, foster parents, adoptive parents, advisory councils and community groups with whom the Department partners.

2015-2019 Strategic Program Direction for Training
The staff development and training priorities stated in this plan will improve the knowledge, skill and ability of employees, allied helping professionals, foster caregivers, and adoptive parents to perform their job and care for children; competently, ethically, and professionally.

For 2015-2019, staff development and training programs support the implementation of the following:

- Five-year and Annual Updates to the Federal Children and Family Services Plan;
- Federal Child and Family Services Program Improvement Plan (PIP) as is Enacted;
- Director and executive staff program initiatives and priorities;
- Department compliance with national child welfare accreditation training standards of the Council On Accreditation (COA);
• State Law and State Court Training Mandates; and
• Federal Law, Federal Court Consent Decrees and Orders

For 2015-2019, the strategic direction for training and professional development includes, but may not be limited to supporting the following Department Strategic Program Goals:

I. To reduce the occurrence of maltreatment for children in out-of-home care.
II. To improve the timeliness of family reunification for children following placement in foster care.
III. To improve the timeliness of an adoption of a child when family reunification is not possible.
IV. To improve the capacity of parents and foster parents to provide for the well-being of children in their care.

Specific training programs that will be implemented to support the achievement of the Departments Strategic Program Goals includes, but may not be limited to the following:

1. Continued In-Service training in support of the Department revisions to Rule 300, the Department Administrative Rule governing child protection services. These Rule revisions and the training will support improving the skill and ability of staff to achieve Goal I stated above, which is to reduce the occurrence of maltreatment for children in out-of-home care.
   a) In Year 2 of this plan, July 2015 through December 2015, the Department will develop a curriculum that incorporates the revisions to Department Rule, Part 300.
   b) In Year 2 of this plan, January 2016 through June 2016, the Department will conduct training for Department and purchase of service private agency casework staff and supervisors on the Rule, Part 300.

2. Continued In-Service training for Home of Relative (Kinship) caregivers. Training is targeted to address Strategic Goal Area I on Page 2 of this narrative, to help related caregivers to know and understand the Departments mandate to prevent child maltreatment. This training includes the relative caregiver role in following the Department out-of-home safety plan. Relative caregivers have been involved in allowing unapproved and unsupervised visitation and other parent-child contact with children in placement that is in violation of the safety plan and has resulted in reports of repeat child maltreatment. This training will help adult relatives caring for children to learn what is expected of them while they are giving care to children, including rules of parental contact stated in the safety and visitation plans.

   a) In Year 1, from July, 2014 through December, 2014, the curriculum for the Home of Relative Caregiver training will be developed.
b) In Year 1 from January, 2015 through June 2015, the training for Home of Relative caregivers will be conducted.

3. Continued In-Service training in support of the Department revisions to Rule 315, the Department Administrative Rule governing child welfare services to children and family members receiving services by the Department. These Rule revisions and the training in support of improving the skill and ability of staff will address Goals II, III and IV stated above, affecting Department federal program targets for reunification, adoption/permanency, and well-being.
   a) In Year 1, from January 2015 through June 2015, the Department will develop the curriculum required to support the training of casework and supervisory staff on the enhancements to Rule 315.
   b) In Year 2 of this plan, July 2015 through June 2016, the Department will conduct training for Department and purchase of service private agency casework staff and supervisors on the Rule, Part 315. Training will include skills and ability of staff to implement the requirements of Rule 315 in support of Department Strategic Program Goals II, III and IV, as stated above on page 2.

4. Continued in-service training in support of the Department Model of Practice, stated as the Family-Centered, Trauma-Informed, Strength-based (FTS) Model. The on-going in-service training workshops will enable sustained use of this casework practice model in order to achieve each of the Strategic Goals stated above. The model of casework practice was implemented in the years 2010-2014 through the Learning Collaborative program, which served as the Department Continuing In-Service training program. For the next five years, the Department will sustain the use of the FTS Practice Model through continued in-service training courses and workshops that will reinforce and support casework and supervisory practice.

