ILLINOIS ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Illinois Department of Children and Family Services

Submitted June 30, 2021

Resubmitted August 30, 2021
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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Translation</th>
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<tbody>
<tr>
<td>ACF</td>
<td>Administration for Children and Families</td>
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<tr>
<td>ACR</td>
<td>DCFS Administrative Case Review</td>
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<td>AFCARS</td>
<td>Adoption and Foster Care Analysis and Reporting System</td>
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<tr>
<td>ASFA</td>
<td>Adoption and Safe Family Act</td>
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<td>AIP</td>
<td>AFCARS Improvement Plan</td>
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<td>AOIC</td>
<td>Administrative Office of the Illinois Courts</td>
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<td>APT</td>
<td>Agency Performance Team</td>
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<td>BMN</td>
<td>Beyond Medical Necessity</td>
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<td>BSF</td>
<td>Be Strong Families</td>
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<td>CAC</td>
<td>Children’s Advocacy Centers</td>
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<td>CANS</td>
<td>Child and Adolescents Needs and Strengths</td>
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<td>CAP</td>
<td>Community Assistance Programs</td>
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<td>CAPTA</td>
<td>Child Abuse and Prevention Treatment Act</td>
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<td>CASA</td>
<td>Court Appointed Special Advocate</td>
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<td>CAYIT</td>
<td>Child and Youth Investment Teams</td>
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<td>CBCAP</td>
<td>Community-Based Child Abuse Prevention</td>
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<td>CCAC</td>
<td>Chicago Children’s Advocacy Center</td>
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<td>CCA-I</td>
<td>Child Care Association of Illinois</td>
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<td>CCC</td>
<td>Continuity of Care Center</td>
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<td>CCFD</td>
<td>Courts, Children and Family Division</td>
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<td>CCPB</td>
<td>Community College Payment Program</td>
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<td>CDRT</td>
<td>Child Death Review Team</td>
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<td>CERAP</td>
<td>Child Endangerment Risk Assessment Protocol</td>
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<td>CFCIP</td>
<td>Chafee Foster Care Independence Program</td>
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<td>CFRC</td>
<td>Children &amp; Families Research Center</td>
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<td>CIPAC</td>
<td>Court Improvement Program Advisory Committee</td>
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<td>CIPP</td>
<td>Clinical Intervention for Placement Preservation</td>
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<td>CLSA</td>
<td>Casey Life Skills Assessment</td>
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<td>COA</td>
<td>Council on Accreditation</td>
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<tr>
<td>CPCT</td>
<td>Child Protection Circuit Teams</td>
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<td>CPDC</td>
<td>Child Protection Data Courts Project</td>
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<td>CQI</td>
<td>Continuous Quality Improvement</td>
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<td>CRMR</td>
<td>Case Review Monthly Roster</td>
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<td>CSSPP</td>
<td>Center for the Study of Social Policy</td>
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<td>CWAC</td>
<td>Child Welfare Advisory Council</td>
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<tr>
<td>CWEL</td>
<td>Child Welfare Employee Licensure</td>
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<tr>
<td>CYCIS</td>
<td>Child and Youth Centered Information System</td>
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<tr>
<td>DCFS</td>
<td>Illinois Department of Children &amp; Family Services</td>
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<tr>
<td>DHR</td>
<td>Illinois Department of Human Resources</td>
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<tr>
<td>DHS</td>
<td>Illinois Department of Human Services</td>
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<tr>
<td>DHS/DD</td>
<td>DHS Office of Developmental Disabilities</td>
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<td>DMH</td>
<td>DHS Division of Mental Health</td>
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<td>DQE</td>
<td>Division of Quality Enhancement</td>
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<td>DVIP</td>
<td>DCFS Domestic Violence Intervention Program</td>
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<td>EAP</td>
<td>Educational Access Project</td>
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<td>EFSP</td>
<td>Extended Family Support Program</td>
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<td>ETV</td>
<td>Education and Training Voucher</td>
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FAC  Family Advocacy Centers
FCURP  Foster Care Utilization Review Program
FISP  Field Implementation Support Program
FOIA  Freedom of Information Act
FPSS  DCFS Foster Parent Support Specialist
FTS  DCFS Family-Centered, Trauma-Informed, Strength-Based
GAL  Guardian ad Litem
HMR  Home of Relative
IB3  Illinois Birth to Three Waiver
ICC  Interagency Coordinating Council
ICPC  Interstate Compact on the Placement of Children
ICWA  Indian Child Welfare Act
IF/R  Intact Family Recovery
IIAA  Illinois Inter-Agency Athletic Association
ILO  Independent Living Option
ISBE  Illinois State Board of Education
LOS  Length of Stay
MAC  Maintaining Adoption Connections
MARS  Management Accounting and Reporting System
MCH  Maternal and Child Health
MIECHV  Maternal Infant Early Childhood Home-Visiting
MPEEC  Multidisciplinary Pediatric Education and Evaluation Consortium
NPP  Nurturing Parenting Program
OCFP  DCFS Office of Child & Family Policy
OER  Outcome Enhancement Review
OETS  DCFS Office of Education and Transition Services
OIG  DCFS Office of the Inspector General
OITS  DCFS Office of Information Technology Services
PAS  Permanency Achievement Specialists
PAT  Parenting Assessment Team
PEP  Permanency Enhancement Program
PHP  Psychiatric Hospital Program
PII  Permanency Innovations Initiative
PIP  Program Improvement Plan
POS  Purchase of Service
PRIDE  Parent Resources for Information, Development, and Education
RYAB  Regional Youth Advisory Boards
SACWIS  DCFS Statewide Automated Child Welfare Information System
SAF  Substance-Affected Families
SCAN  Statewide Committee on Child Abuse and Neglect
SPD  Statewide Provider Database
SYAB  Statewide Youth Advisory Board
TARGET  Trauma Affect Regulation, Guidance for Education and Therapy
TFFH  Treatment Foster Family Home
TI-EBP  Trauma-Informed Evidenced Based Practices
TLP  Transitional Living Program
TPR  Termination of Parental Rights
TPSN  Teen Parent Services Network
TRPMI  Therapeutic Residential Performance Monitoring Initiative
UIR  Unusual Incident Report

~ 3 ~
YHAP  Youth Housing Assistance Program

**Additional frequently used terminology:**

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>What they mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCFS, IDCFS, The Department</td>
<td>Illinois Department of Children and Family Services</td>
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<tr>
<td>P 300, Procedures 300</td>
<td>Child Protection procedures/processes</td>
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<td>P 315, Procedures 315</td>
<td>Permanency Planning procedures/processes</td>
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<tr>
<td>POS, private agencies</td>
<td>Purchase of Service, our private agency partners</td>
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Chapter 1 – General Information

Introduction

This is Illinois' second Annual Progress and Services Report (APSR) update to the 2020-2024 Child and Family Services Plan (CFSP). The COVID-19 pandemic impacted nearly every aspect of our work throughout the year, which introduced many advancements and adjustments to our practice. Virtual meetings and remote work have become common, although in person meetings with children and families continued without interruption under certain circumstances, including investigations of abuse/neglect and work with intact families. The Illinois juvenile court jurisdictions each had individual approaches and adaptations to the pandemic, which was challenging for direct service workers to navigate. Under Director Smith’s leadership, Illinois DCFS continues to focus on safety as our top priority.

Throughout a year of partnership and collaboration with Children’s Bureau, Capacity Building Center, Administrative Office of Illinois Courts (AOIC) stakeholders, and even through a pandemic, Illinois refined the CFSR Program Improvement Plan (PIP) to address needed improvements identified in the May 2018 CFSR. The PIP was approved in September of 2020 with an effective date of October 1, 2020. Implementation of PIP activities and strategies is ongoing. A PIP Measurement Plan has been endorsed by Children’s Bureau and the PIP Baseline was finalized in March 2020. PIP Measurement reviews will take place June through November each year of the PIP.

As the state implements the strategies and key activities in the PIP, technical assistance is being provided by the Capacity Building Center for States (CBCS). CBCS is supporting Illinois’ work in four areas: 1) to promote educational excellence for youth in care; 2) to develop a service array map for child welfare; 3) to develop and implement a plan for utilization of CFTM with intact families in Cook County; and 4) to develop a Continuous Quality Improvement Framework inclusive of change management techniques across DCFS and providers.

State Agency Administering Programs

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

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

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

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

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

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

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

Link to the DCFS Organizational Chart:
https://www2.illinois.gov/dcfs/aboutus/director/Documents/DCFS_OrgChart.pdf

Link to 2021 APSR:

Mission, Vision and Values

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

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

Values:
We value Safety
We value Trust.
We value Compassion.
We value Accountability.
We value Responsiveness, Relationships and Respect.
We value Empathy.

Collaborations

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

Administrative Office of the Illinois Courts (AOIC)

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

The AOIC assists the Supreme Court with its general administrative and supervisory authority over all Illinois courts. The AOIC's Courts, Children and Families Division, on behalf of the Supreme Court of Illinois, is responsible for administering the federally funded State Court Improvement Program (CIP) Basic, Data and Training grants. The purpose of the CIP is to: "1) promote the continuous quality improvement of court proceedings in child welfare proceedings and 2) enhance and expand collaboration between the judicial branch of state government, the title IV-E/IV-B agency and tribes to improve child welfare outcomes." The Courts, Children and Family Division (CCFD) also works to support the mission, vision, and core values of Illinois' CIP of ensuring safety and stability for children and families involved in the juvenile abuse and neglect court system and to improve timely permanency in Illinois. In addition, the CCFD works to address court issues related to dually involved youth, domestic violence, and human trafficking. The unit includes four staff positions: CCFD Assistant Director, CIP Coordinator, CIP Grants Program Developer, and CIP Administrative Assistant.

The AOIC's Courts, Children and Family Unit (CCFU) works with statewide and local court partners, such as: juvenile abuse and neglect court judges and attorneys, educational institutions, governmental agencies, nonprofit organizations, legal services providers and other child welfare stakeholders to initiate statewide and local interagency collaboration and support court improvement efforts as it relates to children and families involved with the judicial system. These efforts focus on improving the quality of legal representation for children and parents, promoting coordination between local courts and child welfare stakeholders, developing judicial and attorney trainings, building capacity to collect local child protection court data, and ongoing collaboration with state level IDCFS partners.
Current initiatives continuing into FY22:

**Illinois CFSR Round 3 Program Improvement Plan:** In 2018, the CCFD (formerly CCFU) continued its' working relationship with the Department by assisting with the third round of the Child and Family Services Review (CFSR). The onsite review occurred in May 2018 and the CIP Coordinator participated as a state reviewer where the CCFU Manager assisted with the organization of court related stakeholder interviews. CCFU staff also participated with DCFS representatives in a facilitated process with the Capacity Building Center for Courts with the purpose of developing court related interventions for the Program Improvement Plan (PIP) aimed at addressing compliance issues identified during the CFSR. The AOIC contributed to Illinois' current PIP as it relates to Goal #7: Effectively engage mothers, fathers and youth during the early stages of a case (TC Hearing to Disposition) through quality hearing practices in order to establish a vision, culture and specific practices that center on asking "what needs to happen to return the child home today?" In October 2020, CCFD/CIP began to implement the PIP court strategies and activities in reference to the PIP Strategy 1.2 (1.2.8-1.2.15) and PIP Strategy 2.4 (2.4.1-2.4.10).

**Please Note:** As result of the Children’s Bureau new requirement of State Court Improvement Programs to implement a Hearing Quality Project, in addition to implementing a Joint Project with the state agency, CCFD/CIP now considers PIP Strategy 1.2 (Intact Cases Project) as the AOIC-IDFS Joint Project so that PIP Strategy 2.4 (Quality Hearing Project) will serve as CCFD/CIP’s federally required Hearing Quality Project. This current and all future reports will now reflect this reporting change however, the purpose, goals and integrity of each project remains the same.**

<table>
<thead>
<tr>
<th>Goal 1: Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate. (Safety 1; Safety 2; Permanency 1; Permanency 2; Well-Being 1; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)</th>
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<tr>
<td><strong>Strategy 1.2:</strong> Ensure continued safety in voluntary Intact services through improved criteria for case closure and to increase the number of jurisdictions who hear requests for orders of protective supervision and continuance under supervision.</td>
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This PIP court strategy (1.2) also serves as the federally required CIP-IDCFS joint project. Therefore, please refer to the below section, AOIC-IDCFS Joint Project, for this reporting period update.

<table>
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<tr>
<th>Goal 2: Ensuring stability, family connections, and timely permanency for children. (Permanency 1; Permanency 2; Well-Being 1; Case Review System; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)</th>
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<tr>
<td><strong>Strategy 2.4:</strong> Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.</td>
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However, the evaluation team determined that a better methodological approach was to conduct court observations in Lake, DuPage, Sangamon, Marion Counties and one courtroom in Cook County prior to administering the self-assessment to all key court personnel. It was also determined, due to the pandemic, that the self-assessment and court observation tools needed to be modified and required the team to reassess the evaluation process and ability to conduct court observation and hold future training remotely.

Therefore, on December 16, 2020, the Children's Bureau (CB), DCFS and CCFD/CIP staff met to discuss proposed PIP revisions. On December 17, 2020, the CB provided Illinois written approval for PIP revisions related to the CCFD/CIP Quality Hearing Project. In addition, the CB was informed that Madison County will not be part of the Project due to the reassignment of the juvenile court judge. Therefore, CCFD/CIP identified and approached an alternative county (DuPage County) to replace Madison County as a pilot site.

Modifications to the self-assessment and court observation instruments were completed during January 2021. CCFD/CIP partnered with one county, who is not participating in the QH Project, to test the court observation data collection instrument. Testing occurred between January 11-22, 2021. As a result, minimal modifications were made to the court observation tool and code book (completed January 22-24, 2021). Immediately following the CCFD/CIP evaluation team began to conduct court observations for all pilot sites. Due to COVID-19 and courthouses adhering to public safety standards, pilot sites hold remote hearings for their juvenile abuse and neglect cases. Therefore, the evaluation team conducted court observations remotely, which have been completed.

During May 2021, CCFD/CIP will disseminate the Quality Hearing Self-Assessment to judges, attorneys, and agency supervisors in each pilot site and share the self-assessment results with pilot sites by June 30, 2021. Meanwhile, the CCFD/CIP contracted with a retired child protection judge to develop the QH Project script/modified child protection benchcard. The QH Project script/benchcard has been drafted and modifications will be on-going. By July 2021, CCFD/CIP will provide pilot site judges and attorneys specific training on the developed tools and project expectations as pilot sites begin using the script/benchcard and new engagement strategies that will support holding a quality hearing in child protection cases.

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

**Family First Prevention Services Act:** In November 2018, Illinois submitted a request to delay implementation of the Title IV-E provisions for 2 years, with the option of beginning implementation sooner upon statewide readiness. CIP is required to provide training for judges and attorneys on the FFPSA.

CCFD/CIP staff continues to be actively involved and participate in monthly meetings as members of DCFS’s FFPSA Advisory Committee and FFPSA Communications and Integration Workgroup, as well as, the CCFD/CIP’s FFPSA Judicial and Attorney Training Planning Workgroup.
The CCFD/CIP and the Supreme Court of Illinois Judicial College, in partnership with Illinois DCFS, hosted a virtual FFPSA training for juvenile court judges and attorneys on June 24, 2020, specifically focusing to the QRTP process. Additionally, four virtual regional FFPSA trainings occurred on Feb. 26 (Southern), March 5 (Central), March 12 (Northern) and March 19, 2021 (Cook County) to provide juvenile court judges, attorneys, and other key court stakeholders a comprehensive overview of Illinois DCFS’s implementation of the Family First Prevention Services Act (FFPSA). This training also included an overview of prevention services eligible for Title IV-E reimbursement, defining Qualified Residential Treatment Placements (QRTPs) and policies, and the role of the court in monitoring and making key findings on such cases.

Presenters Included: **Justice Anne M. Burke** Chief Justice, Supreme Court of Illinois; **Marc D. Smith** Acting Director, Illinois DCFS; **Lyman Legters** Senior Director, Casey Family Programs; **Dr. Kimberly Mann** DCFS Deputy Director for Research and Child Well-Being; **Hon. Erika Sanders** Associate Judge of Marion County in the Fourth Judicial Circuit, Illinois; **Hon. Brian Goldrick** Associate Judge of McLean County in the Circuit Court of the Eleventh Judicial Circuit, Illinois; **Hon. John B. Roe** Resident Circuit Judge of Ogle County in the Circuit Court of the Fifteenth Judicial Circuit, Illinois; **Hon. Jennifer Bauknecht** Resident Circuit Judge of Livingston County in the Eleventh Judicial Circuit, Illinois; **Hon. Robert Balanoff** Acting Presiding Judge, Child Protection Division Circuit Court of Cook County, Illinois; **Christine S. Kiesel, Esq.** Attorney-National Consultant; **Ashley Deckert** DCFS Deputy Director of Monitoring; **Amanda Wolfman** DCFS General Counsel; **David Fox** DCFS Supervising Attorney with the Office of Legal Services; **Faith Seals**, DCFS Deputy General Counsel for Cook County; **Susan Barker**, DCFS Assistant Deputy General Counsel Central Region; **Kreib Taylor** DCFS Acting Assistant Deputy General Counsel Southern Region; **Hon. Linda Abrahamson**, Ret. 16th Judicial Circuit; and **Director Marcia Meis** Director, Administrative Office of the Illinois Courts.

A total of 39 juvenile judges and attorneys attended the June, 2020 training and a sum total of 226 juvenile judges, attorneys, and court stakeholders attended the four live regional trainings February-March 2021. Of those who attended the comprehensive FFPSA regional trainings (n=226), 34% identified their role as a judge, 4% as prosecutor, 11% as parent attorney, 16% as GAL, 19% as parent attorney and GAL, 12% as IDCFS legal counsel, and 5% as Other. Although it was not a mandatory requirement for all 155 Illinois juvenile court judges (abuse and neglect/delinquency case types) to attend, 50% participated in the live virtual regional trainings. CIP is unable to provide similar information for the attorneys as we do not have the ability to track the total number of attorneys appointed in child welfare cases. All trainings were recorded and juvenile court judges and attorneys are continuing to access the training through the Illinois Judicial College. The number of participants only includes those that participated live.

**AOIC-IDCFS Joint Project:** CIP federal funding requires AOIC and the Department to identify a joint project to address court reform issues and work to improve the safety, well-being, and permanency of children in foster care and strengthen the legal and judicial system. In 2017, based on the size and quality of court reports provided by the caseworkers, the AOIC and IDCFS identified the need for a uniform court report that provides the number of days the child has been in placement and other key information for the court to make appropriate findings and decisions. The Mt. Vernon Immersion Sites participated in the development and testing of the new service provider court report. As a result of changes in DCFS leadership and staff, the joint project continually lost momentum and eventually stalled. Therefore, CCFD/CIP and current DCFS Legal staff agreed it was best to move forward and redirect efforts by identifying another joint project. Therefore, a quality hearing court project was developed to work towards improving timely permanancy in Illinois.
**Please Note: As result of the Children's Bureau new requirement of State Court Improvement Programs to implement a Hearing Quality Project, in addition to implementing a Joint Project with the state agency, CCFD/CIP now considers PIP Strategy 1.2 (Intact Cases Project) as the AOIC-IDFS Joint Project so that PIP Strategy 2.4 (Quality Hearing Project) will serve as CCFD/CIP’s federally required Hearing Quality Project. This current and all future reports will now reflect this reporting change however, the purpose, goals and integrity of each project remains the same.**

The CCFD/CIP surveyed 134 Juvenile Abuse and Neglect Judges between October 8, 2020 and October 26, 2020 on Intact Family Juvenile Abuse and Neglect Cases. Seventy-three judges responded to the survey. Survey results were analyzed in November 2020 to determine which counties are using orders of continuance under supervision, orders of protective supervision, and orders of protection to monitor relevant Intact cases.

In December 2020, AOIC's CCFD staff invited participation on the multidisciplinary team and developed a survey report in January 2021. The team was convened on February 17, 2021 to review survey results and provide CCFD/CIP feedback on identified areas of concern, barriers, and strengths. The multidisciplinary team consisted of four CCFD/CIP staff, five DCFS representatives, three judges, one assistant state's attorney, one parent attorney, one public defender and two GAL’s.

At the conclusion of the multidisciplinary group reviewing survey results, it was determined that many courts do not see intact cases in many counties because petitions are not often filed. Oftentimes, it depends on how the State’s Attorney's Office views filing petitions for intact cases and/or if caseworkers bring cases to the State’s Attorney to assess. The group noted that there is great variance throughout the state in how intact cases are handled. The multidisciplinary group agreed it would be beneficial to gather more information by conducting a similar survey of the State’s Attorney’s to obtain their viewpoint as to why some counties do not file petitions for Intact cases. CCFD/CIP is currently working on development of similar survey questions for State's Attorneys, as well as, planning for survey distribution.

CCFD/CIP staff is also currently analyzing CPDC sites data trends of increased court filings of intact cases and case outcomes. CCFD/CIP identified two Child Protection Data Courts (CPDC) Project sites that commonly do not court monitor Intact cases but have experienced recent increases in court filing of Intact Cases or have experienced a large increase in intact cases. Most recently, DCFS Acting Director and General Counsel met with the Conference of Chief Judges and AOIC court leaders (April 28, 2021) to discuss reasons why courts are seeing a statewide increase in juvenile abuse and neglect case filings and how new state agency policy are impacting the courts related to Intact cases. On-going discussions will continue to occur, and next steps will be determined based upon additional data findings.

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

- The 2020 Judicial Educational Conference Training, attended by all Illinois judges bi-annually, offered a session on *The Anatomy of a Juvenile Abuse and Neglect Case*, a portion of this session was dedicated to presenting data on Illinois’s time to achieve timely permanency for children and their family. The course will be offered at the 2022 Educational Conference and will again include data on permanency timelines.
- As part of the Timely Permanency Workgroup of the Supreme Court Committee on Juvenile Courts, an electronic newsletter was established for Illinois juvenile court judges, specifically to build judges awareness and knowledge of Illinois’s performance on timely permanency related to child welfare cases. The first publication was distributed in January 2020, which focused on permanency related data in order to lay the groundwork to educate the judiciary on the CFSR process and Illinois’ findings and outcomes. Each subsequent publication is designed to help continue to build awareness about timely permanency and efforts to improve timely, outcomes for children and families in Illinois.
- As part of the AOIC website, CCFD/CIP continues to utilize the new *Child Welfare and the Illinois Courts* page to post court and child welfare related resources and links, as needed.
- CCFD/CIP continues to regularly host virtual meetings (initially weekly, now bi-monthly), with Summit leadership team members to stay informed on important matters related to the courts and state agency in response to the pandemic and/or other statewide child protection issues.
- CCFD/CIP continues to regularly host statewide meetings for all juvenile abuse and neglect judges (initially weekly, now quarterly) to provide judges “open space” to share information and discuss various court matters related to the pandemic, statewide child protection court issues, holding remote hearings, etc. Several Illinois DCFS leaders were asked to attend as a guest to provided juvenile court judges clarifying information related to various DCFS programs, department policies, and provide judges to ask questions of agency leaders.

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

The 2020 CPDC Project data coding, reporting and annual networking meeting is complete. Due to COVID-19, the annual CPDC Project Networking meeting was held virtually. The CPDC research consultant and CCFD staff met with each project site separately to review and discuss individual county data reports. Meetings occurred on:

<table>
<thead>
<tr>
<th>County</th>
<th>Date</th>
<th>County</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson County</td>
<td>Nov. 12, 2020</td>
<td>McHenry County</td>
<td>N/A</td>
</tr>
<tr>
<td>Kane County</td>
<td>Oct. 30, 2020</td>
<td>McLean County</td>
<td>Oct. 23, 2020</td>
</tr>
<tr>
<td>Kankakee County</td>
<td>Nov. 9, 2020</td>
<td>Peoria County</td>
<td>Oct. 19, 2020</td>
</tr>
<tr>
<td>Madison County</td>
<td>Oct. 2, 2020</td>
<td>Sangamon County</td>
<td>Oct. 5, 2020</td>
</tr>
<tr>
<td>McDonough County</td>
<td>Oct. 5, 2020</td>
<td>Winnebago County</td>
<td>Nov. 4, 2020</td>
</tr>
</tbody>
</table>

All CPDC Project sites came together to meet virtually on Nov. 20, 2020 to review CPDC Project 2019 county comparison data.

Currently, nine counties collect CPDC Project data. Jefferson County declined to continue participation due to staffing considerations. The CPDC Project data coders continue to code 2020 data for juvenile abuse and neglect court cases that closed during January-December 2020. CPDC data coders have submitted 2020 coded court cases to the AOIC throughout 2020-2021. CCFD/CIP data analyst has begun to analyze the 2020 data to be sent to the CPDC national expert consultant for data report writing. CPDC Project sites will again be provided individual county data reports during Fall 2021. The annual CPDC Project Networking will likely continue to meet virtually during Fall 2021 to adhere to social distancing standards.

McHenry County will be collecting a subset of current CPDC data in 2021. This is a pilot program to identify data elements for possible inclusion in statewide quarterly statistical reporting.

### 2020 CPDC Coded Data on Closed Court Cases

(Submitted as of May 2021)

<table>
<thead>
<tr>
<th>County A</th>
<th>County B</th>
<th>County C</th>
<th>County D</th>
<th>County E</th>
<th>County F</th>
<th>County G</th>
<th>County H</th>
<th>County I</th>
<th>County J</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>42</td>
<td>25</td>
<td>41*</td>
<td>35</td>
<td>68</td>
<td>66</td>
<td>227</td>
<td>179*</td>
<td>*</td>
</tr>
</tbody>
</table>

*Submission of coded data is pending

**BH Consent Decree**

The B.H. Consent Decree is an omnibus decree that touches many aspects of the Illinois child welfare system. The B.H. class members are defined as children and youth in the legal custody of the Department and placed somewhere other than with their parents. The plaintiffs’ counsel in the case is the ACLU of Illinois, assisted by private law firms, and the current Expert Panel consists of Marci White and Dr. Mark Testa. The case is currently pending in the United States District Court for the Northern District of Illinois before the Honorable Jorge Alonso.

In December 2014, the plaintiffs’ counsel filed a Motion to Enforce the Consent Decree alleging that DCFS did not have sufficient placements or services for youth in care with significant emotional and behavioral health needs. In April 2015, the Court appointed a panel of experts to evaluate the services and placements provided to plaintiff class members with psychological,
behavioral or emotional challenges. In July 2015, the Expert Panel submitted a report to the Court outlining specific findings and making six recommendations for systemic change at DCFS. In October 2015, the Court adopted the Expert Panel’s findings, subject to certain revisions, and reappointed an Expert Panel. On September 28, 2016, the court entered a court-ordered B.H. Implementation Plan. The Implementation Plan sets forth the specific steps for DCFS to address the six recommendations and the specific needs of children and youth in care with psychological, behavioral or emotional challenges. The BH 2016 recommendations are as follows:

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

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

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

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

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

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

The Implementation Plan contained various pilot projects that addressed each of the Expert Panel’s recommendations and was premised on the experimentalist approach. Each pilot had an evaluation component that would provide data and other information that would help the Department, the Expert Panel and the plaintiffs’ counsel determine whether the pilot should be fully implemented across the state. The Department regularly filed Triannual Status reports to inform the court on the progress of the pilots and the overall Implementation Plan.