5. Continued in-service training and professional development of supervisory and middle managers through use and implementation of the Department Model of Supervision. Staff from the Supervisory Training to Enhance Practice (S.T.E.P.) program under Chicago State University will have lead responsibility for the training plan and training conducted in support of the Model of Supervision. The S.T.E.P. program began in the 2010-2014 five year period through a contract with Chicago State University.

For 2015-2019, the Department intends to rescale the STEP program in order to implement a revised field support and coaching model. This new program (name to be determined) will use a coaching and mentoring model to work individually and with groups of new and veteran supervisory and middle manager staff.

6. Continued Initial In-service (Foundation) Training courses for new hires or reassigned employees in the areas of:
• Child protective services, including training on revisions to Rule 300; and to improve the skill and ability of staff to achieve the Department strategic Goal of reducing the occurrence of repeat child maltreatment;
• Family preservation (Intact Family) services.
• Training to improve the skill and ability of staff to achieve the Department Strategic Goal of increasing the capacity of parents and foster parents to care for the child, to improve the overall well-being of children served by the Department;
• Foster care (permanency-placement) services. This includes improvement in staff skill and ability to achieve the Department Strategic Goal of improved timeliness of Family Reunification;
• Adoption and post-adoption services, including training to improve the skill and ability of staff to achieve timeliness of adoption (such as termination of parental rights, adoption placement, subsidized guardianship and adoption services);
• Licensing of agencies, institutions, day care and foster care homes;
• Child welfare supervision and management, including the implementation of the Department Model of Supervision.

7. For the Initial In-Service (Foundation) training course for new or reassigned child protective services staff and supervisors, develop and implement an experiential learning model in collaboration with the University of Illinois –Springfield (UIS). This will include use of learning simulations and hands on-learning activities to learn by performing actual job tasks and activities required of child protection services specialists and supervisors.

8. Continued In-Service training workshops to support family connections through visitation of children with parents, siblings, and other family members while placed in substitute care, including placement in institutions, group homes, shelters and foster homes (including kinship foster care).

9. Continued In-Service training workshops and courses in support of safety, well-being, permanency, and prevention goals and outcomes. This will include but not be limited to the following:
• Training in support of the federal Permanency Improvement Initiative (PII) Grant;
• Training in support of the federal Title IV-E Waiver program named the Birth through Age 3 (IB3) Program operated by the Department Office of Child well-being;
• Training in support of the implementation of the Countdown to 21 Older youth program, targeted to helping youth age 19-21 make the positive transition from placement in Department care to independence;
• Training in support of the Department technical assistance program to new or prospective agency contractors providing child welfare services to the Department. This training specifically supports the Department performance based contracting model used to improve accountability for contracted services;
• Expanded Continuing (On-going) In-Service professional development courses specific to areas of casework and supervisory practice such as:
  o services to Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) youth in Department care;
  o services to child victims of Human Trafficking;
  o clinical services to victims of domestic violence;
  o clinical services to children and adults experiencing forms of mental illness, behavior health needs; use and abuse of alcohol and other drugs;
  o clinical services to children and adults experiencing psychiatric hospitalization;
  o clinical services to children with development disabilities, including services to deaf and hard of hearing children and adult family members.
  o training in support of the Department Office of Racial Equity, including but not limited to the on-going training of regional Transformation Team members. This work supports the Department work to address the disproportionate placement of children of color placed out of home in the state child welfare system, including the length of stay in foster care, and family reunification.

10. Continued In-service training in support of casework and supervisory staff use and application of the Child and Adolescent Needs and Strengths (CANS).

11. Continued In-Service training through on-job practice implementation support of new or reassigned caseworkers. This training will occur throughout the first year of a new or reassigned caseworker, and will help reinforce the Initial (Foundation) training. Implementation Support Specialists will be assigned to follow-up on-the-job with new or reassigned caseworkers to enable a transfer of learning from the classroom training to actual casework practice. The Implementation Support Specialist will also help identify added Continuing In-Service training needed by the new or reassigned casework employee.

12. Continued In-service training in support of the use of the Statewide Automated Child Welfare Information System (SACWIS) and other information technologies. This includes training in support of issuance of new cellular and laptop computer equipment, as well as on-going training in the use of SACWIS and these information technologies.

13. Continued In-service training in support of the Department Affirmative Action program goals and program priorities. This includes training for supervisors and staff on subjects of affirmative action, sexual harassment, equal employment practices in hiring, promotions, etc.

14. Continued Long-Term Title IV-E training through Colleges and University social work schools in support of the Department efforts to recruit and retain a qualified workforce. This includes the Department effort to recruit college students for casework and
supervisory careers with the Department, including Latino students with language skills in both Spanish and English. The Department will expand the Title IV-E Long Term education program in partnership with colleges and universities in order to graduate students directly to casework and supervisory jobs. This will not only provide a well-trained workforce, but also meet the recruitment needs for the next five years and beyond.

15. Continued In-Service training in support of program priorities of the Department Director and Executive Staff, and legislative mandates, including but not limited to such safety, permanency, well-being and prevention programs as may be required.

16. Continued In-service training in support of the Court Improvement Project of the Administrative Office of the Illinois Courts (AOIC); including training of Judges and States Attorneys and other Court personnel targeted to the goals of the AOIC.

17. Continued In-Service training in support of the use of federal Resources Centers programs such as the Leadership Academy for Supervisors; the Leadership Academy for Middle Managers; and other Training and Technical Assistance as may be needed and available through the resource centers of the Children’s Bureau. Past Technical Assistance has been provided for Human Trafficking, Services to LGTBQ youth, and Child Protective Services.

18. Continued In-service training in support of the Office of the Inspector General Title IV-E and IV-B error reduction training in support of Department goals for Safety, Well-being, Permanency, Prevention, and Accountability. This training is based upon agreed findings and recommendation for training in specific casework practice topics, and is updated annually.

For 2015-2019, for all types of training, the attached Training Plan and Cost Allocation (Excel Worksheet) includes the following:

1. A description of the initial in-service (Foundation) training program for new or reassigned employees, foster and adoptive parents. This includes the content and scope of classroom and work experience components of the training, as well as the duration of the initial training period and the specific supports given new or reassigned employees during the initial training period;

2. Description of long term IV-E training and education for individuals preparing for employment in colleges and universities;

3. Description of short term IV-E on-going (continuing) in-service training and professional development for staff, foster and adoptive parents;

4. Description of short term IV-E training for new trainee groups created under PL 110-351, which amended section 474(a)(3)(B). This includes: court personnel; agency attorneys;
attorneys representing children or parent; guardian ad litem; relative guardians receiving kinship guardianship assistance; court appointed special advocates representing children in proceedings in such courts in ways that increase the ability of such current and prospective parents, guardians, staff members, institutions, attorneys and advocates to provide support and assistance to foster and adopted children and children living with relative guardians, whether incurred by the Department or a contracted agency;

5. The Cost Allocation Methodology Used to Estimate Costs; and

6. The state has reviewed the approved Public Assistance Cost Allocation Plan (PACAP) and contracts to assure the costs of IV-E training for the new trainee groups are identified, measured and allocated.

Part II

Please refer to the Excel Worksheet entitled 2015-2019 Illinois Title IV-E and IV-B State Training Courses with Cost for information required to be in the Training Plan.
Chapter XI - Financial Information

Financial Information Reporting, Maintenance of Efforts and Non-Supplantation; Specific Percentages of Title IV-B, Subpart 2 Funds Expended on Program Components; Other Reporting and Compliance Requirements

The Department has complied and will comply with all the financial requirements affecting Title IV-B, Subpart 1 and 2 and also the other financial requirements and reporting specified in Sections 1 through 6 of the Financial Reporting requirements listed in ACYF-CB-PI-14-03.

Section 1 -- Title IV-B, Subpart 1
The Department agrees not to spend more Title IV-B, Subpart 1, funds for child care, foster care maintenance and adoption assistance payments in any year covered by the CFSP for FFY 2015-2019 than the state expended for those purposes in FY 2005 (section 424(c) of the Act). The CFSP submission will include information on the amount of FY 2005 Title IV-B, Subpart 1, funds that the state expended for child care, foster care maintenance, and adoption assistance payments for comparison purposes. The State will retain this information in its files.