The Department’s progress toward reform in the Implementation Plan was measured by the Overarching Outcome Measures. The Overarching Outcome Measures consist of safety and permanency measures that are currently utilized by the federal government in the Child and Family Service Review (CFSR) to assess progress for children and youth in the class. DCFS is also using wellbeing measures developed by the Illinois Child Welfare Advisory Committee (CWAC) Sub-Committee on Wellbeing:

- Maltreatment in Foster Care
• Permanency in 12 months for children entering foster care
• Permanency in 12 months for children in foster care 12 to 23 months
• Permanency in 12 months for children in foster care 24 months or more
• Placement Stability
• Re-entry to foster care in 12 months
• Health and educational wellbeing indicators

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

With the assistance of the Special Master, the parties revised the format for the Triannual Reports. The parties are also currently in the process of developing a Superseding Implementation Plan.

There is alignment between DCFS' PIP for the CFSR and the BH Implementation Plan. One of the key permanency strategies included in the PIP is the implementation of the Core Practice Model (CPM) throughout the state. While the CPM implementation began in the 4 Immersion Sites and expanded to additional teams in the Southern Region, the plan has yet to achieve full implementation statewide. Another key permanency strategy in the PIP that aligns with the BH Implementation Plan is the use of Subsidized Guardianship as the first permanency option once reunification and adoption have been ruled out. This strategy may also require addressing adaptive challenges (attitudes, assumptions, etc) before we see systemwide improvement.

NOTE: In the 2020-2024 Child and Family Service Plan, and the 2015-2019 Final Report, as well the APSR’s through 2021, there was a misrepresentation that subsidized guardianship was to be used as the first permanency option once reunification is ruled out. This statement was included in error, as Illinois statute and federal guidelines continue to require that adoption is explored prior to recommending subsidized guardianship as a path to permanency for children in foster care. The strategy outlined in the PIP to increase the use of subsidized guardianship as a permanency option is explained in more detail in Chapter 3 and includes clarifying what is meant by ruling out adoption.

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

Family First Prevention Services

In Illinois over 200 participants reflecting a private/public partnership supported the development of the FFPSA plan. Examples of this collaboration include Kenny Martin Ocasio, who is Senior Vice President of Community Integration for Health Services at Aunt Martha’s Health & Wellness co-chaired the Prevention workgroup with Dr. Kimberly Mann of DCFS. Another example is Carie Biros of the Ounce of Prevention [now Start Early] who chaired the Evidence-Based Interventions (EBI) planning workgroup.

Prevention services are eligible for up to 12 months of federal reimbursement* for substance abuse prevention services, mental health services, and in-home parenting skills services. There is no limit on how many times a child, parent, or kin caregiver is eligible for services. Additional
periods of IV-E reimbursement may be allowed, and states can always provide needed services as appropriate using other funding sources. The only caveat is that services must be evidence-based and trauma-informed and services have to be approved by the clearing house in order to claim. See the tables below.

Contract Status & Coverage Areas
The Department executed 40 new contracts for Evidence-Based intervention in FY21. Each of the selected providers are county-based with sites within communities where historical data indicated a high need that the selected intervention would match. HFA & PAT are provided by Sister Agencies and this work is statewide. According to the Erikson Risk and Reach Report, home visiting services are available in 85 of Illinois 102 counties. Models i.e. MST and Triple P are often home-based as is the coaching component of NPP. The specific geographies can be found in the chart below:

<table>
<thead>
<tr>
<th>EBI</th>
<th>Clients Served</th>
<th>New Contracts</th>
<th>Cook Area</th>
<th>Northern Area</th>
<th>Central Area</th>
<th>Southern Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPP</td>
<td>301</td>
<td>7 (183)</td>
<td>Chicago, South Side, Englewood, East Garfield Park, Roseland, Pullman, Austin &amp; Lawndale, Southeast Side, South Holland, Chicago Heights, Chicago Heights, Oak Brook, Aurora</td>
<td>Kane, DuPage, Kendall, Aurora, Joliet, Kankakee, Lake</td>
<td>Livingstone, Iroquois, Ford, Grundy, Adams, Brown, Hancock, Pike, Decatur, Springfield, Quincy</td>
<td>Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington, Mt. Vernon, Belleville</td>
</tr>
<tr>
<td>TF-CBT</td>
<td>232</td>
<td>7 (232)</td>
<td>Chicago, South Side, Englewood, East Garfield Park, Roseland, Pullman, Austin &amp; Lawndale, Southeast Side, South Holland, Chicago Heights, Chicago Heights, Oak Brook, Aurora</td>
<td>Kane, DuPage, Kendall, Aurora, Joliet, Kankakee, Lake</td>
<td>Livingstone, Iroquois, Ford, Grundy, Adams, Brown, Hancock, Pike, Decatur, Springfield, Quincy</td>
<td>Bond, Clinton, Madison, Monroe, Randolph, St. Clair, Washington, Mt. Vernon, Belleville</td>
</tr>
</tbody>
</table>

- **Expansion:** The Department is now expanding coverage to community providers in the Family Advocacy Centers. Twenty-four of these statewide agencies are eligible to apply to become providers of the Positive Parenting Program - Triple P.
Models Adopted:

<table>
<thead>
<tr>
<th>Provider Name</th>
<th># Interventions</th>
<th>CPP Contract Amount</th>
<th>MST Contract Amount</th>
<th>NPP Contract Amount</th>
<th>PPP Contract Amount</th>
<th>Funding Source</th>
<th>Total Awarded Contracts</th>
</tr>
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<tbody>
<tr>
<td>Aunt Martha's</td>
<td>1</td>
<td>303,588.00</td>
<td></td>
<td></td>
<td>270,756.00</td>
<td>203,667.00</td>
<td>270,756.00</td>
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<tr>
<td>BETHANY CHRISTIAN SERVICES</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>227,691.00</td>
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<td>BETHANY FOR CHILDREN AND FAMILIES</td>
<td>2</td>
<td>96,973.50</td>
<td>109,629.00</td>
<td></td>
<td></td>
<td>154,956.38</td>
<td>206,608.50</td>
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<td>CAMELOT CARE CENTERS INC</td>
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<td>242,440.75</td>
<td>91,357.50</td>
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<td></td>
<td>250,354.69</td>
<td>333,806.53</td>
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<td>CARITAS FAMILY SOLUTIONS</td>
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<td></td>
<td></td>
<td>81,968.76</td>
<td>109,291.68</td>
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<tr>
<td>CATHOLIC CHARITIES/ARCH OF CHICAGO, THE</td>
<td>2</td>
<td>121,435.20</td>
<td>116,937.00</td>
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<td></td>
<td>178,779.60</td>
<td>238,372.80</td>
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<tr>
<td>CHADDOCK</td>
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<td>64,653.00</td>
<td></td>
<td>45,216.00</td>
<td></td>
<td>82,334.25</td>
<td>109,779.00</td>
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<td>CHILDREN'S HOME &amp; AID SOC OF IL</td>
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<td>182,152.80</td>
<td>168,097.80</td>
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<td></td>
<td>262,687.95</td>
<td>350,250.60</td>
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<td>Children's Research Triangle</td>
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<td></td>
<td></td>
<td>67,689.00</td>
<td>90,252.00</td>
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<td>COMMUNITY YOUTH NETWORK INC</td>
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<td></td>
<td>77,583.60</td>
<td>103,444.50</td>
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<td>CUNNINGHAM CHILDREN'S HOME INC</td>
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<td>EVANGELICAL CHILD &amp; FAMILY AGENCY</td>
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<td>48,400.75</td>
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<tr>
<td>GUARDIAN ANGEL COMMUNITY SERVICES</td>
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<td>126,806.00</td>
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<td>HEPHIZBOTH CHILDREN’S ASSOCIATION</td>
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<td></td>
<td>82,211.75</td>
<td>109,629.00</td>
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<td>HOYLETON YOUTH AND FAMILY SERVICES</td>
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<td>121,435.20</td>
<td>413,779.20</td>
<td></td>
<td>361,008.00</td>
<td>672,166.80</td>
<td>896,222.40</td>
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<td>La Rabida</td>
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<td></td>
<td></td>
<td>67,689.00</td>
<td>90,252.00</td>
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<tr>
<td>MULTIFAMILY INC</td>
<td>2</td>
<td>96,979.50</td>
<td>109,629.00</td>
<td></td>
<td></td>
<td>154,956.38</td>
<td>206,608.50</td>
</tr>
<tr>
<td>Nexus - Indian Oasis Family Healing</td>
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<td>183,959.00</td>
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<td></td>
<td>135,578.00</td>
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<td>Northeast DuPage Family &amp; Youth Services</td>
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<td></td>
<td></td>
<td>40,613.40</td>
<td>54,151.50</td>
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<td>ONE HOPE UNITED</td>
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<td>2,951,375.12</td>
<td>145,469.75</td>
<td></td>
<td></td>
<td>2,322,585.78</td>
<td>3,058,794.57</td>
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<tr>
<td>SINNINSSISS CENTERS INC</td>
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<td>116,917.60</td>
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<td></td>
<td>87,703.20</td>
<td>116,917.60</td>
</tr>
<tr>
<td>SPERO FAMILY SERVICES</td>
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<td>54,814.50</td>
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<td></td>
<td>368,416.69</td>
<td>491,722.75</td>
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<tr>
<td>THE BABY FOLD</td>
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<td>77,583.60</td>
<td>87,703.20</td>
<td></td>
<td></td>
<td>123,965.10</td>
<td>165,288.60</td>
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<tr>
<td>WEBSTER CANTRELL YOUTH ADVOCACY</td>
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<td>151,794.00</td>
<td>274,773.25</td>
<td>91,357.50</td>
<td></td>
<td>388,445.06</td>
<td>517,926.75</td>
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</table>

TOTAL $1,111,112.08 $2,951,375.12 $2,573,189.40 $1,084,166.90 $1,046,923.20 $5,537,552.53 $8,716,736.70

Service Type | Evidence-based Practice (EBP) Name and Description                                                                                     | Target Population (in years)                                                                 | Funding Source (Family First, Other Federal, or State)            |
-------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
Parenting Skills | Healthy Families America (HFA) is an intensive, long-term home-visiting program tailored to families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues. | Families with children age 0-2 Goal: 200 families served | Family First, MIECHV, State Well Supported |
Parenting Skills | Parents as Teachers (PAT) is a home-visiting program to provide parents with child development knowledge, parenting support, and early detection of developmental delays and health issues. | Families with children age 0-5 Goal: 200 families served | Family First, MIECHV, State Well Supported |
Parenting Skills | Nurturing Parenting Program (NPP) is a family-centered program designed for the prevention and treatment of child abuse and neglect. The program lessons focus on remediating parenting patterns known to form the basis of maltreatment. | Families and children age 0-19 Goal: 789 families served | State Not Supported |
### Positive Parenting Program (Triple P)

Aims to support parents of children experiencing developmental and behavior problems. The program has 5 different levels of interventions tailored to the individual needs of the family.  

- **Caregivers of children from age 6-12 with moderate to severe emotional/behavioral difficulties**  
- **Goal:** 350 families served  

<table>
<thead>
<tr>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</strong> is a psychotherapeutic treatment that engages children and parents/caregivers together to treat the effects of trauma.</td>
</tr>
<tr>
<td><strong>Children age 6-18 &amp; their Caregivers with trauma or other emotional &amp; behavioral difficulties</strong></td>
</tr>
</tbody>
</table>
| **Goal:** 250 families served  

<table>
<thead>
<tr>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child-Parent Psychotherapy (CPP)</strong> is an in-home intervention for trauma-exposed children.</td>
</tr>
<tr>
<td><strong>Children age 0-5 who have experienced trauma, and their caregivers</strong></td>
</tr>
</tbody>
</table>
| **Goal:** 275 families served  

<table>
<thead>
<tr>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wraparound</strong> is a team-based planning process providing family-driven care to meet the complex needs of children who are often involved with several child and family-serving systems.</td>
</tr>
<tr>
<td><strong>Children age 4-17.5 with severe emotional/behavioral difficulties and their families</strong></td>
</tr>
</tbody>
</table>
| **Goal:** 200 families served  

<table>
<thead>
<tr>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multisystemic Therapy (MST)</strong> is an intensive family and community-based treatment for juvenile offenders with behavioral health issues.</td>
</tr>
<tr>
<td><strong>Youth age 12-17 &amp; their families</strong></td>
</tr>
</tbody>
</table>
| **Goal:** 200 families served  

<table>
<thead>
<tr>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seeking Safety</strong> is an integrated cognitive behavioral model addressing symptoms of post-traumatic stress disorder and substance use.</td>
</tr>
<tr>
<td><strong>Adolescents &amp; Caregivers with a trauma and/or substance abuse Served by Sister Agencies</strong></td>
</tr>
</tbody>
</table>
| **State, Medicaid Not Supported**  

<table>
<thead>
<tr>
<th>Substances Use Disorders and Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motivational Interviewing (MI)</strong> is a client-centered counseling method that aims to develop the client’s internal motivation to achieve change. MI is often used in pre-treatment work to help engage and motivate clients for other treatment modalities as it helps clients explore and resolve their ambivalence to change.</td>
</tr>
<tr>
<td><strong>Caregivers and youth</strong></td>
</tr>
</tbody>
</table>
| **Goal:** All youth in the system  

<table>
<thead>
<tr>
<th>Engagement/ Casework Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solution-Based Casework (SBC)</strong> is an approach to casework practice that emphasizes care for the family and prompts the caseworker to help families identify and leverage their strengths to achieve goals. SBC is typically used for family problems that range from substance abuse and neglect to stress and work issues.</td>
</tr>
<tr>
<td><strong>Caregivers and youth</strong></td>
</tr>
</tbody>
</table>
| **State Not Supported**  

### Engagement: Motivational Interviewing [Well-Supported]:

The goals of Motivational Interviewing (MI) are to:

- Enhance internal motivation to change  
- Reinforce this motivation  
- Develop a plan to achieve change  

### Training Status:

- There have been 5 townhall presentations including approximately 825 participants;
Illinois Department of Children and Family Services  
Annual Progress and Services Report 2022

- DCFS also participated in the Prevent Child Abuse Conference which included approximately 110 additional participants.
- Curriculum Development is underway for a 3-day training to launch July 2021
- Approximately 3100 staff will be targeted
- In Phase 2: The Department will host Motivational Interviewing training;
- IT: This has required extensive support from IT including:
  - A new case plan for intact & placement
  - A federally required “Client Specific Prevention Plan” designed to track eligibility and services provided;
  - Assessment: A tool [algorithm] to support the field when selecting EBIs.

Training in the EBI Models: The Department hosted training for 3 of the models included in our plan.

  NPP: There have been 3 NPP TRAININGS
  - 57 staff have been trained to-date;
  - 17 staff were already trained and ready to accept cases when contracts were signed

  - 33 staff have been trained to-date;

Child Parent Psychotherapy: The Department is supporting 2 Learning Collaboratives.
  - All new [7] agencies were included.

Home Visiting:
The Home Visiting Program is one of the best examples of partnership with our sister agencies. Building upon our partnership with Erikson Institute, the DCFS/ Erikson Early Childhood program added home visiting support in 2020. Services are offered intensively, often weekly at the beginning, and over a long period (generally three to five years) to maximize their potential for impact.

- Both of the Models adopted in our plan are well-supported;
- Priority Population: Prenatal–6 months; also serve 0-3
- Four HV Specialists provide support for linkage/ referrals statewide
- Healthy Families America (HFA): Largely funded by the Department of Human Services [DHS]
- Parents as Teachers (PAT): Largely funded by Illinois State Board of Education [ISBE]
- Funding: Upon approval of the plan, the Department will establish a pass-through to support funding of Sister agencies;
- Data:
  - 2020: 171 families identified
  - 2021: 101 families identified- Jan. 1- May 1
  - Total: 272

Ongoing Implementation Support:
- Four Staff will be tasked with regional support of the new work
- The Department will sponsor ongoing Clinical Learning Communities:

~ 19 ~
Purpose: Ongoing Support for the Clinical Providers of the EBIs.
- Developmental impact of Trauma/Trauma-informed Care/Behavioral Observations of Trauma
- Getting Started: Initial Implementation Activities
- CQI: Data and Outcome Measures
- Recruitment Strategies for Engaging Families and other stakeholders
- Fidelity Measurement across all five Interventions
- Challenges and Barriers of engagement & implementation
- Peer to peer learning: What works and doesn’t work

Client Data: as of January 2021
- 84% of agencies have engaged clients
- Clients currently engaged or completed Family First services:
  - CPP: 11 (please note all providers are new and training launched less than 3 months ago)
  - NPP: 161
  - Triple P: 52
  - TF-CBT: 11
  - MST: 1
- Total: 236 clients

Evaluation:
- Family First will be independently evaluated by several research partners and includes a collaboration between Chapin Hall, The Juvenile Protection Association and the University of North Carolina [Chapel Hill]. UNC remains a partner with DCFS because of their previous role in our federal IV-E waiver [IB3] where they participated in the evaluation of 2 of the models adopted by FFPSA [CPP & NPP].
  - Dr. Richard Epstein- Principal Investigator- CHAPIN
  - Dr. Amy Dworsky- CHAPIN [Home Visiting]
  - Dr. Stephen Budde- JPA

Stakeholders and Consumer

In order to better understand and meet the needs of the families and children served, staff engage and build relationships with DCFS primary consumers: youth in care, birth parents, (with a growing opportunity to focus on fathers), foster caregivers, adoptive parents, and alumni of foster care.

Boards and Councils: DCFS has 18 advisory councils, 11 which are supported by statute, and 7 which are not. In October 2020, DCFS relaunched the ICWA (Indian Child Welfare Act) council. The Child Welfare Advisory Committee has two parents and one youth participating actively in meetings, as of August 2021. In total, there are 429 members of the public (290 statutory and 139 non-statutory) who serve in a variety of roles and provide critical and needed feedback. These essential feedback loops ensure that the community served has a seat at the table and a voice for change.
Structured opportunities for communication were particularly important during the state’s response to COVID-19, which began in March of 2020, and continues at the time of this writing. Guidance to the field was constantly changing in response to revised guidelines from the Centers for Disease Control (CDC) and the Illinois Department of Public Health (IDPH). DCFS leadership began meeting weekly with private agency representatives in the form of a CWAC ad hoc group. These meetings developed into an opportunity to explain updated guidance and to hear feedback from the agencies as to their concerns. In response to expressed concerns from private agencies as to the financial impact on agencies, DCFS procured personal protective equipment (PPE) to the extent possible for private agency staff, congregate care staff, and youth in congregate care settings in addition to PPE procured for DCFS staff. DCFS also offered additional money to private agencies and congregate care providers to offset financial impacts from changes required to increase safety for staff and youth in care. After initial policy guides were issued without input from private agencies due to the emergency nature of the crisis, private agency representatives requested an opportunity to provide feedback on such policy guides. In response, later updates and revisions to those guides were drafted collaboratively with private sector representatives.

Upon passage of State legislation, DCFS implemented a 1-year survey of older youth in care and alumni to identify access to services, supports and satisfaction with those supports. The survey was developed in conjunction with university partners, youth in care, and alumni of foster care, and it covers issues around housing, medical, employment, and incarceration. This survey is distinct and separate from NYTD (National Youth Transition Database) and will be used to create change within DCFS and collaborative opportunities with other state agencies to improve outcomes for young adults. This tool launched September 1, 2020 and is a continuous survey with the first report of survey results due to the legislature December 2021, then every 5 years. At this reporting, 123 older youth have completed the survey since its inception.

The Task Force on Strengthening Child Welfare Workforce for Children and Families, established by Public Act 101-0268, is intended to study the compensation and workload of child welfare workers to determine the role that compensation and workload play in the recruitment and retention of child welfare workers, and to determine the role that staff turnover plays in achieving safety and timely permanency for children. The Task Force began meeting in October of 2019 and the group recommended a loan forgiveness or stipend program for social work students to work in private child welfare agencies after graduation, which has since been approved and will be implemented as one effort to address the shortage of child welfare workers.

The Heart Gallery of Illinois: The adoption listing service of Greenlight Family Services is the only contracted adoption listing service agency for Illinois youth who are without adoptive resources per Rule 309.40, which outlines the process. The adoption listing service receives referrals from the public (DCFS) and private agencies, identifies youth under the age of 18 with terminated parental rights who are found to be appropriate for listing. This listing service works toward increasing the number of youth displayed on the photo listing service. This web-based exhibit was created to find forever families for children in foster care. The Heart Gallery of Illinois aims to have professional photographs of all children who are available for adoption (if parental rights are terminated or surrendered) as well as a brief description of the child. As part of the fast-paced social media landscape, this website provides resources so that families can meet children waiting to be adopted. Specific adoption journeys are highlighted that will inspire prospective foster and adoptive parents to consider foster care adoption. Licensed families can register and/or inquire on-line by visiting Greenlightfamilyservices.org. They will be assisted by a member of the Adoption Listing Team. Unlicensed Illinois families may inquire as well, but only a limited amount of information will be shared with them until they are licensed. In
addition, the Adoption Listing Service manages the Information and Referral Line for persons who wish to become foster or adoptive parents in the State of Illinois by calling their toll-free number or emailing them at adoption@greenlightfamilyservices.org. An average of 40-50 children are listed on-line each month.

### Illinois Heart Gallery – Adoption Listing Service

<table>
<thead>
<tr>
<th>FY21 (Q 1-3)</th>
<th>Total Calls</th>
<th>Family Inquiries</th>
<th>Families Matched</th>
<th>Completed Adoptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1239</td>
<td>1017</td>
<td>44</td>
<td>11</td>
</tr>
</tbody>
</table>

**Legislative Shadow Day:** Several child welfare offices work together to support and encourage older youth to participate in this day to experience the legislative process and meet some of the lawmakers who establish the rule of law for citizens in the State of Illinois. Since 2016, both youth in care and alumni from across the State have been able to share their experiences directly with legislators to help inform and improve child welfare policy. Sadly, our legislative shadow day this year was canceled due to complications of COVID-19. However, over the last 5 years over 200 youth and Alumni have been supported in participating in this critical event. Youth will be encouraged to participate again in the future when it is safe to do so.

**Partnering with Parents – Birth Parent Council:** Prior to COVID-19, Partnering with Parents (PWP) hosted chapter meetings monthly in areas throughout the state. The meetings are facilitated by DCFS and private agency volunteers. There are two staff positions that are dedicated to supporting the PWP program. Throughout the state there have been active chapter groups that include 15-20 parents. Due to the COVID pandemic, in-person chapter meetings went virtual. DCFS partnered with private agencies using different on-line platforms to continue support to birth parents. The on-line process hindered birth parent participation. DCFS, private agencies and birth parents have developed a Steering Committee. The purpose is to strategize on the development of the Statewide Birth Parent Council, strategize how to develop and rebuild chapter groups, and how to develop an avenue to provide birth parent stakeholder recommendations/input to impact policy, practice, and procedure.

**Achievements and recommendations produced during the last year (April 2020-Current):**

1) The Birth Parent Steering Committee was established in November 2020. The goal of the steering committee is to plan and implement a statewide structure to provide birth parents with a voice and input to make effective changes to the child welfare system. The Birth Parent Steering Committee has met four times since November 2020 and have formed a workgroup to compose a change proposal to address the issue of birth parent visitation and to improve the relationship between birth parents and caseworkers. This change proposal will be presented for review to the CWAC subcommittee group in September 2021.

2) The Birth Parent Steering Committee will also be used to re-establish a statewide Birth Parent Advisory Council that will continue to identify statewide birth parent issues and provide input to DCFS administration to bridge communication gaps with field staff, ensure that workers treat parents professionally as team members, and provide meaningful change for birth parents.

3) Promotional cards and information forms were developed to market the PWP opportunity and to collect contact information from parents for future meetings and to provide information to the birth parents as they become involved with DCFS. All information provided by birth parents is
voluntary and not distributed to any individual other than professional staff working with the PWP Program. PWP cards are available and distributed to promote chapter meetings and recruit birth parents.

4) The DCFS Partnering with Parents web page was updated and redesigned to reflect current information, resources, and support for both parents and field staff. Cook County: https://www2.illinois.gov/dcfs/lovinghomes/families/Pages/com_communications_PWP_Cook.aspx

5) Announcements are posted on D-net and are reflected on the PWP web page. Information will be distributed to DCFS Area Administrators, private agency staff, and community stakeholders who are being asked to engage their staff in identifying newly involved parents, engaging them in the Partnering with Parents program and to promote participation from parents already involved with DCFS.

6) PWP Chapter Meeting agendas are being developed to be used throughout the state to provide consistent information pertinent to birth parents. These agendas will provide an opportunity for birth parents to receive information and education on identified topics, along with resource identification and referrals related to the identified topics. Chapter groups consist of three elements 1) Learning and development, 2) Birth Parent Voice and 3) Resources. Agenda items provide birth parents with educational opportunities on the DCFS system and topics to increase their capacity for caring for their children.

7) In May 2019, a Birth Parent Summit was held for downstate birth parents, followed in October 2019 by the Cook County Birth Parent Institute. Both the Summit and Institute provided birth parents with the opportunity to network with other birth parents and professionals, celebrate the achievements and reunification of birth parents throughout the state, and provide birth parents with a voice to offer recommendations to the child welfare system.

8) Starting in March 2020 and continuing through the pandemic, the Partnering with Parents Program collaborated with Be Strong Families to offer virtual support groups through Birth Parent Cafés. Virtual support groups will continue to support parents who may lack the necessary transportation or cannot attend in person.

9) Birth Parents have been identified throughout the state to provide a virtual presentation to newly hired DCFS and private agency casework staff at each Foundation Training Class, detailing their experience in the child welfare system and answer questions.

10) At this time, two birth parents and a former youth in care serve on the Child Welfare Advisory Council.

11) In 2019 and 2020 Cook County PWP received and distributed donations during the holiday season in coordination with Cook County permanency staff. A total of 80 birth parent families received Christmas gifts consisting of winter clothing and age appropriate toys. In 2019, Central Region PWP Chapters coordinated with field staff and the Salvation Army chapters to provide toys to over 120 families in Central region.

Recommendations:

1) Continue to build on the PWP framework; strengthen participation, programs, resources, and the web site.
2) The PWP program will provide input to the DCFS Office of Child and Policy regarding revision to CFS1050-73.