The amount of state expenditures of non-federal funds for foster care maintenance payments that will be used as match for the FY 2015 Title IV-B, Subpart 1 award shall not exceed the amount of such non-federal expenditures applied as state match for Title IV-B, Subpart 1 for the FY 2005 grant (section 424(d) of the Act). The CFSP submission will include information on the amount of non-federal funds that were expended by the state for foster care maintenance payments and used as part of the Title IV-B, Subpart 1 state match for FY 2005.

The Department will spend no more than ten percent of Title IV-B, Subpart 1 federal funds for administrative costs (section 424(e) of the Act).

Contact Person: Royce Kirkpatrick
Phone: (217) 524-1510

Section 2 -- Title IV-B, Subpart 2
The Department agrees to spend a significant portion of the Title IV-B, Subpart 2, Preserving Safe and Stable Families (PSSF) grant for each of the four service categories of PSSF: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. Currently, “significant” is interpreted to mean, for each service category, at least 20 percent of the grant total and if this remains ACF’s interpretation throughout the FFY 2015-2019 period, the state will meet this requirement. If for any reason the Department does not reach this level, the state will provide in the narrative portion of the APR a rationale for the disproportion. The amount allocated to each of the service categories will only include funds for service delivery. Any amount allocated to planning and service coordination will be reported separately. The estimated expenditures for the described services will be reported on the CFS-101, Subpart 2.

Currently, the State of Illinois is using no federal funds for Title IV-B, Subpart 2 administrative costs; all are used for services. The Department recognizes that no more than ten percent of
federal funds under Title IV-B, Subpart 2 may be spent for administrative costs (section 434(d) of the Act), and that this limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.

Detailed information is provided below to meet the Non-Supplantation requirements for Title IV-B, Subpart 2 services.

During Federal fiscal years (FFYs) 2015-2019 the Illinois Department of Children and Family Services proposes to claim Title IV-B, Subpart 2 funds for services provided under the four service categories of the Promoting Safe and Stable Families Program (PSSF). These four service categories and the percentage of Title IV-B, Subpart 2 funds to be claimed in FFY 2015 include:

- Family Preservation Services 32%
- Family Support Services 20%
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 28%

For FFY 2013 the percentages estimated to be claimed are:

- Family Preservation Services 29%
- Family Support Services 25%
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 26%

This contrasts to the final claiming percentages for FFY 2012, which was:

- Family Preservation Services 30%
- Family Support Services 24%
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 26%

In each of these categories, more services will be offered than what the Department has proposed to claim. These percentages will be claimed in order to assure that the state does not supplant any federal funding in any category. The State of Illinois has historically expended more dollars than are reimbursed through Title IV-B, Subpart 2. The CFS101, Subpart 2 submitted in support of this application shows that the estimated spending on eligible Title IV-B, Subpart 2 services is in excess of the funds available under the grant. The Department has and will be funding all administrative and planning activities for Title IV-B, Subpart 2 services during FFYs from 2012 through 2015 from state funds rather than using federal funds.

For FFY 2015-2019 the Department will adhere to the federal regulations regarding permissible uses and substantial funding for each of the categories claimable under Title IV-B, Subpart 2.

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Maintenance of Effort and Non-Supplantation

During FFY2012 and 2013 the Department conformed to the Maintenance of Effort Requirements 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. During FFY 2014 and 2015, the Department will conform to these Maintenance of Effort Requirements and will assure that federal funds provided to the State of Illinois under Title IV-B, Subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities. During FFY 2010-2014, the Department will ensure, on an annual basis that a significant portion of each mandatory service category is provided to at-risk families throughout the State of Illinois.

The Department will demonstrate that the requirements of ACYF-CB-PI-14-03, Section E, Parts 1 through 5, will be met. This will be documented in the filing of the CFS 101, Parts 1, 2 and 3 as required, for each FFY from 2015-2019.

Non-Supplantation

The Department has complied with non-supplantation requirements during each of the years covered by the last 5-year plan, and assures that it will comply with these requirements during the period from FFY 2015-2019.

Data regarding the non-supplementation level of expenditures established by HHS is included in the chapter covering documentation of the non-supplantation and maintenance of effort requirements of the Department. The base year used to establish the non-supplementation level of expenditures was the state’s fiscal year (SFY) 1992. The base level of expenditures was determined by the Department’s Office of Planning and Budget through a search of various data bases from the 1990s when these requirements were put in place. Once the base level of expenditures has been determined it does not change.

Several years ago, DHHS’s Administration for Children and Families decided to collect 1979 base year data. The maximum levels of 1979 expenditures were determined by a combination of available data and logic. In the early 1980's, the Governor’s Bureau of the Budget (now titled the Governor’s Office of Management and Budget) supported the Department efforts to increase its claims for reimbursement and obtain more Title IV-E and IV-B revenue. However, the Department was required to transfer the first $13 million received from DHHS each year to the state’s General Revenue Fund. This equated to the Title IV-E and IV-B receipts in the year prior to the enactment of the legislation creating the Children’s Services Fund. 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.

The Department does not claim any Foster Care Maintenance payments or Adoption Assistance subsidies under Title IV-B Subparts 1 or 2; Title IV-E eligible foster care maintenance payments and adoption subsidies are included for federal reimbursement in the development of the Title IV-E claim. With the exception of a few small, therapeutically prescribed day care programs, the Department never claims any expenses for day care (child care) expenses under Title IV-B or Title IV-E for reimbursement; instead expenditures for those services are paid from state funds.
The Illinois Department of Human Services funds expenses for employment related child care services through state funds and federal Title XX Block Grant funds.

**Non-Supplantation Baseline**

Originally two categories of service were eligible for Title IV-B, Subpart 2 funding. These included the Family Support Services category and the Family Preservation Services category. Several years later two additional categories were added for Time-Limited Family Reunification Services and for Adoption Promotion and Support Services. Baseline non-supplantation amounts are set for each of these four categories.

**Family Support Services**

The SFY1992 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 the “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the level established by the SFY1992 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the $500,000 federal threshold. The baseline amount for Family Support Services under Title IV-B, Subpart 2 is $740,200.

**Family Preservation Services**

The SFY1992 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 SFY1992 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the $500,000 federal threshold. The baseline amount for Family Preservation Services under Title IV-B, Subpart 2 is $13,019,600.

**Time-Limited Family Reunification Services**

The SFY1992 baseline for Time-Limited Family Reunification was established by retrofitting the definition and provisions of Title IV-B, Subpart 2 with comparable/equivalent target population, expenditures and services. During SFY1992, the Department’s total estimated expenditures and service level for all Family Reunification Services was $4.2 million for approximately 354
families. The baseline for Time Limited Family Reunification Services is much smaller because only a small portion of Title IV-B, Subpart 2 funds was spent for those services.

Additional analysis of services during the baseline period revealed that the length of time children remained in substitute care was 30 months downstate and 60 months in Cook County. The SFY1992 baseline was calculated to be approximately 20 percent of the total based on the length of placement before reunification. Consequently, the baseline for Time-Limited Family Reunification Services under Title IV-B, Subpart 2 is $834,500 associated with approximately 71 families.

The level of services and expenditures will continue to exceed the quantity established by the SFY 1992 baseline. The Department, including its subcontractors, will not use any Title IV-B, Subpart 2 funds to supplant other sources of state and federal funds awarded for Time-Limited Family Reunification. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the $500,000 federal threshold.

**Adoption Promotion and Support Services**

The Department’s Adoption Promotion and Support Services baseline is difficult to calculate because so few services were offered or purchased during or prior to SFY1992. The oldest data available at the time that DHHS established a baseline for these services was SFY1996. The program grew more than 50% between SFY1992 and SFY1996. Therefore, the Adoption Promotion and Support Services baseline is well below the SFY 1996 expenditures. In SFY1996, $1,279,858 was spent on adoption preservation services and not more than $1,360,572 was spent on post-adoption support services. Therefore, the SFY1996 baseline would be no more than $2,640,430. The SFY1992 baseline for these services would be lower, estimated at less than $1.8 million.