3) The Birth Parent Reunification Handbook was revised with input from birth parents on March 2019. The revisions will be reviewed by DCFS Office of Policy and will be sent out for comments. This task will be completed July 2021.

4) Regional Resource Fairs are being planned in place of the annual downstate Summit to recruit Birth Parents if statewide protocols will allow.

5) There are plans for the Birth Parent Steering Committee to draft a policy establishing a more comprehensive Birth Parent Rights and Responsibilities. The draft will be submitted to the Office of Child and Policy for review by January 2022.
Chapter 2- Assessment of Performance

Child and Family Outcomes

NOTES:
- Between June – November 2019, DCFS conducted its CFSR 3 PIP Baseline, which was approved and finalized in May 2020.
- Between June – November 2020, DCFS conducted its Year 1 PIP Monitoring Reviews, which was approved and finalized in February 2021.
- Between June – November 2021, DCFS will conduct its Year 2 PIP Monitoring Reviews.

All PIP Monitoring Reviews (including the Baseline) include a review of sixty-five (65) cases: 40 foster care, 19 Intact Family Service, 5 Investigation, and 1 Extended Family Support Program (EFSP) case. The 65 cases are randomly selected according to the CFSR 3 sampling criteria and are stratified by case type (noted above) and sub-region (a case from every sub-region is reviewed every month).

The data from the PIP Baseline and Year 1 Monitoring Reviews are included in this section. Additional data included in this section includes data collected from targeted reviews of Intact Family Services cases, Quality Service Reviews (QSR), and CFSR National Indicators (updates from received data profiles).

The initial submission of Illinois’ PIP served as the Plan for Improvement in the 2020-2024 CFSP. As a result of leadership changes at DCFS, and in consultation with the Children’s Bureau, additional refinement of the goals and strategies for a revised PIP were conducted. Illinois PIP planning and development ultimately took a different approach and format to better articulate and implement the coordinated vision for improvement. Illinois’ PIP was approved by the Children’s Bureau in September 2020, effective 10/1/20 – 9/30/2022. Illinois’ non-overlapping year will end on 3/31/24.

The final revised goals, strategies, and key activities, along with any data/metrics, have been updated and evaluated, and are located in the 2022 APSR submission, Chapter 3.

A. Safety

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

CFSR 3 PIP Baseline and measurement data for Outcome S1 and S2 indicates the following results:
Outcome S1: Children are First and Foremost Protected from Abuse and Neglect

DATA:

**Item 1:** Timeliness of Initiating Investigations of Reports of Child Maltreatment

State policy requires one of three conditions to be met within 24 hours of the state receiving the report in order to meet the initiation mandate:

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

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

Illinois made substantial improvement toward its Item 1 PIP Goal during the Year 1 reviews, and in fact met its PIP Goal of 90% (the Children’s Bureau confirmed this achievement and no longer requires PIP measurement on this item; however, the state will continue to monitor its performance using the federal OSRI (tool) and OMS database during its yearly PIP Monitoring reviews, and expects will continue to maintain or improve performance.

Improvement was made in the area of seeing all alleged child victims in accordance with state requirements during the Year 1 reviews, whereas during the CFSR 3 and the Baseline reviews we observed that there were more cases in which not all alleged victims were seen within 24 hours of receipt of the report, and Good Faith Attempts were not made every 24 hours and/or there was no Supervisory Waiver per policy. In the Year 1 data, there is no difference between case types (see charts below):

<table>
<thead>
<tr>
<th>Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT</th>
<th>2019 OER Plus/CFSR 3 PIP BASELINE (FINAL as of 5/1/2020)</th>
<th>2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care Data Only (STATE)</td>
<td>%SA/S</td>
<td>#Substantially Achieved</td>
</tr>
<tr>
<td>Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment</td>
<td>87.5%</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT</th>
<th>2019 OER Plus/CFSR 3 PIP BASELINE (FINAL as of 5/1/2020)</th>
<th>2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Home Data Only (STATE)</td>
<td>%SA/S</td>
<td>#Substantially Achieved</td>
</tr>
<tr>
<td>Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment</td>
<td>75.0%</td>
<td>12</td>
</tr>
</tbody>
</table>

Regional variation in the Year 1 data is observed in the table below:
It is noted that in 2020, DCFS completed monthly reviews of a random sample of investigations to specifically assess compliance with adherence to the Good Faith Attempt procedural requirements.

**CFSR 3 Indicators**: In the 3rd round of the CFSRs, Repeat Maltreatment was removed from the evaluation of Outcome S1 in the case review portion of the process, and is evaluated for each state via performance on two (2) national safety indicators. The charts below reflect Illinois’ updated performance for both of the CFSR 3 national indicator safety measures. These charts illustrate that there is a leveling off of children experiencing repeat maltreatment, but children in Illinois continue to experience more maltreatment in foster care:

**Federal Safety Indicators: Repeat Maltreatment and Maltreatment in Foster Care**

**CFSR 3 Safety Indicator: Repeat Maltreatment, Illinois performance (as of 2/21 Data Profile)**

<table>
<thead>
<tr>
<th>Item Strength</th>
<th>Rating, By Region</th>
<th>Total</th>
<th>#S</th>
<th>%S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Region</td>
<td></td>
<td>12</td>
<td>11</td>
<td>92%</td>
</tr>
<tr>
<td>Northern Region</td>
<td></td>
<td>7</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>Aurora Sub (Northern)</td>
<td></td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Rockford Sub (Northern)</td>
<td></td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>Central Region</td>
<td></td>
<td>13</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td>Peoria Sub (Central)</td>
<td></td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Springfield Sub (Central)</td>
<td></td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Champaign Sub (Central)</td>
<td></td>
<td>4</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Southern Region</td>
<td></td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>ESL Sub (Southern)</td>
<td></td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
</tbody>
</table>
|    Marion Sub (Southern)|     | 2     | 2  | 100%

**Repeat Maltreatment**

(52) Of all children who were victims of a substantiated or indicated report of maltreatment during a 12 month period, what percent were victims of another substantiated/indicated report within 12 months of their initial report?

- **IL Observed Performance**
- **IL Risk Standardized Performance (RSP)**

<table>
<thead>
<tr>
<th>FY12-13</th>
<th>FY13-14</th>
<th>FY14-15</th>
<th>FY15-16</th>
<th>FY16-17</th>
<th>FY17-18</th>
<th>FY18-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.9%</td>
<td>8.7%</td>
<td>10.7%</td>
<td>11.0%</td>
<td>11.6%</td>
<td>12.6%</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

**National Performance**: 9.50% or less

Data Source: IL NCANDS submissions; updated Feb 2021

*IL Observed Performance

**National Performance based on RSP**

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Illinois has not met the federal national standard for either of the above indicators. A dive into the contextual data provided to the state by the Children’s Bureau for both of these indicators suggests that while Cook County represents the largest piece of the overall pie of results (generally somewhere around 25% of the total), by comparison there are many, many counties in the state that are disproportionately represented. Thus, the state may want to examine some of the practices in these (generally) smaller counties to assess and determine ways in which it might be able to locally influence overall state performance. The permanency related indicators, in particular, are being disaggregated by county of legal jurisdiction to identify differences that might be related to court practices in different jurisdictions. The Office of Legal Services is supporting work to collaborate with court partners to improve permanency rates based on data.

DCFS has developed internal CFSR Indicator dashboards in PowerBI (using data from SACWIS and CYCIS) that track very closely with the data profiles received semi-annually by the Children’s Bureau. It remains a bit challenging to get them to line up exactly, however they are much closer than ever before and therefore more accurate and comparable. The data on these dashboards are frequently used by DCFS leadership staff and examined by our BH Experts.

Repeat Maltreatment: DCFS continues to implement recommendations from the Chapin Hall report completed in 2019 (“Systemic Review of Critical Incidents in Intact Family Services”), which identified systemic factors that influenced outcomes in individual cases of child deaths and critical incidents, as well as opportunities for improvement that could fortify and deepen the potential of Intact Family Services. During FFY20, DCFS:

- Continued monitoring case closures in Intact families where parents do not engage in voluntary services, to ensure that service needs are met and risk is mitigated (Unsuccessful Case Closures, see protocol)
- Began implementing the Child Welfare Services Referral program to ensure that families experiencing multiple hotline calls have needs identified and addressed through linkage and referral. Historically, CWS referrals have been approximately 2% of the total number of intakes created by the hotline. In FY20 this increased to 3% and in FYI 21 this increased to 6% due to HB 1551 and change in practice/policy. (Call Floor staff now automatically complete a CWS referral for any assessment completed with a Mandated Reporter, where any member of the home has been previously involved in a retained indicated investigation or a child or family service case, and the current information provided by the mandated
reporter does not meet criteria for any allegation of abuse or neglect, there are no current pending investigations or open service cases. If hotline volume rises and/or mandated reporter calls increase, an increase in CWS referrals is expected due to this change. (CWS Services referral; see policy and program plan)

- Implemented improvements to the Intact Family Services program, designed to deliver evidence-based interventions to address parenting deficits, substance abuse treatment needs, and mental health needs (see FFPSA Prevention Plan Draft)

DCFS nor Chapin Hall are able to definitely link implementation of the above bullet points with a flattening of the recurrence of maltreatment, as it is still too soon for that evaluation to be done.

Maltreatment in Foster Care: Since the last APSR, the BH Experts have requested activities specific to gaining a better understanding of Illinois’ increasing rate of maltreatment in foster care. As a result, DCFS requested that the University of Illinois’ Foster Care Utilization Review Program (FCURP) conduct a review of children maltreated in foster care, specifically during the month of July 2020 (completed in November 2020) to better understand a concerning spike in reports noted by one of the BH Experts on DCFS’ CFSR 3 Maltreatment in Foster Care PowerBI dashboard. DCFS also worked with the University of Illinois’ Children and Family Research Center (CFRC) to develop a detailed maltreatment in foster care dashboard presenting data charts on known characteristics that correlate with maltreatment in care (nearly complete at the time of this writing).

Findings from review of children maltreated in foster care in July 2020

The sample of cases for this review was determined using the CFSR definition and criteria for inclusion and exclusion. The final sample of cases reviewed was a total of N=79 indicated reports of child maltreatment in foster care made in July 2020. The data identified that:

- Maltreatment is more likely to occur early in a foster care episode (especially within the first 6 months), and in a home with multiple siblings;
- Parents are the most common perpetrator, regardless of placement type at the time of maltreatment;
  - In reports where the maltreatment occurred in the home of parent (HMP, n=12), the state also retained legal custody of the child
- Unlicensed relative and fictive kin foster parents are more likely to allow unsupervised and unauthorized contact between a child and a parent;
- Children who reported maltreatment that occurred prior to entry into foster care were all for abuse allegations (n=10, half of which were for sexual abuse); and
- The incident date field continues to be inaccurately used (10 of the 79 reports were of abuse that occurred prior to foster care, but because the incident date was left blank the report date was used, and thus included in the measure). On 10/27/2020 guidance on the accurate use of incidents dates was sent to the associate deputy director of child protection as a communication document to be shared at statewide child protection meetings. The document is used to message to the field the importance of the incident date field when a report involves a youth in care. These efforts are important in the context of both the PIP and the BH Consent Decree. For tracking purposes, DCFS has been working with a university partner to develop a dashboard that includes the incident date variable. The dashboard is complete, was recently vetted with private agency quality improvement staff, and is projected to be available on the DNED during the Fall of 2021. It will be accessible to staff for both DCFS and private agencies and utilized as a means for correctly capturing inaccuracies. Changes within the SACWIS system to flag this field prior to approving the completion of an investigation is being considered but may not be feasible until the new CCWIS system is developed.
UIUC/CFRC Maltreatment in Foster Care Dashboard

While DCFS has a PowerBI dashboard that provides regular, updated data specific to the CFSR 3 Maltreatment in Foster Care measure, DCFS further wanted to be able to routinely explore more detailed data underlying the measure. DCFS worked with UIUC/CFRC to develop a dashboard for this purpose, which is very nearly complete and ready for use. The dashboard includes charts that are based on findings from reviews completed by UIUC/FCURP (such as the one above) and important research conducted by UIUC/CFRC (including most recently in March 2020, “Predicting Maltreatment in Substitute Care”). These charts will provide DCFS and private agency staff the opportunity to regularly view data on characteristics that correlate with maltreatment in foster care for CQI purposes.

The dashboard charts are grouped into 6 categories:

(A) Region, age, race, and incident date (child’s age and race/ethnicity, administrative region/sub-region, and whether or not incident date was available)
(B) Placement Information (placement type and prior history)
(C) Caseworker information (caseload, family and child contacts, and caseworker’s educational attainment)
(D) Reporter group
(E) Perpetrator group
(F) Allegation type

The dashboard charts can be viewed to show data in yearly or quarterly formats and can be filtered in the following ways: region, sub-region, agency, placement type, race/ethnicity, time in care, and parent as perpetrator.

UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:

NOTE: Since the completion of the 2021 APSR, Illinois’ CFSR 3 Program Improvement Plan (PIP) was approved. The final PIP is different than what was reflected in this section for the 2021 APSR. Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 1 – 2.

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

DATA:

Illinois’ performance in Outcome S2 and related Items highlights the need for improvements in the areas of engagement, assessment, ongoing monitoring, and adequate service provision generally (here specific to safety, but also elsewhere as will be noted further along in this document). While there was an observed improvement in Item 2 performance, the overall performance for Outcome S2 declined in the Year 1 reviews due to Item 3 performance:
Overall, Outcome S2 performance declined in the Year 1 data.

For Item 2, good progress toward the PIP Goal of 86% was observed (Illinois’ performance increased from 76.9% Strength in the Baseline data to 83.3% Strength in the Year 1 data). When observed by case type, there is an improvement in the foster care data for Item 2 whereas there was a significant decline in performance in the in-home data for Item 2.

For Item 3, performance declined for both case types in the Year 1 data, more significantly so in the in-home data.
DISCUSSION:

Item 2: The Year 1 sample included nearly double the number of applicable cases than in the Baseline, increasing from 13 to 24, which may account for some of the improvement. If Investigative services determined that it was safe for children to remain at home, it was usually ensured through the implementation of a safety plan. If a safety plan was not appropriate, then the child was usually in need of immediate removal. (For context, caseworker visits and referral to Intact Family Services are not considered services in the assessment of this Item.) Please see Chapter 4a for more information on safety and prevention services provided in Illinois. Safety-related services that could be assessed in Item 2 include the following programs: Intact Family Recovery, Safe Families, High-Risk Intact, Family Unification Program, Crisis Nurseries, Home Visiting Nurses, Child Advocacy Centers, Recovery Homes, and Norman Funds (cash assistance).

Even with 24 cases being applicable for assessment in Item 2 during the Year 1 reviews, there were very few of the 65 reviewed cases applicable. The reasons why most of the cases did not apply for this item were: 1) no safety concerns noted (perhaps high risk, but not imminent), 2) only a safety plan was needed to protect the children, or 3) the child was in care for the entire review period and there were no other children at home.

Performance depended on case type: the item was rated a Strength in 100% of the foster care cases during Year 1 (safety-specific services were not sufficient to protect the children, given the severity of neglect/abuse, and removal was necessary), and in 63.6% of the in-home cases. With respect to performance concerns in the in-home sample of 4 cases rated ANI for Item 2, it was noted that the agency did not make concerted efforts to provide or arrange for appropriate services for the family to protect the children:

- Lack of domestic violence offender services to the father living in the home
- Lack of domestic violence victim services to the mother and children, and lack of follow-up on father's participation in his offender program, nor was he seen by the agency for 6 months
- Lack of follow-up by the agency to comprehensively assess the presence of a bruise on the leg of a child in the care of a mother who had previously abused the child
- Insufficient follow-up on substance abuse treatment needs of father by the agency (father had overdosed in the family garage)

Regional variation in Item 2 is observed in the table below:

<table>
<thead>
<tr>
<th>Item Strength Rating, By Region</th>
<th>Total</th>
<th>#S</th>
<th>%S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Region</td>
<td>9</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>Aurora Sub (Northern)</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>Rockford Sub (Northern)</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Central Region</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>Peoria Sub (Central)</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Springfield Sub (Central)</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Champaign Sub (Central)</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Southern Region</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>ESL Sub (Southern)</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Marion Sub (Southern)</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
</tbody>
</table>

Item 3: Performance declined from 63% Strength in the Baseline to 49% Strength in the Year 1 data. (Our PIP Goal is 67% Strength.) The primary contributor to the decline in performance is
observed in the In-Home data. In the Baseline, 65% of Foster Care and 60% of In-Home cases were rated a Strength. In the Year 1 data, 60% of Foster Care cases were rated a Strength, whereas only 32% of the In-Home cases were rated a Strength. Performance in the Foster Care sample also declined, but not to the same degree as with the In-Home sample. (See charts below.)

A frequently noted, casework practice that contributed to ANI ratings on In-Home cases was the lack of comprehensive ongoing assessments of fathers who had ongoing contact with the children in the family. Direct service staff appear to keep their focus narrowly on who lives in the home being served and on the reported allegations, versus a more comprehensive assessment of who might frequent the home or where else the children might spend time with a parent. Even if fathers are living in the family home, they are often not comprehensively assessed (or seen) on an ongoing basis.

An additional contributor to In-Home performance is the inclusion of investigation cases in the In-Home sample. As with many other states, DCFS’ approach to investigations practice is that it is intended to be somewhat surgical-get in, investigate the allegations, make a determination about the allegations, and move the case either to closure or to a different level of service. However, investigation cases often include a Safety Plan to ensure the safety of the children and are often open longer than 45 days.

The combination of these facts results in investigation cases being eligible for PIP Monitoring reviews, and for assessment of the Safety and Well-Being items for the cases reviewed. Commonly, investigation cases included for review tend to follow this pattern: the investigation is initiated, immediate risk/safety is assessed, and a Safety Plan is implemented. The investigation case then sits without much, if any, work activity until it approaches the 60-day mark (state-mandated deadline for a finding on the allegations). If the investigation is still open at 45 days with a Safety Plan, then it is eligible to be included in a PIP Monitoring review. However, because no work has really been happening, most if not all items are rated ANI.

Regardless of case type, for the cases that were rated an Area Needing Improvement (ANI), the lack of ongoing (formal or informal) assessments that accurately assessed all of the risk and safety concerns for the child in foster care and/or any child(ren) in the family remaining in the home was the cause for the rating. The lack of accurate assessments is further reflective of the quality of caseworker visits with children and parents (see data in WB1, items 14 and 15).

Feedback from the field suggests that staff turnover continues to be a persistent factor in the quality of assessments and visits, as with turnover often comes a period of time without proper case coverage (while new staff are trained up). When new staff arrive, they generally do not have much experience in child welfare (particularly at a private agency versus DCFS), nor do they have time to fully review all assigned cases to understand the history, case dynamics, service needs and provision, etc., before assuming full responsibility. New casework staff hit the ground running and don’t stop. Staff turnover continues to be particularly problematic for private agencies, however DCFS is continuing to experience increased staff turnover as well.

Intact Safety Reviews on Intact Cases began in the second quarter of Fiscal Year 2018. These reviews are conducted by 2 different Divisions within the Department, the Quality Enhancement Support Team (QEST), and the Agency Performance Team (APT). The chart below provides a view of the trends seen in intact practice since these reviews began in 2018. While practice has varied, the percentage of cases having identified safety concerns has decreased each Fiscal Year. The data from these reviews is in the table below:
### Illinois Department of Children and Family Services
#### Annual Progress and Services Report 2022

**INTACT CASE REVIEWS**

<table>
<thead>
<tr>
<th>Total # Cases Reviewed</th>
<th>State FY2018 Q2-4 %Yes</th>
<th>State FY2019 Q1-3 %Yes</th>
<th>State FY2020 Q1-3 %Yes</th>
<th>State FY2021 Q1-3 %Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3713</td>
<td>5575</td>
<td>2212</td>
<td>704</td>
</tr>
</tbody>
</table>

**Are contacts with the parent(s)/caretaker(s)/child(ren) of sufficient frequency to:**
- Conduct ongoing assessment of safety and identification of safety threats? 86% 79% 87% 90%
- Ensure no significant gaps in contact? 84% 75% 76% 82%
- Reflect concerted efforts by the worker to assist and support the family with achievement of case goals? 86% 79% 88% 91%

**Are contacts, observations, and discussion with the parent(s)/caretaker(s)/child(ren) sufficient to assess:**
- Quality of relationships/current functioning of the family? 84% 78% 85% 89%
- Parental protective factors? 81% 77% 87% 91%
- Child vulnerabilities? 82% 79% 88% 91%
- Desired changes in behavior? 80% 76% 86% 90%
- Current family stressors or challenges? 85% 80% 91% 94%

**Are observations of the environment sufficient and utilized in decision-making regarding the impact on safety to all children in the home?**
- 83% 78% 81% 78%

**Does the intact worker adequately address with the family:**
- Safe sleep with children under 1 year old and as developmentally appropriate (if child is older)?
  - 70% 74% 31% 31%
- Assuring smoke detectors are present and working?
  - 66% 70% 67% 62%

**Is information from current/prior service providers obtained and utilized in the:**
- Ongoing assessment of service needs?
  - 72% 65% 57% 56%
- Progress towards case goals?
  - 67% 60% 55% 56%

**Do all safety assessments:**
- Support the safety decision based on relevant information gathered?
  - 84% 79% 82% 85%
- Identify and control safety threats?
  - 76% 71% 44% 50%
- Document safety interventions that are adequate and time limited?
  - 74% 66% 18% 16%
- Provide appropriate monitoring of the safety threats and interventions?
  - 75% 67% 19% 17%

**Is there sufficient discussion/communication between the intact worker and investigator on any pending investigation (including initial case handoff in first 45 days (assess only for 45 day review) and any SORs after case opening) regarding:**

**Have all non-custodial parents been:**
- Identified?
  - 80% 76% 59% 63%
- Assessed by the Worker?
  - 44% 45% 24% 25%

**Have all individuals living or frequenting the home been:**
- Identified?
  - 67% 81% 46% 86%
- Sufficiently assessed by the worker?
  - 67% 65% 62% 64%

**Are services in place that address:**
- The reason for case opening?
  - 80% 72% 68% 62%
- Other needs identified through the assessment process?
  - 76% 73% 66% 59%
- Services identified or requested by the family?
  - 76% 74% 75% 66%

**Is the intact worker actively engaging the child(ren)/family in discussions around:**
- Service needs?
  - 88% 80% 86% 89%
- Safety needs?
  - 92% 78% 78% 84%
- Safety planning?
  - 78% 75% 47% 49%
- Court involvement?
  - 66% 57% 22% 26%
- Progress towards case goals?
  - 77% 74% 76% 78%

**Does this family have an open court case?**
- 20% 18% 12% 16%

**Has the family been screened with the State’s Attorney for court involvement as appropriate based on the dynamics of the case?**
- 39% 39% 14% 14%

**Is the worker actively identifying and working to overcome barriers to service provision and safe case closure?**
- 84% 78% 57% 49%

**Does supervision provide the following sufficiently?**
- Identify and address key practices (contacts, safety, service identification/needs, barriers, etc.)?
  - 74% 73% 68% 74%
- Follow-up of direction provided during prior supervisions?
  - 62% 64% 64% 74%
- Documentation of critical decisions and sufficient rationale to support the decision that meets the needs of the family?
  - 68% 66% 60% 60%
- Based on the information reviewed, are there any current safety concerns for the child(ren)?
  - 34% 30% 23% 19%

---

**Quality Service Reviews (QSR) are conducted monthly in the four (4) Immersion Sites (Waukegan, Rock Island, Mt. Vernon, and East St. Louis) in accordance with the BH Plan. QSR case review findings are shared with the supervisor and caseworker for each case. In addition, a written case summary of each case is provided to the appropriate Immersion Site Director. Aggregate reports are used to understand areas of strength and improvement within each Immersion Site.**

As it relates to “Safety”, QSR reviewers evaluate to what degree the child is protected from abuse, neglect, and exploitation by others in his/her daily settings, learning, working, and recreational environments. Reviewers also ask: Is the child free from unreasonable intimidations and fears at home and school? Do parents and caregivers provide the attention, actions and supports necessary to protect the child from known risks of harm? Additionally, “Behavioral Risk” is...
evaluated (reviewers evaluate to what degree the child avoids self-harm, self-endangering situations and refrains from behaviors that may put others at risk).

Please be advised: Because the sampling methodology has not been consistent over the course of QSR reviews, the data charts below cannot be used to measure performance over time, nor to compare performance of the Immersion sites. Quality Service reviews are conducted in the Immersion sites only as part of the BH Consent Decree recommendations from 2015. Initially the QSR sample was stratified by those cases where a specific model of child and family team meetings facilitated by a trained and approved CFTM facilitator had occurred. This became problematic as the cases meeting this criteria were so few in number. Later the sampling was modified to no longer include the CFTM criteria but rather stratified by certain age groups, living arrangement or goals depending on the need for case review information identified by the Immersion site. The QSR data is beneficial for use in understanding the status of individual cases and the use of the aggregated data to identify longitudinal trends in an Immersion site, but not for comparison purposes or to gauge improvement. The state does not have a plan for expanding QSR beyond the Immersion sites or to revise the sampling methodology at this time.

UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:

NOTE: Since the completion of the 2021 APSR, Illinois’ CFSR 3 Program Improvement Plan (PIP) was approved. The final PIP is different than what was reflected in this section for the 2021 APSR. Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (*Update to the Plan for Enacting the State’s Vision and Progress Made to
Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 1 – 2.

B. Permanency

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

Assessment of the permanency outcomes is restricted to foster/substitute care cases. CFSR 3 Year 1 data for the two permanency outcomes indicates that Illinois’ performance is declining (i.e., less achievement or progress toward achievement of permanency and fewer family relationships and connections being preserved for children in foster care):

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

<table>
<thead>
<tr>
<th>outcomes</th>
<th>P1, associated Items</th>
<th>P2, associated Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS (FC ONLY)</td>
<td>Item 4: Stability of Substitute Care Placement</td>
<td>Item 7: Placement with Siblings</td>
</tr>
<tr>
<td></td>
<td>Item 5: Permanency Goal for Child</td>
<td>Item 8: Visiting with Parents and Siblings in Substitute Care</td>
</tr>
<tr>
<td></td>
<td>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</td>
<td>Item 9: Preserving Connections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Item 10: Relative Placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Item 11: Relationship of Child in Care with Parent(s)</td>
</tr>
<tr>
<td>Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN (FC ONLY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>outcomes</th>
<th>P1, associated Items</th>
<th>P2, associated Items</th>
</tr>
</thead>
<tbody>
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<td>Item 4: Stability of Substitute Care Placement</td>
<td>Item 7: Placement with Siblings</td>
</tr>
<tr>
<td></td>
<td>Item 5: Permanency Goal for Child</td>
<td>Item 8: Visiting with Parents and Siblings in Substitute Care</td>
</tr>
<tr>
<td></td>
<td>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</td>
<td>Item 9: Preserving Connections</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Item 10: Relative Placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Item 11: Relationship of Child in Care with Parent(s)</td>
</tr>
</tbody>
</table>

Outcome P1: Children Have Permanency and Stability in Their Living Arrangements

DATA:
While the Year 1 data shows that good progress was made toward the PIP Goal for Item 4 (Stability), Illinois’ performance in Outcome P1 and related Items continues to highlight the need for improvements in the areas of:

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

**Item 4**: Positive progress toward PIP Goal of 78% Strength is observed in the Year 1 data (our performance on the Data Indicator for Rate of Placement Stability is also positive). More youth in care experienced fewer placement changes, and more children experienced stability in care. When cases were rated ANI, there were 3 main reasons: 1) Youth was placed in a residential, which by design is temporary; 2) Youth experienced multiple placement moves during the PUR which were not made in order to achieve permanency goals (they were reactive/disruptive); and/or 3) the placement could not support the child’s behavioral needs. While a specific initiative or strategy is not identified as impacting the noted improvement in the data, it is possible that the more frequent checks on children and caregivers by phone/video during COVID lockdowns may be a contributor.