**Summary of Non-Supplemental Amounts in SFY 1992 Base Year**

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Family Preservation Services</td>
<td>$13,019,600</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>$740,200</td>
</tr>
<tr>
<td>Time Limited Family Reunification Services</td>
<td>$834,500</td>
</tr>
<tr>
<td>Adoption Promotion and Support Services</td>
<td>Less than $1,800,000</td>
</tr>
</tbody>
</table>
Other Fiscal Information

- Federal Funds Expended in FFY 2012 under Title IV-B, Subpart 1: $10,733,213
- Federal Funds Expended on Administrative Costs in FFY 2010 for Title IV-B, Subpart 1 -- no administrative support charges were made to the program; however, caseworker costs, both Public and Private, are charged to the program based on the amount of time actually spent providing case management services to DCFS wards and families that are not charged to any other federal program.
- Federal Funds Expended in FFY 2012 for monthly caseworker visits under Title IV-B, Subpart 2: $841,412.

The Department will continue to supply relevant fiscal information for each of the years covered under the FFY 2015-2019 CFSP.

The federal funds expended under each of the four categories of services in FFY 2012 for Promoting Safe and Stable Families (PSSF) Programs and for planning and administration are noted below:

**FFY2012**

<table>
<thead>
<tr>
<th>Service Category</th>
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</thead>
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<tr>
<td>Family Preservation Services</td>
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<tr>
<td>Family Support Services</td>
<td>$3,196,489</td>
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<td>Time-Limited Family Reunification Services</td>
<td>$2,663,740</td>
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<tr>
<td>Adoption Promotion Support Services</td>
<td>$3,462,862</td>
</tr>
<tr>
<td>Total for other service related activities, including planning</td>
<td>$0</td>
</tr>
<tr>
<td>Total administration (not to exceed 10%)</td>
<td>$0</td>
</tr>
</tbody>
</table>

In FFY 2012, $48.5 million was expended on eligible services under Title IV-B, Subpart 2. Only a portion of those eligible expenditures is claimed. The program categories listed below are consistent and synonymous with the program categories previously described. In FFY12, the year for which the last final, complete expenditure data is listed on the CFS101, these included:

- Family Preservation Services: Intensive Family Preservation/Intact Family Services; LAN Family Centered Services (FCS) Community Services; Differential Response;
- Family Support Services: Extended Family Support Services; Family Support through Local Area Network support services individualized per family; Family Habilitation; Family Advocacy Centers;
- Family Reunification and Time Limited Family Reunification Services;
- Adoption Promotion and Support Services: Intensive Adoption Preservation, Maintaining Adoption Connections, Older Caregiver Programs, Post-adoption counseling, therapy, therapeutically prescribed day care programs and Adoption Respite. (No other day care services are funded from Title IV-B.)
Estimated and Actual Expenditures for FFY 2012

Actual expenditures under Title IV-B, Subparts 1 and 2 for FFY 2012 were less than the estimated expenses as a result of the reduction to the final grant award. However, Title IV-B funds were spent in the same relative proportion as originally estimated: 30% for Family Preservation Services, 24% for Family Support Services; 20% for Time-Limited Family Reunification Services, and 26% for Adoption Promotion and Support Services.

<table>
<thead>
<tr>
<th>CATEGORY OF TITLE IV-B, SUBPART 2 FUNDS – FFY12</th>
<th>AS ESTIMATED</th>
<th>ACTUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL Title IV-B, Subpart 2 funds</td>
<td>14,820,986</td>
<td>13,318,703</td>
</tr>
<tr>
<td>a) Family Preservation Services</td>
<td>4,446,296</td>
<td>3,995,611</td>
</tr>
<tr>
<td>b) Family Support Services</td>
<td>3,557,037</td>
<td>3,196,489</td>
</tr>
<tr>
<td>c) Time-Limited Family Reunification Services</td>
<td>2,964,197</td>
<td>2,663,741</td>
</tr>
<tr>
<td>d) Adoption Promotion and Support Services</td>
<td>3,853,456</td>
<td>3,462,862</td>
</tr>
</tbody>
</table>

Section 3 -- FFY 2014 Revised Budget Request (CFS-101, Part 1)

The signed and revised CFS-101, Part I for FFY 2014 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.