For the 25% of children in the Year 1 data who did not experience placement stability, the following were the contributing reasons:

- The child/youth experienced more than one placement which was not planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child (7 of the 10 cases with an ANI rating)
  - A common theme for child/youth experiencing placement changes continues to be the significant mental/behavioral health needs of the child/youth
  - Another common theme was the inability of the foster parent to provide adequate and long-term care for the child/youth (related to the mental/behavioral health needs)
  - In 3 of the cases, this was also due to the youth being placed in a residential/group home, which, although providing excellent care for the youth, is not considered a permanent or stable placement.
In all 3 of these cases, there were no step-down resources available for the youth despite agency efforts.

COVID contributed to delays in accessing appropriate step-down resources when they became available (due to lockdown restrictions with each new surge, local and/or state mandated).

The current living arrangement was not stable at the time of review (3 of the 10 cases with an ANI rating)
- This was commonly related to a poor fit between the FP and child, or due to parent-FP conflict.

Regional variation is observed in the table below:

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>#S</th>
<th>%S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Region</td>
<td>15</td>
<td>13</td>
<td>87%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>6</td>
<td>4</td>
<td>67%</td>
</tr>
<tr>
<td>Aurora Sub (Northern)</td>
<td>4</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Rockford Sub (Northern)</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Central Region</td>
<td>12</td>
<td>8</td>
<td>67%</td>
</tr>
<tr>
<td>Peoria Sub (Central)</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Springfield Sub (Central)</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>Champaign Sub (Central)</td>
<td>4</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Southern Region</td>
<td>7</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>ESL Sub (Southern)</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Marion Sub (Southern)</td>
<td>4</td>
<td>2</td>
<td>50%</td>
</tr>
</tbody>
</table>

CFSR 3 Indicators: In addition to the PIP Baseline and Year 1 data, the state also evaluates its performance regarding stability with data from the CFSR national indicator:

**CFSR 3 Permanency Indicator: Placement Stability, Illinois performance**

(as of 2/21 Data Profile)

The data in the above chart suggests that the state rate of placement moves has been relatively unchanged since FFY15, and the state meets this measure (less than 4.44 moves, based on our RSP). The contextual data provided with the overall performance for this measure identifies that,
not surprisingly, as children get older they experience more moves. The contextual data further highlight that children of color experience the highest rate of placement moves per day than do their white counterparts and 15 predominantly small counties have a disproportionate rate of placement moves than do much more populous counties.

**Item 5:** Performance declined from 33% Strength in the Baseline to 28% Strength in the Year 1 data. (Our PIP Goal is 38% Strength.) In 19 of the 24 cases rated ANI for this item, the primary reason was that the permanency goal of Return Home was not the appropriate goal. There were case-specific reasons for this determination (such as caseworker unpreparedness in court, delays in court due to COVID, assessment concerns, staff turnover), but in all 19 cases the goal had been in place for far too long without concurrent planning (a general lack of urgency) and therefore the Item was rated ANI. (See Item 6 for Length of Stay data.)

It was observed that COVID had an impact on permanency goal changes/assignment during the Year 1 reviews, as many courts closed and were slow to resume all but emergency hearings on cases throughout the state. This probably contributed to the increase in the number of cases rated ANI.

Performance by region is noted in the table below:

<table>
<thead>
<tr>
<th>Item Strength Rating, By Region</th>
<th>Total</th>
<th>#S</th>
<th>%S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Region</td>
<td>15</td>
<td>5</td>
<td>33%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>6</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>Aurora Sub (Northern)</td>
<td>4</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Rockford Sub (Northern)</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Central Region</td>
<td>12</td>
<td>5</td>
<td>42%</td>
</tr>
<tr>
<td>Peoria Sub (Central)</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Springfield Sub (Central)</td>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Champaign Sub (Central)</td>
<td>4</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>Southern Region</td>
<td>7</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>ESL Sub (Southern)</td>
<td>3</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Marion Sub (Southern)</td>
<td>4</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Item 6:** Performance declined from 20% Strength in the Baseline to 10% Strength in the Year 1 data. (Our PIP Goal is 25% Strength.) Length of stay in care, lack of concurrent planning, court delays of various types (including no adjudication or establishment of an official permanency goal at time of review [18 months from entry]), adoption delays of varying reasons (agency-, caregiver-, court-related), and COVID were all frequent contributors in the 36 cases rated ANI. See below for additional rating information by permanency goal, race, length of stay (at time of review), and region:
Illinois Department of Children and Family Services
Annual Progress and Services Report 2022

CFSR Indicators: Illinois also evaluates its performance, as it relates to achievement of permanency, with data from the CFSR national indicators. Below is the data for permanency within 12 months and its companion measure, re-entry. Our observed performance in the Data Indicators specific to achievement of permanency shows slight improvement in the Permanency within 12 Months indicator (along with declining re-entry rate, which is desired), and declining performance in the Permanency within 12-23 and 24+ Months indicators. (See several pages forward for the data specific to achievement of Permanency in 12-23 Months, and in 24+ Months.)

CFSR 3 Permanency Indicator: Permanency in 12 Months & companion measure Re-Entry into Foster Care (as of 2/21 Data Profile)

### PERMANENCY IN 12 MONTHS
(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?

<table>
<thead>
<tr>
<th>Length of Stay (LOS) (# by group)</th>
<th>0-12 months: 10</th>
<th>13-24 months: 9</th>
<th>25-36 months: 8</th>
<th>37+ months: 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median LOS (at time of review)</td>
<td>26 mos</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **IL Observed Performance**: [Graph showing observed performance numbers for each year] 11.3% 12.3% 12.6% 11.90% 11.4% 10.3% 9.4% 10.6% 11.7% 12.2%
- **IL Risk Standardized Performance (RSP)**: [Graph showing RSP numbers for each year] 11.3% 12.3% 12.6% 11.90% 11.4% 10.3% 9.4% 10.6% 11.7% 12.2%

**National Performance^: 42.70% or more**

Data Source: APCARS submissions; updated Feb. 2021
^Observed performance, adjusted for age at entry and the State’s foster care entry rate

~ 41 ~
Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the CFSR Portal: https://www.cfsrportal.acf.hhs.gov/resources/cfsr-round-3-statewide-data-indicators

The contextual data provided with the overall performance for the Permanency in 12 Months measure identifies that children who enter foster care before the age of 10 are more likely to achieve permanency within 12 months of entry (typically, reunification; children age 1-5 represent 23.4% of the children achieving permanency within 12 months, and children 6-10 represent 22.4%). The contextual data further highlight that children in counties where very few children are removed are most likely to achieve permanency within 12 months of entry. In larger counties, achievement of permanency tends to take much longer (for example, in Cook County, 8.3% of children achieved permanency within 12 months versus 49.1% in Jackson County).

Re-Entry rates are improved in the most current data (see chart above). Contextual data indicate that children 1 year old and younger are most likely to re-enter within one year of exit from foster care.

CFSR 3 Indicators: The charts below illustrate Illinois’ performance on the remaining two data indicators for the CFSR, Permanency in 12-23 Months, and Permanency in 24+ Months. Current performance in both measures is declining:

CFSR 3 Permanency Indicator: Permanency in 12-23 Months, and in 24+ Months (as of 2/21 Data Profile)
Contextual data for both measures indicates that children age 1-5 are most likely to be among the children achieving permanency in the two timeframes measured (57% of the 12-23 months group, and 43.8% of the 24+ months group).

Race plays a role in achievement of permanency in these measures: while representing the larger portion of children in care, African American children do not exit to permanency proportionately (thus staying in foster care longer than their Caucasian peers). This is observed here:

<table>
<thead>
<tr>
<th>Race</th>
<th>Permanency in 12-23 Months</th>
<th>Permanency in 24+ Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of total (in care) (FFY20)</td>
<td>% of total (exits) (FFY20)</td>
</tr>
<tr>
<td>African American</td>
<td>37.6</td>
<td>29.1</td>
</tr>
<tr>
<td>Caucasian</td>
<td>49.1</td>
<td>59.8</td>
</tr>
<tr>
<td>Hispanic (any race)</td>
<td>7.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Asian</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Two or More</td>
<td>4.5</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Performance based on county is very erratic and there is no consistent trend.

Quality Service Review (QSR) Data (Immersion Sites): (See here for explanation of data reporting) As it relates to permanency, QSR reviewers evaluate whether the child is living with their own family or with caregivers that the child, caregivers and all CFTM members believe will result in enduring relationships. This is also tied to the stability of the child, caregiver functioning, and family functioning and resourcefulness. Additionally, prospects for permanence are evaluated. See also Outcome WB1 for data specific to Child and Family Teaming.
Please be advised: Because the sampling methodology has not been consistent over the course of QSR reviews, the data charts below cannot be used to measure performance over time, nor to compare performance of the Immersion sites.

UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:

NOTE: Since the completion of the 2021 APSR, Illinois’ CFSR 3 Program Improvement Plan (PIP) was approved. The final PIP is different than what was reflected in this section for the 2021 APSR. Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 1 – 2.

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

DATA:

In Outcome P2, the evaluation of five (5) items supports the overall outcome achievement rating:
Illinois’ performance in Outcome P2 declined during the Year 1 reviews, and continues to highlight the need for improvements in the areas of:

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

**Item 7:** A strength for Illinois in Outcome P2 is Item 7, Placement With Siblings, even though performance declined from 100% Strength to 88.2% during the Year 1 reviews. In 30 of 34 cases, the child was either placed with siblings in foster care, or their separation was justified and necessary to meet the needs of the child or the sibling(s).

**Item 8:** The overall item performance declined from 55.9% Strength in the Baseline to 47.2% Strength in the Year 1 reviews, due to the number of cases in which there was a lack of concerted efforts to ensure the frequency and quality of visitation between either the mother and child, father and child, siblings, or a combination of the three types. If concerted efforts were not made for any of the applicable types of visitation, then the item is rated an Area Needing Improvement.

When looking at the concerted efforts made for each individual type of visitation in isolation from the other types of visitation, the Year 1 data suggest improvement (from the Baseline data, generally speaking) with respect to the usual pattern of mother-child/father-child visits (and

<table>
<thead>
<tr>
<th>What was the usual frequency of visits between the parent and the child during the PUR?</th>
<th>CFSR 3 PIP Baseline</th>
<th>CFSR 3 PIP Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than once per week</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Once per week</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Less than once per week but at least twice per month</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Less than twice per month but at least once per month</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31</td>
<td>33</td>
</tr>
<tr>
<td>%</td>
<td>67.7%</td>
<td>78.9%</td>
</tr>
</tbody>
</table>

| **Father**                                 |                     |                   |
| More than once per week                    | 6                   | 4                 |
| Once per week                              | 5                   | 7                 |
| Less than once per week but at least twice per month | 2               | 2                 |
| Less than twice per month but at least once per month | 1               | 1                 |
| Less than once per month                    | 8                   | 3                 |
| Never                                      | 1                   | 1                 |
| TOTAL                                      | 23                  | 17                |
| %                                          | 60.9%               | 88.2%             |
particularly father-child visits), where the majority of visits during the Period Under Review happened more frequently than once per month:

The data to the left reflect the concerted efforts of the agency to ensure that parent-child visitation was of sufficient frequency to maintain or promote the continuity of the relationship, and the concerted efforts made to ensure that the quality of visitation was sufficient to maintain or promote the continuity of the relationship. The data show that concerted efforts of the agency were less evident in the Year 1 data as it relates to ensuring mother-child visitation was of sufficient frequency and quality to maintain or promote the continuity of the relationship, whereas there was improvement as it relates to father-child visitation.

Although performance related to the frequency and quality of sibling visits declined somewhat in the Year 1 reviews, this is still an area of strength for Illinois:

Item 9: In 67.5% of the Year 1 cases, connections that were important to the child were preserved (Item 9). This represents a decline in performance, down from 75% Strength in the Baseline reviews. In the cases that were not rated a strength, the reasons were one or more of the following:

- Important connections were not preserved or maintained (12 cases; these included siblings not in care, half-siblings, and extended relatives with whom the child/youth had relationships prior to entering into foster care)
- Inquiry into whether or not a child might be a member of, or eligible for membership in, a federally recognized Indian Tribe (3 cases)
- For the children/youth who were either a member of, or eligible for membership in, a federally recognized Indian Tribe, other ICWA requirements were not followed (3 cases)

Item 10: In Item 10, 84.2% of the cases were rated a Strength because either the child was placed with a relative and stable in that placement, or because while the child was not placed with a relative, efforts had been made to identify, locate, inform, and evaluate maternal and paternal relatives. This represents an improvement from the Baseline reviews, where 81.6% of cases
were rated a Strength. For the cases that were rated as an Area Needing Improvement (ANI),
the reason was that the child was not placed with a relative, and efforts had not been made to
identify, locate, inform, and evaluate maternal and paternal relatives.

**Item 11:** In 48.5% of cases assessed in Item 11, the rating was a Strength because concerted
efforts were made to promote, support, and otherwise maintain a positive and nurturing
relationship between the child in foster care and his or her mother and father (ANIs were because
these efforts were not made). This represents an improvement from the Baseline reviews, where
45.2% of cases were rated a Strength.

**Quality Service Review (QSR) Data (Immersion Sites):** (See [here](#) for explanation of data
reporting) Data that could inform Outcome P2 is collected on Family & Community Connections
and Responsiveness to Culture.

Please be advised: Because the sampling methodology has not been consistent over the course
of QSR reviews, the data charts below cannot be used to measure performance over time, nor to
compare performance of the Immersion sites.

<table>
<thead>
<tr>
<th>Family &amp; Community Connections</th>
<th>Responsiveness to Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY20 (July 19-May 20)</strong></td>
<td></td>
</tr>
<tr>
<td>E. St. Louis</td>
<td>76%</td>
</tr>
<tr>
<td>Mt. Vernon</td>
<td>77%</td>
</tr>
<tr>
<td>Rock Island</td>
<td>73%</td>
</tr>
<tr>
<td>Waukegan</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Total QSRs: 41</strong></td>
<td></td>
</tr>
<tr>
<td>E. St. Louis</td>
<td>65%</td>
</tr>
<tr>
<td>Mt. Vernon</td>
<td>70%</td>
</tr>
<tr>
<td>Rock Island</td>
<td>75%</td>
</tr>
<tr>
<td>Waukegan</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family &amp; Community Connections</th>
<th>Responsiveness to Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY21 (July 2020-April 2021)</strong></td>
<td></td>
</tr>
<tr>
<td>E. St. Louis</td>
<td>51%</td>
</tr>
<tr>
<td>Mt. Vernon</td>
<td>38%</td>
</tr>
<tr>
<td>Rock Island</td>
<td>48%</td>
</tr>
<tr>
<td>Waukegan</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Total QSRs: 30</strong></td>
<td></td>
</tr>
<tr>
<td>E. St. Louis</td>
<td>48%</td>
</tr>
<tr>
<td>Mt. Vernon</td>
<td>50%</td>
</tr>
<tr>
<td>Rock Island</td>
<td>76%</td>
</tr>
<tr>
<td>Waukegan</td>
<td>78%</td>
</tr>
</tbody>
</table>

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C. Well-Being

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

PIP Baseline data and the Year 1 data for the three well-being outcomes indicates the following results:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2019 PIP BASELINE</th>
<th>2020 PIP YEAR 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome</th>
<th>DATA:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WB1</td>
<td></td>
</tr>
<tr>
<td>WB2</td>
<td></td>
</tr>
<tr>
<td>WB3</td>
<td></td>
</tr>
</tbody>
</table>

There are several items that inform overall outcome performance for the Well-Being Outcomes:

<table>
<thead>
<tr>
<th>WB1, associated Items</th>
<th>WB2, associated Item</th>
<th>WB3, associated Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a: Needs Assessment and Services to Children</td>
<td></td>
<td>Item 18: Mental/Behavioral Health of the Child</td>
</tr>
<tr>
<td>12b: Needs Assessment and Services to Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c: Needs Assessment and Services to Foster Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 14: Caseworker Visits with Child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 15: Caseworker Visits with Parents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcome WB1:** Families have an enhanced capacity to provide for their children’s needs

**DATA:**
Illinois’ performance in Outcome WB1 and related Items continues to highlight the need for improved assessments, service provision, and engagement of stakeholders (particularly parents):

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

Performance declined from 49% Strength in the Baseline to 42% Strength in the Year 1 data. (Our PIP Goal is 54% Strength.)

Item 12 is comprised of 3 sub-items: 12A, Needs Assessment and Services to Children; 12B, Needs Assessment and Services to Parents; and 12C, Needs Assessment and Services to Foster Parents.

The decline in performance between the Baseline and Year 1 is observed in the In-Home (IH) data (see tables below; between an 8-24% drop depending on the sub-item):
Contributing factors to In-Home cases rated ANI were:

- Assessments were not comprehensive or ongoing (particularly for fathers who were involved in the children’s lives - this issue accounted for ANI ratings in 10 of the 15 IH cases rated ANI, or 66%),

- Families were not seen which impacted comprehensiveness of the assessments,

- Investigation cases impacted performance in this Item (reasons noted in Item 3), and

- The EFSP case was also rated ANI due to lack of ongoing assessments.

As it relates to foster care (FC) cases, the primary contributor to Item 12B ANI ratings had to do with how the agency assessed parents. In 19 of the 33 applicable FC cases, Item 12B was rated an ANI because the agency did not conduct comprehensive, ongoing assessments of parents (mothers, fathers, and/or paramours - this often included no diligent searches for parents whose whereabouts were unknown during the period under review), or in some cases the assessments were completed but recommended services were not provided. This was a frequent observation in cases for which the permanency goal was no longer Return Home. A more in-depth root cause analysis of the reasons behind the pattern of not comprehensively and ongoingly assessing parents would be beneficial to undertake in order to accurately identify an appropriate strategy that could help improvement.

Item 12C was rated a Strength in 83.3% of the cases, as the agency made concerted efforts to assess foster parents and provide needed services in those cases. When rated an ANI, it was commonly because foster parents were not assessed for potential service needs, or the agency failed to respond to foster parent concerns about ability to care for the child or to meet needs of the child.

Regionally, there is variation in terms of %Strength:
Item 13: Performance declined from 47% Strength in the Baseline to 44% Strength in the Year 1 data. (Our PIP Goal is 51% Strength.) There were 3 additional cases included as a result of the approved sampling adjustment made beginning in October 2020 to ensure Illinois had the minimum number of applicable cases for the Item. Concerted efforts to actively engage children were observed in 70% of the 30 applicable cases (not all children are age- or developmentally-appropriate), whereas concerted efforts were observed with 61.4% of mothers who were applicable for assessment, and with 42.5% of fathers who were applicable for assessment.

Concerted efforts to engage stakeholders in case planning also varied by case type:

- In Foster Care cases, concerted efforts were observed with 80% of children, 48% of mothers, and 50% of fathers.
- In In-Home cases, concerted efforts were observed with 60% of children, 79% of mothers, and 35% of fathers.

Regionally, concerted efforts were most often observed in Foster Care cases from the Northern and Central regions (50% and 83%, respectively), and in In-Home cases in the Cook Region (56%).

Foster Care cases that were rated an ANI for this item often involved a lack of concerted efforts to actively involve parents in cases in which the permanency goal was no longer Return Home. With in-home cases, a narrow focus on the mother and identified children was observed and resulted in fathers not being actively involved by the agency. See also the P1 data.

Item 14: Illinois made substantial improvement toward the PIP Goal during the Year 1 reviews, and in fact met it’s PIP Goal of 78% (the Children’s Bureau confirmed this achievement and no longer requires PIP measurement on this item; however, the state will continue to monitor its performance, and expects to maintain or improve performance). More Foster Care cases were rated a Strength for this item than were In-Home cases:
This often had to do with the fact that in Foster Care only 1 child is being assessed, whereas in In-Home cases ALL the children in the family are assessed (thus, if any child was not seen or spoken to with the expected frequency during the PUR, or the quality of the discussions was not as expected with any of the children in the family, then the item would be rated ANI). In practice, staff working In-Home cases tend to focus on one child or a few of the children in the family (depending on who the identified victims are, or who the family places focus on) versus ensuring ALL of the children are seen every month and for substantive observations/discussions. Cases rated as Area Needing Improvement were also often due to the quality of caseworker contacts. Documentation and interviews corroborated the need for substantive interaction and observations of the child during home visits by the caseworker. For example, the child/youth was not seen separately, insufficient efforts made to engage a reluctant child in conversation, visits of short duration, and/or detailed notes but not substantive (details were lacking professional depth, insight of appropriate description of activities observed during the visits).

Regional Performance is noted in the table below, and below that is Illinois’ FFY20 Caseworker-Child Contacts Data:

<table>
<thead>
<tr>
<th>Item Strength Rating, By Region</th>
<th>Total</th>
<th>#S</th>
<th>%S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Region</td>
<td>24</td>
<td>20</td>
<td>83%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>10</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>Aurora Sub (Northern)</td>
<td>6</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Rockford Sub (Northern)</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Central Region</td>
<td>19</td>
<td>16</td>
<td>84%</td>
</tr>
<tr>
<td>Peoria Sub (Central)</td>
<td>8</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>Springfield Sub (Central)</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>Champaign Sub (Central)</td>
<td>6</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>Southern Region</td>
<td>12</td>
<td>8</td>
<td>67%</td>
</tr>
<tr>
<td>ESL Sub (Southern)</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Marion Sub (Southern)</td>
<td>7</td>
<td>5</td>
<td>71%</td>
</tr>
</tbody>
</table>

### Item 15: Performance declined from 39% Strength in the Baseline to 33% Strength in the Year 1 data. (Our PIP Goal is 44% Strength.) There were 2 additional cases included as a result of the approved sampling adjustment made beginning in October 2020 to ensure Illinois had the minimum number of applicable cases for the Item.

Cases applicable for this item rated a strength because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In cases rated as Area Needing Improvement the frequency and quality of caseworker contacts were the practice concerns.

- In general, it was observed in case notes, or reported during interviews, that “the parents did not avail themselves of” visits/services. Efforts to locate missing parents (particularly fathers) was generally limited to using the Diligent Search Service Center (DSSC) versus that and contacting known relatives/friends for updates on whereabouts. Even when the goal was Return Home and the parent’s whereabouts were known, agency staff were not ensuring visits to the parents in
their home and using those visits to address pertinent issues and achieve case goals.

Between the Baseline and Year 1, there was a nearly 11% point improvement in the Foster Care sample, while in the In-Home data there was a 28% point drop in performance (see chart below). Reasons contributing to the significant decline in the In-Home performance included one or both of the following: focusing on ensuring required frequency of contacts with the primary parent/caretaker, versus both parents or caretakers; and/or the discussions during contacts did not encompass all known concerns or needs, or contribute adequately to the comprehensive, ongoing assessment process.

<table>
<thead>
<tr>
<th>Item</th>
<th>Strength Rating, By Region</th>
<th>Total</th>
<th>#S</th>
<th>%S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook Region</td>
<td>23</td>
<td>5</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Northern Region</td>
<td>9</td>
<td>3</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Aurora Sub (Northern)</td>
<td>6</td>
<td>1</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Rockford Sub (Northern)</td>
<td>3</td>
<td>2</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Central Region</td>
<td>16</td>
<td>9</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>Peoria Sub (Central)</td>
<td>7</td>
<td>5</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Springfield Sub (Central)</td>
<td>4</td>
<td>2</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Champaign Sub (Central)</td>
<td>5</td>
<td>2</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Southern Region</td>
<td>10</td>
<td>3</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>ESL Sub (Southern)</td>
<td>3</td>
<td>2</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Marion Sub (Southern)</td>
<td>7</td>
<td>1</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

Quality Service Review (QSR) Data (Immersion Sites): (See here for explanation of data reporting) QSR reviewers evaluate ongoing assessment for children/youth, parents and caregivers, as well as part of the System Performance items. Please be advised: Because the sampling methodology has not been consistent over the course of QSR reviews, the data charts below cannot be used to measure performance over time, nor to compare performance of the Immersion sites.
UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:

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Outcome WB2: Children receive appropriate services to meet their educational needs

DATA:

CFSR PIP Baseline data for Outcome WB2 suggests that this is an area of strength for the state (above 95% Substantially Achieved). In all but 1 applicable case, the following were strengths:
- Accurate, comprehensive, and ongoing assessments of educational needs for all children in foster care and in applicable in-home cases; and
- Ensuring services for identified needs are provided.

Performance declined for both foster care cases and in-home cases (in-home to a much greater degree):
- For foster care cases, performance declined from 96.4% in the Baseline to 93.8% in Year 1
- For in-home cases, performance declined from 100% in the Baseline to 83.3% in Year 1

Quality Service Review (QSR) Data (Immersion Sites): (See here for explanation of data reporting) QSR reviewers evaluate learning and development in 3 age groupings: Birth – 4 years of age, 5 – 13 years of age, and youth age 14 and older. Please be advised: Because the sampling methodology has not been consistent over the course of QSR reviews, the data charts below cannot be used to measure performance over time, nor to compare performance of the Immersion sites.
UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:

NOTE: Since the completion of the 2021 APSR, Illinois’ CFSR 3 Program Improvement Plan (PIP) was approved. The final PIP is different than what was reflected in this section for the 2021 APSR. Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 1 – 2.

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

DATA:

Outcome WB3 includes two Items, Item 17 (Physical Health of the Child), and Item 18 (Mental/Behavioral Health of the Child). CFSR PIP Baseline data continues to highlight the need for improvements in the areas of:

- Assessment and provision of appropriate services to meet identified physical, dental and/or mental/behavioral health needs, particularly for all children in in-home cases.
Item 17: Performance in Item 17 during the Year 1 reviews remained essentially unchanged. In most of the cases, routine well-child visits, annual physicals, and immunizations were completed as expected. Cases rated ANI were often due to the continued disconnect between expectations around the timing of dental exams for children in foster care: Illinois policy specifies that children should see a dentist beginning at age 2, whereas the federal tool follows the recommendations of the American Academy of Pediatric Dentistry (that children see a dentist as soon as their first tooth comes in or by their 1st birthday). For some cases rated an ANI for this item, the reasons were related to a routine or specific identified need that wasn’t adequately addressed through services (for example: allergies, specific dental needs such as filling cavities or tooth extraction, immunizations needed, hearing or vision tests, etc.) and/or there was insufficient oversight of prescription medication(s) for physical health issues. COVID did have an impact in Item 17, specifically as it relates to routine and non-routine dental services that were due or needed during the PUR and which fell during the 6-month review cycle (the vast majority). This was because most if not all dentist offices were closed for much or all of the 6-month review period (and beyond).

There was not a huge difference in terms of performance by case type:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>2019 PIP BASELINE</th>
<th>2020 PIP YEAR 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMBINED DATA</td>
<td>COMBINED DATA</td>
</tr>
<tr>
<td>Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 17: Physical Health of the Child</td>
<td>64.8%</td>
<td>54</td>
</tr>
<tr>
<td>Item 18: Mental/Behavioral Health of the Child</td>
<td>64.5%</td>
<td>31</td>
</tr>
</tbody>
</table>

*=a PIP Goal is not required for any item in Outcome WB3
Regional performance is noted in the chart below:

Of note: There did not appear to be much of a COVID impact on provision of dental services in the Champaign sub-region during the Year 1 reviews.

**Item 18:** During the Year 1 reviews, 35 children/youth were noted to have significant mental/behavioral health needs and diagnoses. Performance improved somewhat from the Baseline. Services commonly provided included individual therapy, psychiatric hospitalization, and psychotropic medication (11 children/youth were prescribed psychotropic medication and in 9 cases the agency provided appropriate oversight).

Twenty-three percent (23%) of the children/youth (8 of 35 children/youth) assessed to have mental/behavioral health needs did not receive adequate services to meet their needs. Some of the services needed but not provided to the child/youth in Item 18 included:

- Individual Therapy
- Family Therapy
- Mental Health Assessment
- Psychological Assessment
- Medication Assessment
- Multi-System Therapy (not provided due to COVID)

Unlike last year (the Baseline reviews), these are fairly common services, and the lack of provision was not related to availability issues but rather casework practice, caseloads, supervision, and turnover.

There were clear differences in the data based on case type, and region:

<table>
<thead>
<tr>
<th>Item Rating %S</th>
<th>Area Needing Improvement</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Rockford Sub-Region</td>
<td>67%</td>
<td>60%</td>
</tr>
<tr>
<td>1B Peoria Sub-Region</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>2A Aurora Sub-Region</td>
<td>100%</td>
<td>67%</td>
</tr>
<tr>
<td>3A Springfield Sub-Region</td>
<td>80%</td>
<td>74%</td>
</tr>
<tr>
<td>3B Champaign Sub-Region</td>
<td>80%</td>
<td>74%</td>
</tr>
<tr>
<td>4A East St Louis Sub-Region</td>
<td>100%</td>
<td>67%</td>
</tr>
<tr>
<td>5A Marion Sub-Region</td>
<td>100%</td>
<td>67%</td>
</tr>
<tr>
<td>6A/B/C/D Cook Region</td>
<td>100%</td>
<td>67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item Rating %S</th>
<th>Area Needing Improvement</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cases FC Only IH Only</td>
<td>68.6%</td>
<td>72.7%</td>
</tr>
</tbody>
</table>

| During the period under review (PUR), did the agency conduct an accurate assessment of the children’s mental/behavioral health needs either initially and on an ongoing basis to inform case planning decisions? % Yes |
|---|---|---|
| All cases | FC Only | IH Only |
| 85.7% | 90.9% | 76.9% |

| For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues? % Yes |
|---|---|
| FC Only | All cases |
| 81.8% | 73.5% |

| During the PUR, did the agency provide appropriate services to address the children’s mental/behavioral health needs? % Yes |
|---|---|
| FC Only | All cases |
| 76.2% | 69.2% |
Quality Service Review (QSR) Data (Immersion Sites): (See here for explanation of data reporting) QSR reviewers evaluate physical health and emotional well-being. Please be advised: Because the sampling methodology has not been consistent over the course of QSR reviews, the data charts below cannot be used to measure performance over time, nor to compare performance of the Immersion sites.
UPDATE ON ANY CURRENT OR PLANNED ACTIVITIES TARGETED AT IMPROVING PERFORMANCE OR ADDRESSING AREAS OF CONCERN IDENTIFIED:

Please refer to Illinois’ approved Program Improvement Plan for discussion of root cause analysis and strategies selected to improve outcome items. During the time period of April through August of 2020, DCFS engaged with the Capacity Building Center and the Capacity Building Center for Courts to convene four diverse stakeholder groups for the purpose of addressing the 2018 CFSR findings, through data and root cause analysis, the stakeholder groups identified relevant strategies in the development of the PIP. As of this year’s APSR submission Illinois is reporting on the quarter 1 and quarter 2 activities. As the implementation of the PIP activities continues changes to the root cause analysis may occur and will be reported in the 2023 APSR submission.

NOTE: Since the completion of the 2021 APSR, Illinois’ CFSR 3 Program Improvement Plan (PIP) was approved. The final PIP is different than what was reflected in this section for the 2021 APSR. Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 1 – 2.
Assessment of Systemic Factors

Item 19: Statewide Information System

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

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

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

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

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

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

Strengths:

IDCFS has benefitted from the absorbing of the Information Technology staff into the Illinois Department of Innovation and Technology, and efforts to advance technology statewide. DoIT@DCFS describes the presence of IT staff working for Illinois DoIT in place at IDCFS, and
the efforts to advance technology, as well as critical restructuring of IT staff to better approach IT work has given new focus to innovative ideas to give IDCFS staff the technological tools needed to better do the work of ensuring the safety of the youth of Illinois.

A major project underway is the implementation of a CCWIS application that will replace the aging Legacy and ICWS systems and consolidate the functionality of both into a single data system. This application is intended to further allow better integration with cloud-based computing capabilities, with outside data partners and with potential providers and foster parents by creating a web-capable application that can unify the data collection and processing of child welfare data.

DoIT@DCFS has entered into collaboration with IT leaders Microsoft and IBM to enhance several key areas to better serve the IDCFS staff serving children. Among the projects in-flight are an application to give a youth in care the ability to text their worker and other members of their support team, including family members, to enhance the ability to connect youth with needed resources when they have need, and to provide an emergency “Panic” button to connect them with the DCFS Hotline if the need is critical. This application received positive feedback from the caseworkers that piloted the application with youth and their families. A project also underway creates an innovative and upgraded method of document capture, to centralize and reduce the effort on casework staff to maintain paper files, and to allow the transference of that file to the appropriate worker should the case be moved to another team. Plans are also underway to create a significant improvement to the system maintaining provider information for the Department. This project would replace the aging legacy provider system and strengthen and expand those capabilities to allow outside providers to manage information on their own business, and the services and capacities they are able to provide, and better enable casework staff to choose capable providers for those services.

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

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

The data capabilities have been strengthened by the implementation of the first iteration of the Enterprise Data Warehouse. Utilizing Microsoft’s secure Government Cloud technology, the EDW allows for significant improvement in the ability to create meaningful data visualizations and reporting, including the ability to apply predictive analytics and machine learning to serve key department decision-makers in critical work areas to improve outcomes. This includes the ability to produce trend and comparison reporting on the 7 critical CFSR outcome measures and will soon enable individual POS agencies down to the team and worker level to view and analyze their own performance on each measure. This data is expanding as well, to include such things as visitation data (worker, child, parent, etc.), foster home providers, location and capacity to identify areas of low capacity, investigation and casework teams and locations to better handle caseloads, residential treatment information to allow analysts to dig deeper into the effectiveness
of residential treatment settings, just to note a few examples. This data is available to create visualizations and advanced analytics using the department’s Power BI platform, which in turn allows for the identification of contributing factors to such outcomes as length in care, higher rates of placement moves, repeat entries into care, etc. This data warehouse will also serve as a central repository for the department’s external partners to aid in research and analysis of child welfare practices, while maximizing the security of personally identifiable information. Serve key department decision-makers in critical work areas to improve outcomes.

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. The Department has a data-sharing agreement with the Illinois State Board of Education (ISBE), although the data sharing was suspended at the end of calendar year 2020. The Department is in the process of developing a revised data sharing agreement. Under the current data sharing agreement, ISBE resumed data sharing in June 2021 to facilitate monitoring of youth in care grades and attendance by regional DCFS education specialists. 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.

In response to the COVID-19 crisis, DoIT@DCFS worked closely with the rest of the department to continue their critical work through work-from-home processes, mobile technologies, and more. State Central Register (SCR) Call Center staff were setup with laptops equipped with software based an IP phones which allowed them to work from home with minimal downtime. Remote desktop capabilities for personal computers, VPN configured laptops, mobile phones, and virtualized desktops were quickly stood up for department personnel. 80% of the total DCFS staff were able to work remotely in less than 3 weeks from the date Governor Pritzker issued the Stay-at-Home order for the state. All the hard work and effort by DoIT@DCFS helped DCFS to continue to provide critical care and services to the children and families of Illinois while reducing the risks of contracting COVID-19.

Private agencies transitioned to working remotely as their technology allowed. Although specific data is not available, several contracted private agencies already provided laptops for workers, which minimized efforts required to pivot to remote work. Some agencies previously provided cell phones to caseworkers, but DCFS has also offered a “Bring Your Own Device” option prior to the pandemic which allows private agencies workers to set up secure access to the DCFS A.S.K mobile app on their personal smart phones.

Concerns:

Illinois remains in the process of improving AFCARS, to include data elements previously not being recorded in ICWS (SACWIS). Many improvements have been made, but additional work is needed in the areas of data collection and in worker procedures and training. Additional work is also being done to prepare for AFCARS 2.0 in the Fall of 2022. An internal IT workgroup has been meeting to review the data elements required to determine what additional data will need to be added to the system prior to AFCARS 2022. There is a separate Operations workgroup discussing the policy and procedure changes, and these groups will be meeting jointly to ensure
the requirements for those new fields are in place and ready. This is a high priority for the department, and this project is making progress to meet the scheduled deadline of Fall of 2022.

Another recurring concern focuses on the difficulty of maintaining like data in two systems: ICWS and CYCIS. Plans to move functionality from CYCIS to ICWS have not yet been realized, however plans to implement a CCWIS are continuing to be pursued. This effort would eliminate both legacy systems in favor of the new, unified system, but is dependent upon a variety of factors. The RFP review process is complete and in final stages of award. Development on this new system is expected to be in early Fall of 2021.

See data sample on next page.

Data Sample of children taken into care as of August 11, 2021

<table>
<thead>
<tr>
<th>Entry</th>
<th>Case ID</th>
<th>Case Number</th>
<th>Intake Reason</th>
<th>Region</th>
<th>Sub-Region</th>
<th>Legal Unit Date</th>
<th>Case Open Date</th>
<th>Removal Date</th>
<th>Int Legal Status</th>
<th>Age at Int</th>
<th>Cum Age</th>
<th>Date of Birth</th>
<th>Person ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>1611783</td>
<td>061010000</td>
<td>34 12. 8F</td>
<td>Aurora</td>
<td></td>
<td>8/22/2021</td>
<td>8/22/2021</td>
<td></td>
<td>PROTECTIVE CUSTODY</td>
<td>9</td>
<td>9</td>
<td>8/22/2021</td>
<td>1147170</td>
</tr>
<tr>
<td>2019</td>
<td>1611785</td>
<td>061010000</td>
<td>34 12. 8F</td>
<td>Aurora</td>
<td></td>
<td>8/22/2021</td>
<td>8/22/2021</td>
<td></td>
<td>PROTECTIVE CUSTODY</td>
<td>9</td>
<td>9</td>
<td>8/22/2021</td>
<td>1147170</td>
</tr>
<tr>
<td>2019</td>
<td>1611786</td>
<td>061010000</td>
<td>34 12. 8F</td>
<td>Aurora</td>
<td></td>
<td>8/22/2021</td>
<td>8/22/2021</td>
<td></td>
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<td>9</td>
<td>9</td>
<td>8/22/2021</td>
<td>1147170</td>
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<tr>
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<td>1611787</td>
<td>061010000</td>
<td>34 12. 8F</td>
<td>Aurora</td>
<td></td>
<td>8/22/2021</td>
<td>8/22/2021</td>
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<td>PROTECTIVE CUSTODY</td>
<td>9</td>
<td>9</td>
<td>8/22/2021</td>
<td>1147170</td>
</tr>
</tbody>
</table>

See data sample on next page.
Illinois Department of Children and Family Services
Annual Progress and Services Report 2022

~ 65 ~
Case Review System – Items 20-24

Item 20: Written Case Plan

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

Response: Written Case Plan: The state provides a process that ensures that each child has a written case plan, to be developed jointly with the child’s parent(s), that includes the required provisions. Specifically, DCFS Procedures 315 provides an outline for how the Service Plan is to be developed through information from the investigation, the integrated assessment, in collaboration with the parents and children, and through regular supervision.

The Administrative Case Review (ACR) Unit has the responsibility and authority to manage the ACR process and must ensure it complies with Department Rules and Procedures, with federal mandates, and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and families of their rights and may limit participation by the child or family when needed. The Reviewer encourages participant discussion regarding the contents of the service plan and additional case dynamics while maintaining the focus of the ACR process. The Reviewer ensures that the goals of safety, permanency, and well-being, as well as the evaluation of progress, are consistent with the facts of the case; that tasks and time-frames are appropriate for the goal; that the child is placed in a safe environment that is the least restrictive setting to meet the child’s needs; and provides a written report of the findings to the caseworker and supervisor. An additional responsibility of ACR is to determine if the services identified in the plan are appropriate for the parents and children. In 62% of the cases reviewed (FY21) it was determined that the services identified in the plan were appropriate to address the issues that brought the children into care. ACR also issues alert feedbacks on cases where the service plan was not developed timely and thus delayed services to the family. ACRs are conducted every 6-months.

Effective April 1, 2017, ACR added a question to the Case Review Information Packet (CRIP) which allowed tracking of out-of-state children and youth and monitor if they were being visited by their case managers per policy and procedure. According to ACR data from July 1, 2020 through April 15, 2021, when youth are placed out of State the caseworker is seeing them per procedural requirements 98% of the time.

Parental/Stakeholder involvement: ACR data regarding parental involvement in service planning, based upon data of those parents who attended the ACR and answered the question: 49% stated they had been involved in the development of the service plan, while 51% indicated they had not. This data is based upon self-report of the parents who attend the ACR and cannot be generalized to all foster care cases, such as those for which parents did not attend their ACR, due to the only form of verification being self-report.

Parents need to be more involved in case planning in foster care cases, as it directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring. In order to better determine the level of engagement and collaboration in client service planning, ACR has implemented a process of tracking Child and Family Team Meetings (CFTMs) through note searches as well as the new ACR process collects additional data through interviews with all participants.
This is a strategy in the revised PIP and includes a revision of the service plan format and language that pivots from an agency plan to a family/youth perspective that promotes family/youth voice and ownership.

As of March 1, 2021, the ACR process has been revamped to move from a compliance review to a focus on quality. This includes focus on quality contacts, quality supervision, quality visitation, quality CFTM’s, and quality case planning. The focus on quality CFTM’s will help ensure that the parents/youth are fully engaged in the development of the service plan.

The PIP strategy 2.1 outlines areas to improve parental/youth engagement in permanency planning. These strategies are being incorporated into the quality ACR review process.

- **KeyActivity2.1.6**: The revised ACR process will identify cases in which fathers have not been engaged in permanency planning for their child(ren) and/or invited to participate in CFTMs.
  
  Projected Completion Date: Quarter 2 in the southern region 4A sub-region, Quarter 3 and ongoing statewide

- **KeyActivity2.1.7**: The revised ACR process will identify cases in which fathers have not been supported around visitation with the youth to encourage strong, positive relationships.
  
  Projected Completion Date: Quarter 2 in the southern region 4A sub-region, Quarter 3 and ongoing statewide

- **KeyActivity2.1.10**: The revised ACR process will identify cases in which the worker conducted a CFTM prep meeting to assist the family to identify and invite the father, maternal and paternal relatives, and other supports identified by the family and will consider this in the quality rating of the CFTM section of the review to reinforce this practice.
  
  Projected Completion Date: Quarter 2 in the southern region 4A sub-region, Quarter 3 and ongoing statewide
Item 21: Periodic Reviews

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

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

Three review processes are required by Rule and Procedures to ensure periodic review on the status of every child in the Illinois substitute care system no less frequently than every 6 months: Administrative Case Reviews (ACR), desk reviews, and Permanency Hearings. ACRs focus on the safety, permanency, and well-being of children in substitute care. The first ACR is conducted six months after a child or youth’s placement in substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remains in substitute care. Desk reviews are conducted by the casework supervisor for children under the legal responsibility of DCFS, who are in a living arrangement that is excluded from the ACR process, such as when they are living with a parent.

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

<table>
<thead>
<tr>
<th>FY</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
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<td>98.24%</td>
<td>98.37%</td>
<td>98.34%</td>
<td>98.80%</td>
<td>97.42%</td>
<td>97.80%</td>
<td>98.42%</td>
<td>97.92%</td>
<td>98.28%</td>
<td>98.21%</td>
<td>98.40%</td>
<td>98.52%</td>
<td></td>
</tr>
<tr>
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<td>97.31%</td>
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<td>99.70%</td>
<td>99.23%</td>
<td>99.17%</td>
<td>99.28%</td>
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<td>99.36%</td>
<td>99.26%</td>
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</tr>
<tr>
<td>2018</td>
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</tr>
<tr>
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<td>98.86%</td>
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<td>2020</td>
<td>98.31%</td>
<td>97.89%</td>
<td>97.39%</td>
<td>97.00%</td>
<td>98.09%</td>
<td>97.60%</td>
<td>98.58%</td>
<td>97.68%</td>
<td>98.35%</td>
<td>99.03%</td>
<td>99.52%</td>
<td>99.41%</td>
<td>99.15%</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>98.44%</td>
<td>98.44%</td>
<td>98.74%</td>
<td>98.96%</td>
<td>97.58%</td>
<td>98.39%</td>
<td>98.30%</td>
<td>99.09%</td>
<td>99.02%</td>
<td>98.04%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

A Decision Review is available when a service provider, caregiver, or the caseworker (with supervisor approval) disagrees with any recommendations or usage of authority by the reviewer.
for interventions to be included or excluded in the service plan. The ACR Statewide Administrator, or designee, makes a final decision within 10 working days after the Decision Review. Neither an appeal nor a Decision Review is allowed when a judge in a juvenile court proceeding issues a court order amending a specific intervention. There have been no decision reviews held in the past fiscal year.
**Item 22: Permanency Hearings**

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

**Response:** Based on Rule 316.120, the Department or its provider agency will participate in permanency hearings conducted by the court at 12 months following the temporary custody hearing and every six months thereafter.

During each six-month case review ACR requests that the caseworker provides a copy of the latest permanency hearing order so reviewers can verify that permanency hearings are occurring every six months. During FY21 ACR was able to verify that permanency hearings were completed in 83% of the cases reviewed. This percentage reflects that permanency review hearings occurred no later than 12 months and no less than every 12 months thereafter for every child in foster care. In 17% of the cases reviewed a permanency hearing was not held, or it was held but no signed court order was presented at the ACR for verification. As the information was verified by viewing the actual court order it can be assumed that it is accurate and can be generalized to all children in care subject to the permanency hearing requirement.

As with all states, the COVID pandemic contributed to delays in some court hearings. While delays varied across the state, the AOIC/CIP was very proactive in coordinating efforts related to the pandemic. The AOIC/CIP set up weekly calls with juvenile court judges hearing abuse and neglect cases to share resources and communicate how they were handling their court call, held a training on remote hearings, connected judges looking for TA on holding remote hearings, developed a link on the Supreme Court website for COVID 19 related resources. The CB provided trainings and resources for CIP staff that were shared with judges and attorneys across the state. Many counties were handling a full JA court docket by the end of May 2020 and only continuing matters that had to be held in-person. In addition, several counties reviewed and closed cases that were set or close to closing rather than continue the hearing and delay the case further. At this time, we don’t have timeline data as CPDC data is based on closed cases. The AOIC/CIP will continue to monitor the effect of the pandemic through CPDC data in the coming years.
Item 23: Termination of Parental Rights

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

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

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

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

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

Adoption Safe Family Act (ASFA) Compliance: During the past six fiscal years ASFA compliance has averaged at 88.3%, based on ACR data. ACR was seeing an increase in ASFA compliance in the prior four years. In 2021 there was a 3.4% drop in compliance. This information comes from the ACR Special Needs data. ACR verifies this information from the completion of the ASFA form that is provided for each ACR. This data percentage includes all youth in foster care.
A specific ASFA trend compliance question asks, “the child has been in care 15 of the most recent 22 months and one of the following compelling reasons for not filing for the TPR applies or there is a TPR delay, was the Adoption Safe Family Act protocol completed.” The number of yes responses is shown along with the total with a response of Yes or No. The form is brought to ACR to verify that the ASFA was completed or outlines an exclusion to completion. The chart below contains data from DCFS gained through the completions of ASFA forms:

<table>
<thead>
<tr>
<th></th>
<th>Clients Reviewed requiring ASFA</th>
<th>Clients meeting ASFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16</td>
<td>10,941</td>
<td>8,687</td>
</tr>
<tr>
<td>FY17</td>
<td>11,939</td>
<td>10,382</td>
</tr>
<tr>
<td>FY18</td>
<td>11,973</td>
<td>10,786</td>
</tr>
<tr>
<td>FY19</td>
<td>10,904</td>
<td>10,173</td>
</tr>
<tr>
<td>FY20</td>
<td>11,325</td>
<td>10,292</td>
</tr>
<tr>
<td>FY21*</td>
<td>11,767</td>
<td>10,301</td>
</tr>
</tbody>
</table>

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

- There is a perm goal of return home and reunification is appropriate: 14.88%
- The child is being cared for by a relative: 16.00%
- The child is age 14 or older and objects to being adopted: 5.97%
- Court related delays: 5.37%
- Casework related delays: 1.93%
- The child has severe emotional/behavioral problems or serious medical condition: .85%
- The child has not been in care 15 of the last 22 months: 5.57%
- TPR has occurred: 13.43%
- Other compelling reasons: 5.51%
- The ASFA form was not completed: 6.79%
- There is no compelling reason: 8.55%
- There are no TPR delays: 15.16%
Item 24: Notice of Hearings and Reviews to Caregivers

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

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

The average percent of Administrative Case Reviews (ACR) with notifications for the past three fiscal years is 96.63%. A majority of the non-notifications involve incorrect addresses for the participant.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Case Reviews Held</th>
<th>Case Reviews with Notifications Sent</th>
<th>% Reviews with Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>16,863</td>
<td>16,320</td>
<td>96.78%</td>
</tr>
<tr>
<td>2019</td>
<td>17,577</td>
<td>16,911</td>
<td>96.21%</td>
</tr>
<tr>
<td>2020</td>
<td>21,552</td>
<td>21,318</td>
<td>98.91%</td>
</tr>
<tr>
<td>2021*</td>
<td>17,577</td>
<td>17,448</td>
<td>99.27%</td>
</tr>
</tbody>
</table>

There is no data regarding notifications of court hearings although the practice of Illinois Courts is to notice the parent and caseworkers in attendance of the next hearing at the conclusion of the current hearing. Caseworkers notify those that may not be in attendance such as foster parents. In addition, the current service plan documents have been revised and will be released during state fiscal year 2022, pending the required modifications to the SACWIS system and training for the field. The new templates, referred to as case plan documents, include a prominent field to report the next court hearing and the type of hearing it is set for. A simplified version of the case plan, referred to as Action Steps, can be printed by the worker for use during Child and Family Team meetings and this document also prominently features information about the next court hearing. The new templates will support improved communication about the rights of birth parents, caregivers, and youth in care to be heard in court.
Quality Assurance System

Item 25: Quality Assurance System

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

Response: Strengthening and improving an integrated Quality Assurance system that effectively uses quantitative and qualitative data to understand and report on measures of performance and to support progress toward achievement of goals and outcomes continues to be a priority for DCFS, Private Agencies, Administrative Office of Illinois Courts, Advisory Groups, and Stakeholders.

(1) Operating in the jurisdictions where the services included in the CFSP are provided:

The Quality Assurance case reviewing entities for DCFS include:

- Division of Quality Enhancement that operates statewide.
- Performance Monitoring and Execution teams (PME) in each of the four Regions monitor both DCFS and Private Agency Intact and Placement performance through case review findings and dashboards,
- Administrative Case Review (ACR) reviews case documentation and interviews parents, children/youth and foster parents/caregivers regarding service delivery and progress towards permanency twice a year for every child in substitute/foster care
- Residential Monitoring uses case review and survey to address concerns and improve services for children/youth receiving treatment in residential facilities.

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

The CQI structure being implemented in the state (SPICE and the Regional groups), during which this exact aspect of CQI (POS involvement) is part of the agenda and discussion. If the group has identified an issue, the ongoing group conversation includes how the state and the private agencies are conducting root cause analysis, what they are finding, and what they are leaning toward in terms of a solution. The groups may decide to engage in a uniform solution, or – if the reasons identified through root cause analysis are different for each or some agency – individualized solutions. The ongoing discussion supports monitoring private agency root cause analysis. Quality Enhancement is the entity within DCFS to support root cause analysis internally and support the field/divisions to do it and provide that ongoing technical assistance to develop capacity.
(2) Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety):

Using consistent case review tools across Quality Enhancement, Agency Performance and Monitoring, and Administrative Case Review entities to focus on data identified practice areas that may be lacking in supporting the safety, permanency and well-being has been an area of focus. Workgroups have continued their charge to expand the quality assurance entities’ ability to move beyond compliance and evaluate quality of services available, accessibility of services, and effectiveness of services in protecting health and safety of children. Workgroups are in the midst of revising case review instruments to include quality questions and ratings that require an interview component, standardizing useful written and verbal feedback, as well as developing an approach to assist caseworkers and supervisors in addressing barriers on individual cases. A continuous quality improvement component for closing the loop and sustaining improvement is being enhanced with the development of a Strategic Planning Steering Committee with communication loops to all advisory boards, advisory councils, and internal and external stakeholders.

(3) Identifies strengths and needs of the service delivery system, (4) provides relevant reports and (5) evaluates implemented program improvement measures.