For FFY 2015-2019 the Department will continue to meet the requirements. If the Department’s final FY allotment for any of the programs addressed in the APSR, for any of these years, is greater than the amount indicated on its previously submitted and approved CFS-101, and the state wishes to receive that higher amount of funding, it will submit a revised budget form reflecting the higher level of funding (CFS-101, Part I).

If the Department intends to release or apply for funds for reallocation for the Title IV-B, Subpart 2, the CFCIP, or the ETV program, the Department will note the amounts we are releasing or requesting on the appropriate lines of a revised FY 2014 CFS-101, so that ACF will be able to re-allocate the funds in accordance with the prescribed formulas.

Contact Person: Patrick Dominguez
Phone: (217) 558-5391

Section 4 -- FFY 2015 Budget Request (CFS-101, Parts 1 and 2)

In each of the years covered by the CFSP for FFY 2015-2019, the Department will complete Part I of the CFS-101 form to request Title IV-B, Subpart 1 (CWS) and Title IV-B, Subpart 2 (PSSF and Monthly Caseworker Visit funds), CAPTA, CFCIP, and ETV funds. The state will use the appropriate FFY allocation tables as the basis for budgeting. The Department will complete Part II of the CFS-101 to include the estimated amount of funds to be spent in each program area by source, the estimated number of individuals and families to be served, and the geographic service area within which the services are to be provided.
The signed CFS-101 Part I for FFY 2015 as a PDF document will be submitted to the ACF on or before 6/30/14. The CFS-101 Part II for FFY 2014, that does not need signature, will also be submitted to the ACF on or before 6/30/14 as a PDF document. Requirements that are issued for federal fiscal years 2015-2019 will continue to be met.

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Phone: (217) 558-5391

Section 5 - FFY 2012 Title IV-B Expenditure Report (CFS-101, Part 3)  
The signed CFS-101 Part III final report for FFY 2012 will be submitted to the ACF on or before 6/30/14 as a PDF document.

For each of the remaining years to be covered under the CFSP for FFY 2015-2019, The Department agrees to complete Part III of the CFS-101 to report the actual amount of previous FFY funds expended in each program area of Title IV-B funding by source, the number of individuals and families served, and the geographic service area within which the services were provided.

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Phone: (217) 558-5391

Section 6 - Financial Status Reports – Standard Form (SF-425)  
The Department will report expenditures under Title IV-B, Subparts 1 and 2, CAPTA, and CFCIP on the Financial Status Report, SF-425. A separate SF-425 will be submitted for each program and the federal funds awarded under it for each fiscal year. Submission requirements for each program will be met. It is understood that a negative grant award will recoup unobligated and/or unliquidated funds reported on the final SF-425 for the Title IV-B programs, CAPTA, CFCIP and ETV programs. These requirements are met for the next reporting period as described below:

The following Financial Status Reports (SF-425s) will be submitted by the specified dates, as instructed in the FFY 2014 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. Such requirements will continue to be met during the time covered by the FFY 2015-2019 CFSP.

The Department will comply with the following submission requirements specified in the Program Instructions issued March 5, 2014: 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.

**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 FFY 2015, funds must be obligated by September 30, 2016, and liquidated by December 29, 2016). 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 each Federal fiscal year (December 29).

- Since discretionary funds under PSSF are to be expended for the same purposes as the mandatory funds, no separate reporting is required to distinguish between 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 will 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 FFY 2015, funds must be obligated by September 30, 2016 and liquidated by December 29, 2016). 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 2015 award, funds must be expended by the State by September 30, 2019). 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. The Department will continue to provide all required information during the 5 year CFSP covering FFY 2015-2019, although it is recognized that there is less of a direct relationship between CAPTA and this plan than for many other services.

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 FFY 2015, funds must be obligated by September 30, 2016, and liquidated by December 29, 2016).

The Department will complete and furnish all the financial reports required on SF-425 fiscal report forms.

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