The Data Workgroup as part of the Quality Assurance System is comprised of representatives from the QA entities, Performance and Accountability, and Department of Information Technology (DoIT). The workgroup has been working on improving the identification and communication of the strengths and needs of the service delivery system through improved and accessible scorecards and dashboards.

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

Power BI is a new software that DCFS purchased to enhance the display of the active foster care youth and CFSR measures. Validation of the metrics has been a collaborative effort with the Office of Information Technology, Quality Enhancement, Performance and Accountability, and Chapin Hall. All QE staff have access and received training in producing reports. All DCFS Regional Administrators and Area Administrators have participated in training. Expansion to private agencies is being piloted. CFSR data will be shared with DCFS and private providers. Currently, data is broken down by region. Work is being done to provide data at the provider agency and team level. Performance will be monitored by Agency Performance and Monitoring staff, who will use the information in monthly performance check ins.

Improved access to CFSR data has led DCFS in research requests to university partners to try to determine the factors driving performance. One example is Maltreatment in Foster Care. Quality Enhancement staff, along with their university partner, have taken a deeper dive into maltreatment
in care and reentries in to care through case review. (See Child and Family Outcomes, earlier in this chapter, for information regarding findings.)

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

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

**AD Hoc** report requests have now been automated through a DNET link. Some examples of ad hoc reports include office level caseload reports, regional level permanency reports and agency level child and family team meeting reports. Caseload reports are used weekly to determine projected hiring. Regional level permanency reports are used weekly to target assistance to agencies on submitting adoption and guardianship subsidy packets. Child and Family Team Meeting reports are used to determine which cases will receive case reviews.

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

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

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

See Chapter 3 Illinois Program Improvement Plan for details regarding improvement activities.
Staff and Provider Training – Items 26-28

Item 26: Initial Staff Training

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

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

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

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

Licensure in the state requires transcripts from the University where the staff attended, fingerprints and background checks, Child Endangerment Risk Assessment Protocol (CERAP) training and exam, Child Welfare Licensure exam (CWEL), Child Adolescent Needs and Strengths exam (CANS) and the Specialty exam for the area of practice. Staff who are not CWEL licensed must complete the nine units of the Illinois Child Welfare Fundamentals Course and pass the quizzes with a minimum 70% score.

Foundation training is a competency-based training course that provides new career entrants and staff transferring from other job classifications foundational training necessary to begin their work in a specialty, whether Placement/Permanency Specialist, Intact Specialist, Child Protection Specialist, Adoption Specialist or State Register Specialist. Courses build upon information learned in the prerequisite Illinois Child Welfare Fundamentals Course. In 2019 and 2020 Operations leadership reviewed the competencies and believe that they reflect the knowledge and skill needed for a caseworker or investigator to do the job with ongoing supervision and coaching in the field. The exams are based on the competencies and passing/failure rates show that the exams are in alignment with the level of learning expected during Foundations.

All Foundations Specialist curricula are hybrid courses, including web-based facilitator led, self-paced online, classroom and on-the-job training.

New hires and transfer staff complete training in a timely manner as they cannot carry a caseload until they are certified in that specialty. Supervisors are diligent about referring staff to the required training and Office of Learning and Professional Development (OLPD) delivers the scheduled and requested add on Foundations courses as needed. The Office of Learning and Professional Development does not have access to maintain data between hire date and the date of training for DCFS or private agency staff. To ensure timeliness, training schedules for Foundations are posted 4 to 6 months in advance on the DCFS DNET. DCFS and private agency personnel have access to the training schedules so they can coordinate their hiring.
along with the dates. Fundamentals is a series of nine self-directed modules that are available on the VTC and can be accessed at any time once a new hire starts and their agency enrolls them in training and requests their Virtual Training Center account. This is another way that we minimize the wait as staff do not have to wait for attendance at the classroom portion to begin.

Foundations trainings for intact and permanency are typically offered every six weeks at the Springfield and Chicago training centers or more often as hiring practices dictate. Additional intact and permanency Foundations trainings are typically implemented in the Southern Illinois Region to accommodate regional staff turn-over and hiring practices. To better meet the needs of the field, OLPD also hires trainers outside of Springfield and Chicago headquarters to increase the number of Foundations trainings. Beginning in mid-March 2020, as a result of social distancing requirements put into effect because of COVID-19 health pandemic, all pre-service and in-service training inclusive of Foundation trainings, moved to virtual/remote platforms. This move afforded a live facilitated Foundation training for each specialty that was accessed through online live video conferencing from anywhere in the state. This transition, in addition to mitigating the risks to safety during the global health pandemic, provided more frequent and available opportunities for new hire staff statewide to join current cohorts without waiting for the next regionally available cohort. This especially benefited new hire staff in the southern region who may have had to travel or wait for the less frequently offered southern region cohorts. Regardless of the region, providing the Foundation live through video conferencing minimized the time new hire staff from all regions had to wait for a local cohort to begin.

In FY20 (April 2020), with the transition to the live online video format for Foundations, Illinois moved to using the streamlined versions of Foundations for Placement and Foundations for Intact that had been piloted over the past few fiscal years. These streamlined versions of the training provided for 10 days of Foundations training as compared to the 20 day option previously available. The Fundamentals self-directed trainings are still a pre-requisite. An additional requirement for new hire staff attending the 10 day Foundation format is to also attend 4 distinct Learning Circles in the months following their completion of Foundations. These learning circles provide peer group learning opportunities for participants to share how learning from Foundations is being applied on the job and for the learners to practice enhancement of skills after they have greater context since being on the job for a number of weeks. The Learning Circles seek to remind and reinforce Foundations learning content.

In January 2021, at the request of the field, the traditional 20 day version of the course was brought back (still offered through the live online video conferencing format), to accommodate a growing number of new hire staff statewide who have significantly less exposure to child welfare, social work, or a social work undergraduate/graduate degree. As the state faces a staffing challenge in child welfare, a greater number of private agency new hire staff appear to come from a wider range of vocational experiences and/or educational backgrounds. The reimplementation of the 20 day Foundation model provides agencies with an option for such new hire staff if the agency is concerned that the newly hired staff may need more foundational context than a new hire staff who has a social work degree or previous related vocational experience. Agencies are given the responsibility to individually assess their new hire candidate and choose which pre-service cohort would best meet that candidate’s need. Agencies are encouraged to select the 20 day format for candidates with less experience or exposure to child welfare or social work. It should be noted that content removed from the 20 day format is still covered in additional required training that new hires must complete within six months of completing their 10 day pre-service cohort. While the field requested this option, from January 2021 through the spring of 2021, agencies overwhelmingly chose to use the 10 day Foundation format. Beginning in late spring
2021, there has begun to be a slight increase with between 7 and 10 registrants for the 20 day formats each month. OLPD will continue to offer the 20 day Foundation format model in accordance with the demand for that model. There was noted a slight decrease in exam passing rates when the state first transitioned to the 10 day format for all placement and intact pre-service in March of 2020 which was concurrent with the transition to remote learning. However, that passing rate began increasing somewhat as presumably both facilitators and participants became more familiar and skilled with remote learning. As the numbers of participants has been limited since the 20 day format was reintroduced, OLPD will be monitoring in the next fiscal year the comparison of exam passing rates and participant satisfaction between the 10 day and 20 day format. The OLPD training team stands poised to pivot between how many of each version of the training is offered dependent upon hiring demands.

The result of transitioning most often to the 10 day Foundations for Placement and 10 day Foundations for Intact, was an increase in the number of available cohorts for new hire to be registered. This was especially helpful in the fall and winter of 2020 through 2021 as staff turnover statewide resulted in an increased demand for Foundation Training. OLPD was poised and ready to add 500-600 seats quarterly if necessary to the Foundations Training schedule. This increased number of cohorts also supported minimizing time between hire and the start of Foundations. From January through May 2021 new cohorts for Placement and for Intact have been launched on average every week and sometimes more frequently (ranging from 3-6 cohorts for each specialty launching every month).

All data represented below is reflective of October 2018 to present. October 2018 was the first time a 10-day Foundations course was offered for both Intact and Permanency. It is important to note that the data includes our transition from in-person onsite training and our fully remote facilitator led virtual training data March 2020-present.

From October 2018 to present:

<table>
<thead>
<tr>
<th>Types of Foundations Courses offered</th>
<th># of courses offered</th>
<th># of enrolled participants</th>
<th># of Completions</th>
<th>Percentage of completions on their first attempt of course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intact Pilot</td>
<td>35</td>
<td>302</td>
<td>262</td>
<td>87%</td>
</tr>
<tr>
<td>Intact Traditional</td>
<td>20</td>
<td>116</td>
<td>114</td>
<td>98%</td>
</tr>
<tr>
<td>Placement Pilot</td>
<td>51</td>
<td>716</td>
<td>606</td>
<td>85%</td>
</tr>
<tr>
<td>Placement Traditional</td>
<td>39</td>
<td>476</td>
<td>426</td>
<td>89%</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>145</strong></td>
<td><strong>1610</strong></td>
<td><strong>1408</strong></td>
<td><strong>87%</strong></td>
</tr>
</tbody>
</table>

Foundations trainings for investigations are also offered typically every six weeks in Springfield and Chicago training centers. To better meet the needs of the field, OLPD also provides training in Northern region at the Aurora field office based on the hiring pattern. Similar to the Foundations for Placement and for Intact, the Foundations for investitive staff also moved to a live online video
conference format in March 2020 and has remained delivered through this format since. Thus the frequency of cohorts is offered in consideration of the need related to how many investigators are hired. As the cohorts during COVID-19 are facilitated online, available regionally offered deliveries are not currently a factor in the length of time between hire and the start of Foundations Training. By legislative mandate, Foundations for investigations includes a week in the Simulation Labs. Beginning in mid-March 2020, due to the COVID-19 health pandemic and resulting social distancing requirements, both the Springfield Simulation Lab (UIS) and the Chicago Simulation Lab (UIUC) suspended in-person pre-service simulation-based training. Simulation based training for new child protection investigators was moved to an in-service training which will be facilitated after a return to in-person trainings can safely be conducted. OLPD tracked pre-service child protection investigators completing CWEL pre-service requirements during weeks when Illinois child welfare simulation training was suspended. These tracked staff were assigned a simulation week in-service when simulations were re-launched in a format adapted for delivery during the global health crisis. In the spring and summer of 2020, OLPD staff through its university partners developed and proposed alternative virtual or hybrid models for resuming simulation trainings. A model was selected with slight variations between geographic simulation labs based on technical and physical plant requirements. This model was piloted and tested in July and August 2020, and in August 2020 a virtual version of simulation training was formally launched. By fall 2020, all still employed investigators who were hired or trained between March 2020 and August 2020 were provided the required opportunity to complete the simulation training as an in-service. Since August 2020, all newly hired investigators receive the virtual simulation training component as part of their pre-service similar to the in-person simulation version prior to COVID-19. Enhancements to the simulation training for investigators continued throughout 2020 and into 2021 with the addition of new technology to supplement and enhance virtual simulation experience, and through the addition of a second scenario case so that participants have multiple case experiences before completing their pre-service simulation training, and through the updating and inclusion of a SACWIS component for the simulation week.

Foundations for the State Central Register (Hotline) staff is offered in Springfield at their employment site. Foundations for Adoption staff is offered at their employment site and is conducted by field administrators in partnership with OLPD as hiring for this population is infrequent based on the number of statewide positions and low attrition rates. The frequency of course offerings for SCR and Adoptions staff is negotiated with the DCFS Office of Employee Services (OES) based on hiring patterns. During COVID-19 related social distancing measures, the staff of SCR have transitioned to a remote work status and are not attending work or training at their physical assigned locations. During these months, OLPD works with OES and DCFS administration on determining the frequency of Foundations for these two sub-groups, inclusive of alternate training modalities. Going forward, SCR has begun working with OLPD on a developing plan to transition SCR Foundations fully over to OLPD. In FY21, OLPD trainers have been participating and learning SCR Foundations and have begun developing recommendations to enhance and structure the SCR Foundations in such a way as to be more in alignment with the structure with Foundations for the other specialties facilitated by OLPD. The target is to transition the facilitation of SCR Foundations over to OLPD, with support as needed from SCR field trainers, beginning in FY22.

Areas for Improvement:

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

Prior to FY20, OLPD began discussions with one potential vendor on providing evaluation support and consultation for assessing training effectiveness. Those discussions did not lead to a consultation agreement, so in FY20 OLPD began discussing with another prospective vendor who already provides evaluation consultation for part of OLPD services (simulation learning) to possibly expand evaluation from their current consultation to all OLPD learning events. Progress on this discussion was delayed as the vendor faced new competing priorities for other DCFS evaluation services throughout FY20 and into FY21. These discussions will continue in FY21 when that vendor is ready to proceed. In the meantime, OLPD continues to provide evaluation surveys to all Foundation participants following the course but has not yet implemented additional follow-up surveys at three-month intervals during the first year following Foundations. In FY20 and continuing into FY21, OLPD experienced a substantial staff turnover impacting both the Pre-service Training team as well as the Learning and Development team who would be responsible for survey development and data collection/collation. This sudden attrition combined with the staffing challenges statewide in child welfare that led to an increase demand for training events, has delayed OLPD’s efforts to progress towards implementing extended follow up surveys. OLPD will seek to develop this survey process within FY22. Additionally, it is also noted that post training and post coaching assessment had been built into the Model of Supervisory Practice (MoSP) series from its implementation in 2018. In FY21, OLPD worked with university partners to provide a deeper level of data analysis on the efficacy of this professional development series. An analysis summary was just completed and submitted in May 2021 and will be reviewed by OLPD administration prior to the close of FY21. In FY20, OLPD fully implemented the requirement that all training events have a participant evaluative assessment or survey implemented at the time of launching or facilitating the training event. Additional efforts have been implemented on some specific trainings to further assess transfer of learning effectiveness, such as knowledge checks being embedded into caregiver pre-service trainings. These knowledge checks launched in the fourth quarter of FY20 but experienced some technology glitches related to remote learning formats that also went into effect about the same time. As those glitches continued to be addressed in FY20, the knowledge checks became consistent for caregiver pre-service events in FY21.
Item 27: Ongoing Staff Training

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

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

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

Response: The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties regarding the services included in the Child and Family Services Plan (CFSP) and State law. Public Act 85-206 require 20 hours every 2 years for direct service staff and supervisors. Supervisors have the responsibility to monitor that staff are in compliance utilizing their access to the Virtual Training Center employee transcript. As reported in past years’ APSR, the list of available trainings for continuing education for staff is extensive, with additional trainings added every year, and the Office of Learning and Professional Development is continuously improving the quality of the training programs. Note: Please see Chapter 5 for more information on ongoing in-service trainings for staff and caregivers.

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

- The Model of Supervisory Practice consists of four classroom-based modules. Each module is two days in length and occurs one module per month. In the weeks in between modules, FISP provides individual coaching on MoSP learning content to the module participants. The MoSP was signed into DCFS policy in January 2018. Initially there were three offerings of the MoSP to meet the needs of new and veteran DCFS and private sector supervisors:
  1. MoSP Immersion – for all Immersion Site supervisors regardless of years in the supervisory role; full 2-days for 4-months (coaching mandatory).
  2. MoSP Traditional – for supervisors with 1 to 5 years of child welfare supervision in Illinois; full 2-days for 4-months (coaching mandatory).
  3. MoSP Bootcamp – for supervisors with 6 and more years of child welfare supervision in Illinois; truncated 4-days in one week (coaching optional). The MoSP Boot Camp was designed as an initial offering to help accommodate the number of veteran supervisors who needed to become aware of the MoSP content. This was designed as a limited offering to expire after 12 months. Any remaining veteran supervisors who chose not to attend, would be required to attend the MoSP Traditional cohorts. These Boot Camp offerings expired in August 2019 with relatively minimal numbers of supervisors choosing to utilize them (65 in total).
The total number of participants who have completed the full version of the MoSP, inclusive of the initial pilot in 2016 (36 participants), the Immersion Sites, the Boot Camp that ended in 2019, and the full statewide launch begun in 2018, is 643 as of May 2021. As Illinois continues to expand the implementation of the Model of Supervisory Practice, the MoSP became a mandated course for all supervisors statewide. In 2020, to accommodate the remaining number of current direct service supervisors known to OLPD who still needed to complete the MoSP (approximately 210 at that time), cohorts offerings were increased by about 66% to accommodate an additional 300 participants. Cohort frequency then decreased beginning in January 2021 to primarily account for newly hired or promoted supervisors. In the fourth quarter of FY20 through the second quarter of FY21, when MoSP moved to a live video conferencing format and with renewed support from DCFS leadership, a substantial number of supervisors across the state took advantage of the greater convenience of this online offering. Thus, approximately 31% of all the participants over the past five since the launch of MoSP have completed the course, did so between the 3rd quarter of FY20 and the 3rd quarter of FY21. This evidenced the substantial uptick in the participation and completion of this course. Since MoSP targets and is open to all supervisors (both direct and non-direct service), and since there is no reliable exhaustive data available to OLPD on all child welfare staff statewide (inclusive of private agency hiring and attrition), OLPD has been limited in assessing the percentage of current supervisors who have completed the course. However, OLPD did collect a time limited data of known direct service supervisors in FY19 and FY20 from other tracking sources combined with contacts at private agencies. OLPD tracked these specific supervisors towards completion and by September 2020 of the 824 tracked supervisors, 52% or 431 had completed MoSP, 26% or 217 were in process, and 21% or 176 had not yet started. This tracking became difficult to sustain without ongoing staffing lists from all private agencies as the turnover rate of these tracked supervisors after September 2020, made the tracking less and less current and thus less valid. By January 2021, all but one of these identified direct service supervisors had either completed the MoSP or it was reported to OLPD that they were no longer with their employer. OLPD continues to work with other departments within DCFS to develop more reliable strategies for real time identification of known employed supervisors.

- Beginning in the 2nd quarter of FY21, OLPD began facilitating an additional layer of supervisory development and training through the Supervisory Enhancement Series: Foundations for Supervisors. Infused with the Core Practice Model, the Foundation for Supervisors provides a pre-service level training for those identified as child welfare supervisors. The initial launch of the training also includes participants who are veteran supervisors in order to provide fidelity in supervisory training across all current and future supervisors. Eventually, this course will follow the Foundations pre-service training track to be completed by those hired into supervisory roles after they complete their specialty Foundations course. In FY22, OLPD will continue current development efforts underway with Operations to expand the Supervisory Enhancement Series to include specialty specific modules or tracks for the Foundations for Supervisors. The current Foundations for Supervisors initially started as five (5) full day stand-alone training modules. It was revised upon feedback from the field in January 2021 to four (4) full day stand-alone training modules. Each supervisor is required to complete all four days, but during the initial role out while trying to accommodate veteran supervisors’ schedules, many participants do not take the four days of modules consecutively but are allowed to schedule them as they can. Thus, by the close of the 3rd quarter in FY22, each of the
individual module days has had between 40 and 70 participants for a total of 298 completions (including duplicated participants who were able to take more than a single module consecutively). This course will continue to be offered throughout the 4th quarter of FY21 and into FY22 with the target to formally connect it to the pre-service track in FY22.

- The Child and Family Team Meeting training and coaching was developed nationally by the Child Welfare Policy and Practice Group. FISP staff has been developed by the consulting group as trainers of this curriculum and as Master Coaches or Advanced Master Coaches. Currently there are seven (7) Advanced Master Coaches and five (5) Master Coaches within FISP. FISP has internal capacity to serve in the role as the consultants to coach and approve field and new FISP staff as facilitators, coaches, master coaches and to train additional advanced master coaches. FISP has been working with the consultants and regional staff to develop all permanency workers within Immersion Sites as approved facilitators and each permanency supervisor within Immersion Sites as a coach who can continue to develop newly hired staff. FISP also works with the regional staff to develop Master Coaches as requested to further support the development of permanency staff. Because of staff transitions within FISP (coaches returning to field work or field leadership positions), and because of the development of regional staff, there are now 7 additional approved active Master Coaches within the private agencies and DCFS. Staff in all 4 immersion sites and in Caritas (private child welfare agency added to the Immersion Sites in 2018) and DCFS Southern region permanency teams (added in October 2018) have been trained in CFTM using the CWG model. The effectiveness of this approach is being monitored by DCFS Quality Enhancement and Chapin Hall. Coaching and training within these immersion sites continues but is focused on training newly hired permanency staff.

Additional OLPD activities:

- Revisions continue on the foster/adoptive PRIDE in-service curricula.
- With a focus on customer responsiveness, a series of “How-to” short, on-demand videos will be created on topics related to filling out various forms and frequently asked questions on navigation of software products such as SACWIS and the DCFS I Phones. At the stated priority of the Department, on-demand trainings were produced for Transporting Youth, and Oral Swab Drug Screening, and Caregiver Support of Foster Children During COVID-19, and a training on what caseworkers need to know about YouthCare managed care in Illinois. The YouthCare training for example, completed in July 2020 with 93% of the targeted direct service staff completing the training (or 3,309 participants).
- In addition to the Core Practice Model, FISP also facilitates twice monthly Trauma 201: Case Management Practice for Complex Trauma.
- All DCFS staff continue to complete annual mandatory training on Ethics and Sexual Harassment.
- During the months of “remote training,” the simulation teams have been piloting a virtual training for child protection supervisors on “problem-based learning (PBL).” PBL is a core concept in the simulation of all new hire child protection investigators. This pilot supports the supervisor’s ability to reinforce PBL in routine child protection supervision.
- In 2020, OLPD finished the initial rollout of the first installment of a Safety First: Safety Always series with a training on Safety Reboot. Initially launched as an in-person training, it was later converted to an on-demand training which continued to be available during the
months of “remote training.” This on-demand course is now included in the required in-service on-demand trainings that new hire staff receive notification to complete upon finishing their pre-service training. The second installment of this series: Engaging and Assessing Paramours launched in 2020. This second installment achieved 92% completion for the targeted direct service staff (2,744) and has also since been added as a required on-demand in-service for new hires to complete following pre-service training. A third installment of this series: Safe Sleep (for infants and children) is targeted to launch in the summer of 2021.

Example of data collected:

<table>
<thead>
<tr>
<th>Number of Participants Who Completed Safe Sleep Web-based Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of staff in the identified population – 3,696</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combined Total Participants Trained (training has been completed) = 4,185</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified Population</td>
</tr>
<tr>
<td>“Other” Staff</td>
</tr>
</tbody>
</table>

For the purpose of this report, staff have been divided into 2 distinct categories – those in the “identified population” group and those that are not. All staff are required to take the training.

The “identified population” represents those people where OLPD has a known list of employees. This includes all workers, supervisors and managers in the areas of SCR, Permanency/Placement, Intact, Child Protection, Adoptions, and Licensing (including Agency & Insurance, Foster Parent, and Day Care).

“Other staff” are those staff participants who have completed the required training but cannot be compared against a list of known employees, as such a list is not available to OLPD.

<table>
<thead>
<tr>
<th>Identified Population by Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
</tr>
<tr>
<td>In-Progress</td>
</tr>
<tr>
<td>Archived</td>
</tr>
<tr>
<td>Remaining</td>
</tr>
</tbody>
</table>

- “Archived” represent those who are on a leave of absence, or were incorrectly targeted based on erroneous role assignment, or who resigned from their position before completing the training (those who completed training before resignation are included in the completed total).
- To date, the completion rate specifically for the identified staff is: all DCFS and POS direct service staff, supervisors and managers as defined above = 2,780 out of 3,332 (83%) (3,332 represents the total identified staff of 3,696 less the number of archived staff for a remaining number currently employed in their roles).
- 534 staff remain to be trained (number not enrolled yet or timed out) and 18 staff were in progress when the data was pulled from the VTC. (8-13-21)
- The 534 staff and supervisors will receive notification letters until training is completed.
  **Staff should have completed training by August 20, 2021 --- extended**

- In 2019, an initiative was launched to reinforce practice in working with LGBTQI+ youth in care. Initially DCFS partnered with the All Children All Families / Human Rights Campaign (HRC) to link a three part training series to OLPD’s VTC. OLPD worked with HRC until
source files could be embedded with the VTC directly and then OLPD maintained the on-demand training without external links. This required training continued until July 2020 when 98% of the targeted direct service staff had completed the training (3,664). At that point this on-demand training was also added to the required in-service trainings new hire staff receive notification to take following their completion of Foundations pre-service training.

- In FY21, OLPD worked with DCFS leadership to begin developing staff trainings related to the Federal Family First initiative. The current Family First Overview Training is in development and is 3 days in length to be facilitated as a live training targeted to launch in the 1st quarter of FY22. Following the launch of the Family First Overview Training, efforts will include the development and launch of a training on Motivational Interviewing.

- OLPD is working with the Department to implement and track a training on Implicit Bias using curriculum content provided from an external vendor and adapted by OLPD for Illinois. This curriculum is targeted to launch in the summer of 2021.

- OLPD has been working with DCFS and subject matter experts to develop and launch a revised and enhanced version of training for staff and caregivers related to working with or caring for LGBTQI+ youth. This training is targeted to launch in FY22 and will replace current training courses.

- In December 2020, there were substantial technology changes implemented by major internet browsers and by a major media player software. These changes substantially impacted the 108 available on-demand trainings at that time in a manner far greater than initially anticipated. As a result, OLPD had to pivot substantial staff resources to the recreation or republishing of all available on-demand trainings. This resulted in approximately 95 of the 108 on-demand trainings being recreated, revised, or republished within the third quarter of FY21.

Areas for Improvement:
As stated above, OLPD, in partnership with the Clinical LGBTQI Program and Human Rights Campaign (All Children All Families), launched an online training series for staff in June 2019. The three 90-minute webinars, created by the Human Rights Campaign, addresses LGBTQ-affirming interactions and interventions with child welfare-involved families. A caregiver webinar was added in August 2019. Representatives from the Human Rights Campaign, DCFS, and the LGBTQ Roundtable continued to meet regularly to develop a sustainable, LGBTQI-affirming training practice for DCFS and private agency partners. This training practice is anticipated for launch in FY22 and will replace current training.

The systems that OLPD has used in the past to evaluate trainings has need for improvement to address the effectiveness of the training that has been delivered. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. As stated previously, consultation will be sought to assist in the development of new methods to better quantify how well training addresses basic skills and knowledge needed by staff to carry out their duties.
Item 28: Foster and Adoptive Caregiver Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

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

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

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

In the first three quarters of FY21, 33,098 participant enrollments occurred for 4,910 in-service and pre-service caregiver training events. These numbers represent duplicated unique participants as participants typically register for multiple training events but not all participants register or complete all events required for a series completion. There were 27,212 completions from these enrolled events resulting in 79% of all registered events being completed. In the previous fiscal year, prior to COVID, it was reported that 59% of participants successfully completed their registered training. Until the move to remote learning platforms necessitated by the COVID-19 health pandemic, OLPD was on target to see an estimated 2% increase in trainings delivered and a 3.5% increase in participation from the previous year with 15 less available trainers. In mid-March 2020, resulting from the health pandemic, all in-classroom caregiver participants were given the options to reschedule to on-demand online courses, virtual audio/video conference virtual trainings, or postpone to a later date. Of those participants who were currently engaged or scheduled to start in a classroom training when this occurred, 387 participants choose to enroll in one of the remote/virtual options. In all, there was a total of 3,192 participants within the first three quarters of FY20 who completed an on-demand, online version of caregiver in-service or pre-service training. Line and On-demand pre-service training remained the platform for both pre-service and in-service caregiver trainings from March 2020 through the fourth quarter of FY21. Additional live classes were added to supplement the need during times when caregiver related trainings were off-line for republishing due to technology with media player and web browsers that occurred in December 2020 as previously described. In an effort to ensure interested caregivers had access to all required trainings, OLPD increased offerings of live, online video conferencing trainings, and ensured they were available at multiple times of the day, evenings and weekends to best accommodate caregiver schedules.

A process was developed for the Statewide Foster Parent Advisory Council to receive notification of and access to review draft curricula. This allows Council members to provide feedback and suggestions, prior to implementation of new foster and adoptive parent training. The overall evaluation of training completed by the participants to assist with trainer development and the
assessment of the training content will remain in place. Additional knowledge check assessments have been embedded into the pre-service course to evaluate the efficacy of transfer of learning through the pre-service series. These knowledge checks launched during the fourth quarter of FY20 but were impacted by technical challenges that arose when all curriculum was adapted for remote learning platforms due to social distancing requirements necessary because of the COVID-19 health pandemic. OLPD worked to resolve the technical challenges for a smoother user experience as they participate in these knowledge checks in FY21.

DCFS has been selected to participate in the National Foster and Adoptive Parent training collaboration to pilot training developed that will be presented as a national model for states and jurisdictions. This is a five-year pilot, with 16 months left in the study. The pilot test site as well as control site were chosen during this past fiscal year. There were 12 trainers specifically identified and trained in the curriculum. The training was scheduled to launch its first sessions in the spring of 2020. However, with the social distancing measures put into place in Illinois child welfare training due to the COVID-19 health pandemic, the classes were delayed. The pilot sponsor was not initially willing to proceed with remote learning options and required this to be an in-person training. As such, the pilot sponsor and Illinois agreed to delay the start of this pilot series until it is deemed safe enough to proceed with in-person trainings. Traditional caregiver pre-service trainings were all adapted into remote learning platforms (audio and video options) in order to continue developing caregivers during the health pandemic. Upon continued discussions with the sponsor and with similar requests coming to the sponsor from other states and regions involved in the study nation-wide, the sponsor subsequently adjusted the requirements and beginning in September 2020, allowed Illinois to launch the pilot curriculum through a live, online video conferencing platform. Since that time, 220 participants have been enrolled in the intervention group and 215 participants enrolled in the control group. Out of those enrolled in the intervention group who have completed the full study inclusive of all study assessments, Illinois is at 45% of the overall completion target number of 160. The control group has had a far lower completion of assessment material to date with only 2 out of the desire for 160 control participants to complete all study assessment material.

As the pre-service curriculum for foster and adoptive caregivers is being revised, attention to addressing LGBTQ issues will be included. The LGBTQ in-service curriculum was revised and implemented as an on-demand course released on 4/8/20, “Caring for LGBTQ Youth.” Prior to the launch of this new on-demand course, caregivers were referred to the available on-demand LGBTQ training through All Children, All Families which was implemented on 7/28/19. In FY20 238 participants completed this previous course. In FY21, another 100 participants completed this previous course before the switch to Caring for LGBTQ Youth occurred. That subsequent new course has seen 368 caregivers complete the course by May 2021. A video and learning content addressing LGBTQ issues and fostering youth is also embedded into session three of the PRIDE pre-service series.

For licensure renewal, 16-hours of in-service training is required every 4-years. Specialized caregivers need to have an additional 12-hours per year to maintain their specialty license. OLPD does not monitor the licensing renewal process however, the office maintains the Virtual Training Center by which the foster caregiver can access their transcript to provide proof of training compliance and the licensing representative has access to the caregiver’s transcript to manage and verify compliance. OLPD provides on-demand, classroom, and self-directed in-service courses and learning opportunities to assist with completion of the requirements. Additionally, the OLPD PRIDE Staff have a Training Credit Approval form (CFS-574) and process to review any outside training or conference attendance that caregivers submit to be added to their transcripts.
OLPD does not provide training for residential and congregate care staff other than any staff that are hired in the capacity as a direct service casework or supervisory role. Licensing reviews a percentage of randomly chosen residential/congregate care staff files annually and assess staff trainings for these staff according to the required trainings outlined in: PART 404 LICENSING STANDARDS FOR CHILD CARE INSTITUTIONS AND MATERNITY CENTERS SECTION 404.22 STAFF TRAINING and will issue a violation of rule if the standard isn’t met. Monitoring follows up on staff engagement/training during monthly administrative meetings and provides technical assistance and guidance to ensure training needs are being met. There are also contracts with various providers to give other training opportunities such as Think Trauma (TOT model) and Sex Trafficking Training for staff in CCIs/GHs. The provider does formal tracking of staff trainings (similar to our training transcript). Licensing looks at compliance with this standard when assessing staff trainings during the annual review.

Areas for Improvement:

The systems that OLPD has used in the past to evaluate trainings has need for improvement to address the effectiveness of the training that has been delivered. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. As stated previously, OLPD will continue to seek consultation to assist us in the development of new methods to better quantify how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.
Service Array and Resource Development – Items 29 and 30

Item 29: Array of Services
How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

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

Response: Service needs in Illinois child welfare are often initially assessed by an investigator who first encounters the family. As an investigation is transferred to an intact or permanency caseworker, the investigator informs the new worker of their safety assessment, safety plan if applicable, and initial recommendations for services as well as whether the referral(s) have been made and if a service(s) has begun. This provides the caseworker with important information and continuation of safety and service needs from which to begin their engagement and ongoing assessment of the family.

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

Illinois relies upon its Service Provider Identification and Exploration Resource (SPIDER) database that list program types and services including (but not limited to) Mental Health, Counseling, Psychiatric Care, Substance Use, Domestic Violence, Parenting, Early Childhood, Mentoring, and positive Recreational activities. SPIDER has geocoded over 1,750 agencies and 4,500 programs to visually represent the concentration of services and services gaps in rural areas. Programs are also searchable by languages, ages served, payment types, and are regularly updated throughout the year.

The SPIDER database can be found at: https://spider.dcfs.illinois.gov
In addition to community-provided services, Illinois has implemented a number of services that strive to fill gaps in programmatic resources that exist geographically or therapeutically. Some of these programs are described below:

- **Core Practice Model** – Includes the core practice of teaming and care coordination, which is practiced through engagement of families in the context of Child and Family Team Meetings (CFTM). The CFTM provides a process to engage the family’s support system in developing a plan to meet the needs of the family.

- **Therapeutic/Specialized Foster Care** – Provides effective treatment for high-needs youth, as it offers more intensive, yet flexible services to meet the needs of the youth and families.

- **Wrap Programs** – Have been piloted in areas across the state and are specifically targeted to serve families that may benefit from intensive home-based programs, either intact or foster care.

- **Transportation** – Is a needed service, particularly in rural areas, so that all families and youth can access services in surrounding areas. SPIDER is currently working to locate “border” services that have no geographic restrictions and offer transportation in order for those in more rural areas be connected to those services. This also applies to Immersion Sites that may be unaware of services that are outside of their catchment areas but are nonetheless able to serve those in their catchment area.

**Continuing goals:**

- Further additions of trauma-credentialed therapists and evidenced-based practices into SPIDER, along with other services that will provide more comprehensive service listings in all areas of Illinois. Models including ARC (Attachment, Regulation, and Competency), TF-CBT (Trauma-Focused Cognitive Behavioral Therapy,) and SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) are embedded in SPIDER with more anticipated in the coming months.

- Add more search keywords that users request, that align with DCFS priorities, and expand the usage of analytics of SPIDER usage to understand what users are searching for in areas of Illinois.

- Deploy a SPIDER companion website to store short term resources (e.g. conferences, COVID or other quickly changing information or perishable information), training materials, and any other dynamic information.

- Increased outreach and awareness of SPIDER both within DCFS and communities throughout Illinois. Over the past year, DCFS support of SPIDER has vastly increased. This support is evident not only in the additional staff maintaining and growing the database, but also in SPIDER’s increased overall usage and visibility. In the first 2 quarters of 2021, SPIDER’s usage has seen an overall growth in usage: 6,270 statewide users compared to 3,971 in the previous 2 quarters of 2020 and 91,402 page views compared to 43,415 in the previous time frame. The Department aims to continue this growth by participating in more trainings, high-level administration meetings, and community/departmental marketing and visibility. SPIDER will also continue to host and facilitate monthly Community Partner Meetings, which allows departmental and community users increased access to SPIDER initiatives and updates as well as provide a venue for feedback and improvement.
Continued expansion of DCFS initiatives such as the Core Practice Model, Therapeutic Foster Care, and Wrap Programs is expected to provide more flexibility in services to meet the individual needs of children and families. SPIDER continues to grow to become a key component in data gathering, service availability, and various departmental initiatives as they present themselves.
Item 30: Individualizing Services

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

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

Response: DCFS has continued to strive for improvement in insuring that the individualized needs of children and families are met whenever they encounter Illinois child welfare and a need for services. SPIDER’s current efforts include area and service-focused projects throughout the SPIDER team. These include Target Populations such as persons experiencing homelessness, Mental Health providers for persons and communities of color, LGBTQIA+ services, and noted geographic needs such as housing and transportation services in central and southern Illinois. It is an ongoing priority of SPIDER to take departmental, individual and community feedback into account and improve our offerings whenever possible.

Not only does DCFS and its private agency partners employ bi-lingual employees whenever possible, but a 24-hour language line is also available when other languages are needed, and interpreters are hired via private contract when required.

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

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

Since SPIDER’s inception, there have been continued improvements made and currently search functions not only include searching by Distance, by Service Offered In-Home, and by Payment Types accepted, but also contains searches by languages like English, Spanish and Polish; and Target Populations such as: Developmentally Disabled, Juvenile Offenders, LGBTQIA+, Physically Challenged/Medical Complex and Trauma Survivors.

SPIDER also includes other “Helpful Links” that offers the reader direct links to SAMHSA (Substance Abuse and Mental Health Services Administration) as well as other helpful resources.

New resources that SPIDER is in the process of adding are as follows: Evidence-Based Practice providers and credentialing information, expanded language search options, a guided recorded walkthrough of SPIDER, and enhanced/new marketing tools which will be deployed through social media, the DCFS intranet and public website, and community collaboration. SPIDER is deploying a companion website to store short term resources (e.g. conferences, COVID or other quickly changing or perishable information), training materials, and other dynamic information.
Agency Responsiveness to the Community – Item 31 and 32

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

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Response: Illinois Department of Children and Family Services (IDCFS) advisory boards and councils continue to develop strategic partnerships with the people served, external stakeholders, community-based organizations, academic partners and contracted community-based agencies. There are 20 advisory groups at DCFS that strive to address the needs of those served. DCFS continues to work at actively listening and engaging children, youth and families and to collaborate with key internal and external stakeholders and community partners to improve outcomes for children, youth and families in Illinois. Advisory groups are a natural extension of the DCFS' public-private partnership. Each group provides recommendations and action steps to the DCFS Director to improve the care and service provided to Illinois children and families, as well as care of those that serve families in crisis in communities statewide. Advisory boards associated with Illinois child welfare fall within the following categories:

- **People We Serve**: Youth Advisory Board, Partnering with Parents (PWP) Birth Parent Council, Statewide Foster Care Advisory Council and Illinois Adoption Advisory Council.
- **Governance**: Institutional Review Board, Child Day Care Licensing Advisory Council, Child Welfare Employee Licensure Board; Child Welfare Medicaid Managed Care Advisory Workgroup
- **Citizen Review Panels**: Children’s Justice Task Force; Child Death Review Team; Statewide Citizen’s Committee on Abuse and Neglect

Below are examples of work done by three of these groups. Further information on other groups is available from the DCFS Communications Division or the DCFS public web site.

Statewide Youth Advisory Board and Regional Youth Advisory Boards (SYAB/RYAB)
The Statewide Youth Advisory Board empowers, educates and advocates for youth in care. SYAB and RYAB advisory councils are the collective voice of youth placed primarily in congregate care at DCFS. The statewide youth advisory board is representative of elected youth board members from various regions across Illinois. Each regional youth advisory board member
works with SYAB and DCFS to determine how best to provide services to current and former youth in care.

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

- The PCA (Prevention of Child Abuse) Illinois Conference - SYAB Presented at the 26th annual conference providing an overview of SYAB and discussed concerns related to youth in care. 11/2020
- DCFS Advisory Boards – youth have been participating in DCFS SOGIE since 8/2020
- Current Legislation – Bill language came directly from conversations with the SYAB FY21
  - H.R. 88 - Restraint Resolution: seeks to develop a unified statewide approach to the use of restraint and seclusion with youth by encouraging Illinois’ child-serving agencies to reduce and ultimately eliminate the use of these interventions with youth. Since this is a resolution, this does not require the elimination of the use of restraint or seclusion but rather is a way to educate legislators on concerns and begin to move in that direction
  - S.B. 755 – GAL Bill: requires DCFS to maintain information on youths’ guardians ad litem (GALs) and provide the information to youth when requested. It also requires DCFS to provide youth with information about the role of a GAL.
  - S.B. 63 – FAFSA Bill: would require DCFS to help all youth in care entering their last year of high school complete the FAFSA form or a state financial aid application.
  - S.B. 190 – Housing for Students in Care Bill: would require colleges and universities to have a point of contact for homeless students and students in care to, among other things, connect them to housing and financial aid resources and develop a plan for the youth to have housing during academic breaks.
- DCFS Director’s Meeting: SYAB members participated in quarterly meeting with Director Marc Smith to discuss issues impacting youth in care.
- Dr. Shanta Robinson from the University of Chicago – SYAB members participated in an Equity training 4/2021
- Youth Budget Commission with Children’s Home and Aid – The group is composed of 14 older youth and young adult advocacy leaders in the state, and has two separate but related charges: the production of a Fiscal Scan of the state budget, which examines how the state spends its money as it relates to this age group, and advises the Governor and General Assembly on policies that impact older youth and young adults. SYAB shared their experience and boards legislative agenda 8/2020
- Children’s Home and Aid – SYAB participated in a segment called Youth Voice Impacting Systems to address systemic issues related to service delivery 2/2021
• Public Policy Manager at Children’s Home & Aid – SYAB shared information on barriers youth in foster care have in receiving driver’s licenses to assist in Children’s home and Aid’s efforts to advocate for some changes to make it easier in Illinois 08/2020

• Heartland Alliance Chicago: SYAB members collaborated with the Heartland Alliance to address their homelessness priority. The alliance conducted research on homelessness rates for youth leaving the child welfare and juvenile justice systems. SYAB members partnered with Heartland to assist with the development of their electronic toolkit, “Day2Day, One Step Away”. The website was designed with the assistance of SYAB, to help youth (those in care and general population) with general resources a youth may need as they navigate life’s transitions.

• Rule 384 Workgroup: As reported, SYAB youth have been passionate about the restraints initiative and they called for a review of Rule 384 and asked to attend TCI trainings to increase their knowledge on proper restraints. With support from the Loyola team, DCFS created a work group to review Rule 384. The group will meet monthly until the review of Rule 384 is complete and changes are in place.

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

Illinois Adoption Advisory Council
The Illinois Adoption Advisory Council (IAAC) was established by the DCFS Director for advising and consulting with the Director of DCFS or his/her designee(s) on all matters involving or affecting the provision of adoption and guardianship services. The IAAC addresses the DCFS goals of safety, well-being and permanency through its members' expertise, experience, advice and advocacy. Members consist of adoptive parents and adoptees representing each DCFS administrative region, as well as experts in child welfare and adoption, some of whom are employed by contract agencies. Two council members also hold joint appointments to the Child Welfare Advisory Committee.

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

• The Council continued to shape the operation of the Managed Care program through providing input during council meetings and participation on the MCO committee.
• The Council continued to provide input as a stakeholder in the QIC-AG (National Quality Improvement Center for Adoption & Guardianship Support and Preservation) federal grant.
• The Council continued to provide input in the operation of the Adoption Support and Preservation website and phone line.
• The council established an open Adoption Facebook group.
• The Council provided input on National Training and Development Curriculum and participated in the roll-out in Illinois.
• The Council provided input on the Foster Parent Handbook.
• The Council supported activities related to recognition of Adoption Month.
• The council sent a recommendation that DCFS develop an Adoption Support Specialist position to serve all types of adoptive families in Illinois.
• The Council sent a recommendation to the DCFS Director to revise procedures for visitation during the COVID-19 pandemic, noting that although taken by surprise, foster
parents should be trained re: facilitating and supervising visits and accommodations should be made in scheduling.

- Council members served on Family First and Managed Care committees, providing input from the adoptive parent perspective, especially crucial since the coverage has rolled out.

Due to the number and diversity of the DCFS advisory groups, a Stakeholder Collaborative Update meeting was implemented in January 2021. This monthly meeting is attended by representatives or liaisons for each of the advisory groups. The purpose of the meeting is to promote communication and collaboration among and between advisory groups. The meeting also provides a structured process to ensure each recommendation submitted to the DCFS Director is tracked and followed up on to ensure a response from the Director is communicated back to the originator of the recommendation. The tracking process is still in development and the initiation of the meeting has been positively received by advisory group representatives. The Stakeholder Collaborative Update meetings will provide another method of collaboration with stakeholders in development of various Department plans and initiatives, such as the CFSR PIP and CFSP/APSR.

Child Welfare Advisory Committee

The Child Welfare Advisory Committee (CWAC) was created with the general purpose of advising the Department of Children and family Services on matters concerning the provision and purchasing of public child welfare services and providing a forum to jointly identify and address emerging program and policy issues. During the past year, there has been strong collaboration between DCFS and CWAC in response to the COVID-19 pandemic. Some examples of such collaboration include:

- Drafting guidance to staff for contacts with children and families;
- Securing Personal Protective Equipment (PPE) for DCFS staff, private agency staff, congregate care providers, and youth in care;
Item 32: Coordination of CFSP Services with Other Federal Programs

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

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

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

1. IECMHC - Infant and Early Childhood Mental Health Consultation
2. HRSA - Health Resources and Services Administration
3. SAMHSA - Substance Abuse and Mental Health Administration
4. ACF - Administration for Children and Families
5. University of Illinois at Urbana-Champaign
6. University of Illinois at Springfield
7. Social Security Administration

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

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

DCFS continues to serve on the Executive Task force for IECMHC. DCFS expects the partnership to develop further with the launch of the DCFS Home Visiting program, where Mental Health Consultants serve Home Visiting agencies. Federal Maternal Infant and Early Childhood Home Visiting (MIECHV) funding, along with funding from ISBE and DHS, are the primary funding streams for all Home Visiting services in Illinois.
DCFS continues to serve as representative payee for youth’s benefits and facilitates the social security number card process for verifying Social Security Numbers through the Social Security Administration (SSA). DCFS has been able to reimburse about $19M in costs of care for youth in care. DCFS has also been working on a data exchange of system information with SSA consistent with legislative changes.

DCFS has partnered with the Department of Healthcare and Family Services in the transition of Medicaid coverage for youth in care to a Medicaid Managed Care Organization, specifically YouthCare. This transition includes the assignment of Care Coordinators to assist with connecting youth in care with resources to meet their physical and emotional health needs.

DCFS has engaged, consulted, and coordinated activities with stakeholders across the spectrum of child welfare to address issues of importance to children, youth and families and it will continue this effort to improve the lives of the people we serve across the State.
Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36

**Item 33: Standards Applied Equally**

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

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

In order to determine compliance with licensing standards, a compliance record that is based on the licensing standards from the appropriate rule is used by all licensing representatives statewide. The use of a compliance record ensures that the applicable licensing standards are applied equally when a recommendation is made for licensure. The compliance record has to be signed off by the licensing rep and supervisor certifying that the licensing study was conducted. Licensing studies are done for initial licenses, renewals, address changes, and new entities. The only data that can be captured as a result of the licensing study is when a license is issued which is shown on the LC02 and 05 screens. Licensing reps also use CFS template monitoring record forms that are rule based to conduct required annual visits. These monitoring visits are also captured on IMSA licensing screen LC30.

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

A central mailbox was developed for submission of waiver requests for expanded capacity and of licensing rules that have been specified as waivable in an Appendix D of Rules 402. There is an office coordinator who monitors the waiver mailbox and disseminates the requests to the Associate Deputy of Licensing and, when meeting the criteria, the request is also sent to an Associate Deputy in the Clinical Division.

The waiver requests are reviewed by the Associate Deputy of Licensing and the Associate Deputy in the Clinical Division when meeting certain criteria outlined in Policy Guide 2018.10. Some referrals reviewed are returned for more information, while some are screened and require a clinical staffing that includes the foster family.
The number of waiver requests received for the 13-month period from 4/1/20 to 5/1/21 is below:

The number of waiver requests – 108
The number of approved waiver requests – 58
The number of requests for waiver of licensing standards – 4
The number of requests for waiver of licensing standards approved – 2
The number of requests for waiver of licensing standards pending - 2
The number of requests for waiver to expand capacity – 100
The number of requests for waiver to expand capacity approved – 58
The number of requests for waiver to expand capacity denied – 0
The number of requests for waiver to expand capacity withdrawn – 4
The number of requests for waiver to expand capacity pending - 38

Training curriculum on Waivers has been developed and received from licensing supervisors and specified licensing staff in each region. The training is to be offered again to train more licensing staff, as well as on-demand training for all staff, including field operations staff. FY21 Update: DCFS and POS agency staff have yet to be trained on the waiver process. The waiver training is in a design stage with the Office of Professional Development.

Due to staff/administration changes, licensing was unable to meet the initial timeframes that was set forth. The new Training Liaison will continue the development of curriculum and move the foundations training curriculum to the Office of Professional Development for assignment of a curriculum designer by December 2021.

The COVID-19 public health crisis has served as a significant barrier to the Department’s efforts in facilitating and implementing the objectives set forth in this report. Beginning March of 2020, the Department was required to prioritize the development of emergency policies in response to the COVID-19 public health crisis, with the purpose of protecting its employees, contractors, volunteers, and the consumers they serve. The COVID-19 emergency policies have affected all licensed childcare facilities, including child welfare agencies, foster homes, childcare institutions, and group homes. In addition, all private day care facilities had to apply for emergency licenses in order to continue operations during the public health crisis.

The Restore Illinois initiative developed COVID-19 requirements through a model that included 5 PHASES in 11 separate regions. PHASE 1 (Rapid Spread) outlines the most stringent restrictions. Restrictions were and continue to be based on recommendations from the Centers for Disease Control & Prevention and Illinois Department of Public Health.

As of 4/29/21, all 11 regions within the State of Illinois are in PHASE IV (Revitalization). PHASE IV outlines continued required restrictions that include social distancing, mask wearing and capacity limits.

The COVID-19 crisis also served as an impetus for Department and other social service personnel to retire and/or leave the field of social services and/or childcare. Concerted efforts and planning have been put forth by the Department and the Child Welfare Advisory Committee to recruit qualified staff to fill positions and provide the supports necessary to retain them.
Below is a current count of licensed foster homes in the State of Illinois, and the capacity of these homes to care for foster children, as of April 30, 2021.

<table>
<thead>
<tr>
<th></th>
<th># Licensed Homes</th>
<th>Licensed Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCFS</td>
<td>1,930</td>
<td>4,148</td>
</tr>
<tr>
<td>POS</td>
<td>7,183</td>
<td>18,498</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9,113</td>
<td>22,646</td>
</tr>
</tbody>
</table>

As of 4/30/21, DCFS had an increase of 173 licensed foster homes, with an increase in capacity of 325, from what was reported on 4/30/20. The number of foster homes licensed by private agencies increased by 287, while capacity was reduced by 5. The combined numbers resulted in an increase of 460 homes, with a total capacity increase of 320 in a 12-month period.

DCFS continues to work towards developing rules, procedures, forms and policies to make further progress towards meeting the overall goal to provide consistent application of foster home licensing standards by all licensing staff across the state, while also providing needed supports to foster parents that increase the likelihood they will choose to remain a primary resource for youth-in-care. With this, following were the Office of Licensing’s goals for FY2020, which continued into FY2021:

- There have been changes in the Illinois Child Care Act that are currently reflected in policy guides but are waiting for adoption into licensing rules. This includes new “Quality of Care” language pertaining to applicants for foster home licensure who have had a previous license revoked, refused for renewal, or surrendered with cause. Those potential licensees must submit documentation showing that the past concern was not valid, or how these concerns have been satisfactorily addressed or remediated.

- Development of a training curriculum to specifically address conformity with the “Quality of Care” language in the Child Care Act.

- A training curriculum is to be developed to better ensure the waiver process is followed. Currently, waiver requests are returned when all required information is not submitted. This causes delays in the waiver request being processed and a decision being made. The training is expected to reduce the number of returned waiver requests and make the process more efficient. This in turn builds trust within the foster parent community and benefits the best interest of youth-in-care.

- Development of a training curriculum regarding federal licensing standards and conformity with said standards.

- Continue offering Licensing training that covers Rules, Procedures and Policies, but that also provides an emphasis on how to build a more empathetic, trusting and supportive relationship with potential licensees, as well as licensed foster parents undergoing an investigation of licensing violations.

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

The development of training curriculums for Quality of Care and for licensing Rules, Procedures and Policies are to occur during the next 12 months. All training curriculums will be designed to be On-Demand and adapted for classroom training.

The development of emergency COVID-19 licensing policies was prioritized and the Department concurrently informed and provided direction to its consumers regarding the newly established COVID-19 requirement. This resulted in current policies and trainings that were under development at the time to be temporarily set aside, until the COVID-19 emergency policies were in place and facilities were informed of the requirements.

The Division of Licensing works closely with the Office of Learning & Professional Development, which holds a contract with the University of Illinois at Urbana-Champaign to provide services in curriculum design. In the fall of 2020, a designer was assigned to work with licensing in the development of a curriculum that would spell out objectives related to the better understanding and implementation of established Rules & Procedures related to requests for waivers of foster family home standards, including expanded capacity requests. However, soon after the curriculum designer was assigned to this project, there was more than a 95% turnover in the design staff providing services to the Department through the University of Illinois at Urbana-Champaign.

The draft training curriculum on waivers for foster family home licensing standards was completed and has recently been assigned to a curriculum “designer” from the University of Illinois at Urbana-Champaign. The training curriculum is to be placed on the Department’s Virtual Training Center and be available, “On-Demand” with a target date of 7/1/21 for completion. The training will be required for all foster family home licensing staff.

The power point will also be available to managers and supervisors in foster family home licensing to reinforce and further discuss the requirements during team meetings to ensure all licensing staff has been informed and directed to follow the established waiver policy.
Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

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

Licensing has an electronic system that does not allow for a license to be issued until all background checks for all household members are complete and cleared. Licensing has had numerous internal and external audits related to the process used by the background checks unit, with no findings a foster home was licensed before background clearances were received and data entered into the system.

There were recommendations from these audits to provide additional information in the required authorization form. The authorization form for foster care was revised to include a Privacy Act Statement on July 12, 2019; notification that fingerprints will be submitted to FBI, and for what purpose; how to obtain a copy of the criminal history record; how a person can change, correct, or update their criminal history record. This information is being added to protect rights of applicants for foster home licensure who are denied based on criminal background checks.

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

Goals for the future:

Goal 1: Update and revise Rule 385 Background Checks. The recommendations from audits shall be placed in Rule 385, as well as amending language to make the language clearer and more concise. Update: Rules 385 was opened to add language that was identified through a Title IV-E Audit as a requirement for DCFS to follow. Pending adoption into Rules, Policy Guides are used as an efficient and timely method to inform and provide directions related to new requirements for DCFS and Purchase of Service agency staff to follow. Two separate policy guides related to these Title IV-E requirements have been issued pending full promulgation into Rules 385. The two Policy Guides are further described as follows:
Policy Guide 2018.04 provides that until the facility receives notification from DCFS that all background check clearances for an employee have been received, the employee of a licensed child welfare agency, including conditional employees, volunteers and non-licensed service providers shall not have unsupervised access to a child being served by the licensed facility.

Policy Guide 2018.11 provides that all employees, conditional employees, volunteers, and non-licensed service providers have a fingerprint background search of the FBI and ISP data base. The conditional employee (full employment dependent on background check results) is not to have any unsupervised contact with children served by a licensed facility, until the fingerprint and other background check requirements are received, and clearances issued. Policy Guide 2018.11 further provides instructions to DCFS staff, licensees, employers and conditional employees as to the process for the employer to complete an assessment to recommend a waiver of the background bar to employment, or to deny the waiver, or to not pursue any action to keep the conditional employee in their employment. The conditional employee with the background bar to employment may request their criminal history or history of abuse/neglect to share with said employer in order to be eligible for a waiver and possible full employee status.

Both Policy Guides provide language that is to be included in Rules 385. Proposals for Rules 385 had been reviewed by the Office of Child & Family Policy and were being prepared to be sent to the DCFS’ Office of Legal Services for review and approval for First Notice (Public Comments) in March 2020. The Governor closed the State Offices due to the COVID-19 crisis on March 16, 2020, which resulted in prioritizing COVID-19 emergency policies for licensed childcare facilities.

Rules 385 have gone through a Proposed Policy Review (internal comments), 1st Notice (public comments) and have reached the stage where the Executive Summary has been sent to Office of Legal Services and Legislative Affairs for completion. Once approved by the Director of the Department, it will be sent for 2nd Notice, where the Department approved recommendations are reviewed by the Joint Commission on Administrative Rule (JCAR), a legislative body that must review and provide approval of the proposed policies, before they can be adopted and filed with the Secretary of State’s Office. Both Policy Guides are still posted and accurate in the information and direction they provide, but need to be renewed for an additional year, until fully promulgated into Rules 385, per Administrative Procedures 1.

Goal 2: A curriculum specific to background checks process is to be developed, after the revisions are adopted into Rule 385. There is information related to Background Checks in the curriculum developed for initial inquiries and applications for foster home licensure. This curriculum has been provided in training for all staff over the past few years. This next year, Rules 385 is to be prioritized for the purpose of developing a curriculum that will encompass all laws and rules and procedures related to Background Checks requirements for all Department and private agencies to follow.

DCFS continues its commitment and efforts to build curriculums for all Rules & Procedures related to licensing. The staff person who has the current statewide job position related to licensing policy and training is wholly committed towards this overall goal.

The curriculum for Background Checks Rules & Procedures will be ready to put forward to the Office of Learning & Professional Development when they have completed other FFPSA curricula related requirements, primarily for permanency and licensing staff.

The Chief of Licensing Enforcement position was filled on September 1, 2020. The transition of licensing enforcement responsibilities from the Administrator of Policy & Training to the Chief of
Licensing Enforcement has allowed for much more time to be spent on licensing policy and building related training curricula.
Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

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

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

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

Response:

The Illinois Interstate Compact Office is the clearinghouse for referrals for Illinois youth in care when the state is seeking an out-of-state placement for youth in care, along with in state placement of youth in care from other states. There are many challenges that are faced when cross jurisdictional placements are being sought. To provide clarification of the process, Procedure 328 was revised, and was released in January 2019. ICPC will again update Procedure 328 in 2021 to include additional, regulation specific, information for casework staff and add additional language for placement of specialized youth. This Procedure overall provides clear and concise instruction to Illinois workers regarding the necessary Interstate Compact-required documents that are needed to make an Interstate Compact referral.

The Interstate Compact Office has implemented the use of a dedicated mailbox for outgoing referrals. This mailbox may be used by all DCFS and private agency workers to electronically submit the referral for review to the Interstate Compact Office. Often times casework staff struggle with the submission of complete ICPC (Interstate Compact on Placement of Children) referral packets. ICPC staff communicate via email when there is missing or partial packets sent, asking for the additional documents to be provided to comprise a complete ICPC packet. Timeframes are provided to the worker and direct supervisor to gather and submit the missing documents. If the documents are received within the requested timeframe, the packet will continue to be reviewed. If the information is not received, then the ICPC coordinator will work diligently with the casework and supervisory staff to obtain that information. Incomplete referrals that do not meet the federal standard of required documents cannot be sent to the receiving state for their consideration as this will facilitate a denial or a delay in the ICPC process. ICPC coordinators assistance to casework staff is intended to minimize these delays.

To eliminate or reduce incomplete interstate referral packets, the Interstate Compact Office has devised a checklist that lists all the necessary documents and this checklist has been disseminated to the field via Permanency management as well as by request. Interstate Compact Coordinators provide one-on-one consultation to both field staff and their respective supervisors regarding the necessary documents for a complete Interstate Compact referral. Coordinators have provided both in-person and phone conference training to DCFS and private agency staff regarding the process of interstate compact cases to include the referral process and other components of the regulations under the Interstate Compact on Placement of Children. A future goal is to provide this process and links to checklists on the IDCFS Dnet resource website. The Office of Learning and Professional Development has also been asked to develop a self-directed on demand training.
National Electronic Interstate Compact Enterprise or NEICE has been implemented in approximately 36 states. Illinois was the 8th state to go live in this electronic transfer system that allows for secured electronic submission of interstate compact referrals. If Illinois is sending a referral to a NEICE participating state, the referral may be uploaded to the system with all communication being sent to the receiving state. There is no commitment for all states to participate in NEICE; however, Family First Federal Legislation has federally mandated that by 2028 all states have an electronic means to transmit interstate compact referrals. The NEICE system, again, is not utilized by all states; therefore, Illinois has maintained the Access data base as a central point where all referrals are data entered. An electronic sync of data elements from Access to NEICE and from NEICE to Access occurs daily, eliminating the need for double entry into two systems. The Access database can provide information on the completion of referrals per the compact requirements. Currently NEICE is unable to provide the same level of data. Additionally, it incorporates into the reports all types of referrals, both public and private, which is not beneficial when reviewing specifically child welfare related data.

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

Illinois ICPC continues to assist Illinois youth in care to move toward timely permanency. Information was gathered for youth who reside out of state with an adoption or guardianship goal. First data collected: If the youth’s goal is adoption has Illinois requested an adoption home study approval and if so was it pending, approved, or denied. Second if the goal is adoption and there was no pending or adoptive home study approval, the worker, supervisor, and Agency Performance Monitor were contacted to assist the agency in initiating the request for the adoptive home study. Third if the goal is guardianship is there a concurrence from the youth’s residing state agreeing with the guardianship. If this guardianship concurrence information could not be found in the historical quarterly progress reports this information and/or agreement was requested.

ICPC youth and families were affected by the global pandemic as well as ICPC staff. For a period of time agencies were not going to homes for in person visits due to mandatory shelter in place orders by the Illinois Governor. However over time electronic video visits were put into place along with interviewing over the phone and/or by facetime, Zoom, WebEx or other types of video calls. Agencies continued to assess homes by completing interviews, home safety visits (whether in person or by video) and writing home studies to either approve or deny placement. There were timelines that were extended due to families suffering from the COVID-19 virus or exposure.
causing quarantine. This same issue may have caused placement of children in Illinois and to other states to be delayed avoiding unnecessary exposure. Contracted agency and ICPC staff began to work at home and new electronic document storage systems communication strategies were put into place.

ICPC will continue to gather data on a quarterly basis for timely submission of homes studies. The data will be reviewed with the agency contract providers in contract monitoring meetings. These discussions will also include quality of home studies and barriers surrounding incomplete home study requests. Program monitoring notes will be taken and stored in a central DCFS monitoring database. FY 21 completion timeframes were not only affected by the COVID-19 pandemic but a retirement of one of the two ICPC staff members in August 2020. FY 2020 and FY 2021 home study completion information data from Illinois Access database is as follows:

**Incoming Referral Information:**

<table>
<thead>
<tr>
<th>FY 19</th>
<th>754</th>
<th>Average # Days to Completion – 56 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Completed within 60 days – 68%</td>
</tr>
<tr>
<td>FY 20</td>
<td>705</td>
<td>Average # of Day to Completion – 85 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Completed within 60 days – 66%</td>
</tr>
<tr>
<td>FY 21</td>
<td>266</td>
<td>Average # of Day to Completion – 101 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Completed within 60 days – 15%</td>
</tr>
</tbody>
</table>
Chapter 3 – Plan for Improvement

Illinois Child and Family Services Review Round 3
Program Improvement Plan

Illinois is in the process of developing a Title IV-E adoption assistance Program Improvement Plan, which has not yet been approved by the Children’s Bureau. Illinois is also in the process of developing a Program Improvement Plan for the National Youth in Transition Database process, which has not yet been approved by the Children’s Bureau.

Strategies/Interventions

(1) Strategy/Intervention: Safety

Goal 1: Ensuring child safety as our priority and maintaining children safely in their homes whenever possible and appropriate. (Safety 1; Safety 2; Permanency 1; Permanency 2; Well-Being 1; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS has three strategies to improve the practices and conditions that support safety of children in care and at risk of child welfare involvement. Safety science guides the implementation of strategies designed to promote a “safety culture” among Illinois DCFS and POS staff. Using safety science as the foundation, workers and supervisors for investigations, intact services, and placement services will be supported within a safe and engaged workplace and will be provided with tools and resources to build critical thinking skills to build on successes and plan to prevent problems.

The three strategies focus upon: 1) improving the use of safety/risk assessment information; 2) implementing rigorous processes for intact case closure; and 3) delivering robust support to substitute caregivers, especially relative and fictive kin providers, through the practices of teaming and care coordination.

Strategy 1.1: Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers.

Q1 and Q2 - During this measurement period there has been an emphasis on enhancing safety assessment skills and supervisory mentoring for investigators. In the southern region of the state a new activity was introduced where Supervisors will “virtually” accompany new investigators in the field at least twice a month in the investigator’s first three months in the role, while completing the CERAP in the home to provide developmental, supportive or clinical supervision. A tracking tool has been developed by the quality enhancement team to track this activity. This will be expanded to the Central region in the third quarter and then scaled to all regions by the eighth quarter.

When new employees join as trainees and have completed foundations, there is a week-by-week framework for the next 16 weeks to acclimate them to the work. There is an assigned peer on
their team for shadowing. This has been implemented statewide, although there are not trainee positions at every site.

Investigators are working to improve follow up good faith attempts with additional efforts until all alleged child victims are seen and a note entered to document when all alleged child victims have been seen and assessed for safety. (Random sample case note audits by the area administrator are done to verify and assess the impact of this activity.) From Power BI data as of 1/27/21, the cases reviewed for compliance are at 86% for note entered reflecting all children were seen.

Investigators and investigation supervisors want to ensure quality contacts and weekly monitoring of all safety plans to assess ongoing safety concerns, coordinate care, link to supports and advocate for the child and family. (Random sample case note audits by the area administrator are done to verify and assess the impact of this activity.) From Power BI data as of 1/27/21, the cases reviewed for compliance are at 46.8% for five-day reassessment of safety plans.

Supervisors for investigations will begin using huddles (Cull & Lindsey, 2019) with investigators to plan their approach to each family based on information known and anticipating what could go wrong as part of the planning process. The pilot with the Aurora Field Office investigation teams began quarter 2 with planned expansion to additional investigation teams in Elgin Field Office during Quarter 5

**Strategy 1.2: Ensure continued safety in voluntary Intact services through improved criteria for case closure and to increase the number of jurisdictions who hear requests for orders of protective supervision and continuance under supervision.**

**Q1 and Q2** - Many key activities focusing on Intact cases, the partnership with Chapin Hall, and the Administrative Office of Illinois Courts- Juvenile Courts were completed during Quarter 1 and 2. A process was implemented where all intact cases set for unsuccessful closure are reviewed by the intact utilization unit, followed by a staffing, if required, based on review of the file and to provide feedback and recommendations to the agency before the case may close. This process has been fully implemented and is ongoing. Our 10th and final Management Operation Analyst joined the Intact Utilization Unit on 7/13/20. All MOA's were trained and completing file reviews and case closure staffing’s independently by 10/1/20.

During Q2 the Chapin Hall team provided analyses of unsuccessful case closures (UCC) completed in FY20. These analyses addressed to the time from Intact case opening to UCC by provider, as well as an analysis of the reasons for UCCs. These analyses were then used to refine the UCC policy guide, as well as to develop a streamlined data collection approach for ongoing monitoring of UCCs. The Chapin team also generated a business process map (BPM) of the UCC process to facilitate discussion among the team and raise awareness among providers.

The Chapin team is working (in collaboration with Intact leadership and DOIT) on leveraging the Departments Power BI application to improve the efficiency and accuracy of data collection on UCCs to allow for improved monitoring going forward. The Power BI report will be developed and piloted with the Intact leadership team in Q3, and a set of metrics for ongoing monitoring will be finalized.
Capturing data when an intact family case is court involved is a key activity. Revisions to the CFS 2040 Weekly Intact Report include a data entry field regarding court involvement. In addition, the new case plan will include a field to capture the information. This activity will be complete at the point when the data entry field is built into the new case plan template.

To better understand issues around judges use of protective orders, the Child, Courts and Family Division (CCFD) of the Administrative Office of the Illinois Courts surveyed 134 Juvenile Abuse and Neglect Judges. Seventy-three judges responded to the survey. Survey results were analyzed to determine which counties are using orders of continuance under supervision, orders of protective supervision, and orders of protection to monitor relevant Intact cases. In December 2020, CCFD staff drafted a survey report and confirmed participation of multidisciplinary team members in preparation for Q2 key activity. The multidisciplinary team consists of four CCFD/CIP staff, five DCFS representatives, three judges, one assistant state's attorney, one parent attorney, one public defender and two GAL's. During Q2, the multidisciplinary team met to begin reviewing survey results and provide feedback on the identified areas of concern, barriers, and strengths. Additionally, the multidisciplinary team will work to identify two to three jurisdictions to be early adopters of a process for court monitoring of relevant Intact cases based on survey results. Upon commitment of each jurisdiction, data collection will begin on the numbers of cases and case outcomes by AOIC.

The AOIC's Courts, Children and Families Division identified two Child Protection Data Courts (CPDC) Project sites that commonly do not court monitor Intact cases but have experienced recent increases in court filing of Intact Cases.

Data will be collected on the numbers of cases and case outcomes by AOIC. As result of the multidisciplinary group's review of the judicial Intact cases survey results, it was determined there was a need for the AOIC's Courts, Children and Families Division to gather more information by conducting a similar survey for State's Attorney's. Steps have begun to develop similar survey questions for State's Attorneys, as well as, planning for survey distribution. AOIC's CCFD staff is also currently analyzing CPDC sites data trends of increased court filings of intact cases and case outcomes. Additionally, state agency and court leaders are set to meet to discuss reasons why courts are seeing a statewide increase in juvenile abuse and neglect case filings and any policy changes that may be impacting Intact cases.

Strategy 1.3: Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination.

Q1 and Q2 - Efforts are underway to improve licensure of Home of Relative and Fictive kin. OCFP reviewed and updated relevant policies and forms and we are awaiting Director Smith’s approval to finalize and post via Policy Transmittal. Key Activities have included combining and streamlining the required forms, placement workers improved access to the packets for distribution to HMR/Fictive Kin new placements and then following up with a phone call to answer any questions or concerns the HMR /fictive Kin may have concerning licensure application. To ensure that phone calls are occurring calls are made to a random sample of HMR Fictive Kin homes by the Licensing Unit Foster parent support specialists. Completing fingerprints is a requirement that continues to be an area for continued improvement and is being emphasized through all-staff meetings. New placement lists are generated for daily monitoring of new placements.
Another activity to improve communication and support regarding licensure is being implemented in the Southern Region. Within 48 hours of receiving notification of an unlicensed relative or fictive kin placement, the foster parent support specialist (FPSS) will contact the home to offer support, review paperwork, answer questions, and provide a list of parent-peer support group meetings. Foster parents will be provided a brochure and contact information for the program. FPSS staff, the Office of Caregiver and Parent Support, Southern region licensing staff, and Southern region permanency staff have met and formulated a system for contacting unlicensed homes. Lead FPSS Staff in Southern region contacted the initial list of unlicensed HMR home. FPSS in Southern region will continue to contact unlicensed HMR homes once they receive the list from permanency administrative staff. FPSS staff will have regular meetings with local permanency and licensing staff in coordination of services. FPSS will utilize an outcome monitoring report to track the contact with the unlicensed relative homes.

Supporting licensure may also be encouraged during the Child and Family Team meetings. CFTM agendas include discussion of visitation, positive supports, needs of child, and needs of foster parents with corresponding supports. (Case note reviews on a random sample of cases can assess progress on this activity. Monitoring data on maltreatment in care can evaluate effectiveness of this activity.) In October 2020, the Immersion Site Directors updated the agenda used in CFTMs within the Immersion Sites to include a section for reporting on visitation arrangements for families. The updates were explained to Supervisors in the Supervisory Forum and the updated CFTM agenda was distributed to all Supervisors via email in the Immersion Sites. Reminders were provided to Supervisors in the Supervisory Forum from October 2020-December 2020. From November 2020 to December 2020 Immersion Site Directors completed a baseline review of the number of CFTM notes that had visitation plans included in CFTM notes for all approved Facilitators who utilized the CFTM drop down box in the 4 Immersion Sites. In November of 2020 baseline data revealed that 30% of Facilitators in the Immersion Sites included visitation plan information in their CFTM notes. 53 (30%) of Facilitators/Supervisors included visitation information in their CFTM notes; 112 (64%) of Facilitators/Supervisors did not include visitation information in their CFTM notes and Visitatin information was not included in 6% of notes because the case did not warrant visitation information and therefore visitation information did not apply. The Illinois DCFS Clinical team reports an 81% increase in the number of CFTMs with Clinical participation in the Southern Immersion Site teams. From 4 CFTMs with Clinical involvement in Quarter 1 FFY21 as compared to 17 CFTMs with Clinical involvement in Quarter 1 FY 20.

(2) Strategy/Intervention: Permanency

Goal 2: Ensuring stability, family connections, and timely permanency for children. (Permanency 1; Permanency 2; Well-Being 1; Case Review System; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS has four strategies to improve the stability, family connections, and timely permanency for children. The four strategies focus upon: 1) supporting full implementation of the Core Practice Model with an emphasis on a sense of urgency for timely permanency; 2) shortening the timespan for finalizing adoptions; 3) increasing the use of guardianship as a permanency strategy when reunification cannot be achieved, and adoption is not in the child’s best interest; and 4) implementing a quality hearing project to establish a culture of urgency.
through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearing, timely and appropriate permanency goals in furtherance of reunification or timely filing of TPR to support adoption.

**Strategy 2.1:** Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.

The Core Practice Model is comprised of three components: Family-Centered, Trauma-Informed, and Strength-Based Practice (FTS), Model of Supervisory Practice (MoSP) and Child and Family Team meetings (CFTM).

CFTM has not yet been fully implemented into practice, even in immersion site teams. Through support from National Implementation Research Network (NIRN), progress is being made, but not enough to assess progress on this key activity. As of June 2021, 40.2% of workers and supervisors on permanency teams in immersions site teams were CFTM facilitator approved in the Child Welfare Group (CWG) model. Of those trained facilitators, there were 138 CFTM notes in SACWIS in the month of June 2021, which is a decrease from 281 notes in March 2021. Of the 138 notes from June, a sample of 56 notes were reviewed and documentation included 62 invited participants and 104 actual participants.

In support of MoSP implementation, Agency Performance Team dashboard data is available to all supervisors. Additional permanency data has been provided to leadership in the Permanency Division in order to begin facilitating use of data by supervisors as they support the Core Practice Model and the urgency of permanency for youth in care. Supervisors will receive March 2021 data in May 2021. Central Region supervisory staff utilize various methods to track permanency movement. Permanency Tools will be clarified as each Region develops their individual regional plans that will commence June 2021.

The Administrative Case Review (ACR) is being used to track preparation for the CFTM as well as fathers not currently engaged in permanency planning for their children. ACR data, from the pilots, indicates that 4 of 100 cases reviewed in the October pilot and 11 of 124 cases in the January pilot were identified as meeting standards for full implementation of the CFTM. Statewide ACR data for March-June 2021 (SFY2021 Q4) indicates 40.45% of cases had a qualifying CFTM, which included prep with the family and supports. During SFY Quarter 4, ACR data shows that fathers were engaged in case planning in 7.9% of cases reviewed, with fathers not engaged 7.4%, not applicable 56.9%, and unable to determine 27.8%. The data also shows that visitation for fathers was a strength in 19.9% of cases reviewed, was an area in need of improvement in 24.3% of cases, and not applicable in 55.8% of the cases. This statewide data became available ahead of schedule.

ACR data from the pilots indicates that 4 of 100 cases reviewed in the October pilot and 11 of 124 cases in the January pilot were identified as meeting standards for full implementation of the CFTM. Statewide ACR data for March 2021 indicates 36.6% of cases had a qualifying CFTM, which included prep with the family and supports.
Strategy 2.2: Decrease length of stay for children that achieve permanency through adoption through implementation of lessons learned from the permanency task force.

Q1 and Q2 - Focusing on removing barriers to timely completion of adoption and guardianship subsidies, providing agencies with data reports on cases approaching six months, nine months, and twelve months since entry to care, and the use of adoption labs are areas of focus. Timely completion of adoption/guardianship subsidies is critical in movement towards a permanency of adoption or guardianship. A coordinated effort and good streams of communication among the Strategic Plan Implementation Communication Exchange (SPICE), the Child Welfare Advisory Committee (CWAC) adoption workgroup and the CWAC ITASC sub-committee as components of change management are improving and focused on timeliness. CWAC Permanency (Formerly Foster Care) has delegated this task to the CWAC Adoption workgroup and recommendations were submitted to the larger CWAC co-chairs. The permanency task force has ended effective January 2021. All duties are now a part of a comprehensive statewide review and restructuring of the Monitoring and Subsidy Unit staff.

Performance Management team has provided training to Agency Performance Team administrators as to how to pull reports related to permanency from Power BI. It still requires a manual process to separate and distribute the lists to supervisors. If it proves to be a useful activity to drive a sense of urgency for permanency, a request will be made to automate reports that can be refreshed and accessed monthly. Supervisors continue to receive monthly ticklers to be utilized during Supervision.

Adoption Labs are part of the work plan for Subsidized Guardianship. They have been held as agency-specific meetings, rather than group meetings for more focused attention to each agency that is requesting support.

Strategy 2.3: Increase use of guardianship as a permanency strategy when reunification cannot be achieved, and adoption is not in the child’s best interest.

Q1 and Q2 - To promote the value of guardianship as a permanency option, Director Smith has highlighted the importance of guardianship as a permanency option in several speeches and presentations during Quarters 1 and 2. DCFS leadership continues to promote subsidized guardianship as an option to staff in presentations, and as part of its updates through the Permanency Enhancement Project. Subsidized Guardianship was part of a recent speech given by Illinois Governor Pritzker related to the budget. DCFS publications about permanency are being updated to emphasize the option of guardianship.

Beginning in September 2020 Immersion Sites began monthly Supervisory Forums in the Immersion Sites. Topics vary, although improved service delivery is the underlying agenda.

Supervisors who lead implementation teams have begun monthly Supervisory Forums, and while improved service delivery is the underlying agenda, all have committed to a minimum of one Supervisory Forum focused on guardianship as a permanency option.
Strategy 2.4: Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.

Q1 and Q2 - Illinois proposed implementing the Quality Hearing project with an initial self-assessment to participating judges and court stakeholders. Lake, Sangamon, DuPage (replacing Madison), and Marion counties were the proposed counties. Illinois requested an amendment to this timeline from Q1 to Q3 which has been approved by the Children’s Bureau.

The AOIC's Courts, Children and Families Division have contracted with a retired child protection judge to develop script/modified child protection bench cards. Following the conclusion of conducting court observations, a draft script/bench card has been developed with modifications on-going. This activity is complete. Modifications are on-going

(3) Strategy/Intervention: Well-Being

Goal 3: Ensuring the educational needs and physical/mental health needs of children in foster care and in-home cases are met and families have enhanced capacity to meet the needs of their children. (Well-Being 1; Well-Being 2; Well-Being 3; Case Review System; Staff and Provider Training)

Illinois has four strategies to accelerate progress and achieve performance targets for meeting the educational and physical/mental health needs of children/youth in care and in intact family services. These strategies are: 1) using statewide change management to implement the Core Practice Model statewide; 2) increase family and youth/child engagement through care coordination and enhanced implementation of child and family team meetings; 3) utilizing a multi-tiered system of support (MTSS) to provide appropriate evidence-based academic support programming to children/youth behind grade level; and 4) find solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.

Strategy 3.1: Implementing Core Practice Model (CPM) by using the Change Management Process statewide to improve investigator and caseworker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice.

Q1 and Q2 - Distributing data that shows each component of the Core Practice Model, percentages of staff trained by RSF, and where the component is in use, are important deliverables for both DCFS and POS leadership within Child Protection, Intact and Permanency. Reports have been drafted on a recurring basis for several years. The list of recipients of these reports is being expanded to help increase numbers of staff trained in each of the components. The Mt Vernon Immersion Site Director joined the CWAC subcommittee for Workforce Development to represent the Immersion Sites and provide information and data sharing with the larger CWAC at their quarterly meetings. In addition, the immersion site directors provide updates on CPM training data to DCFS regional leadership at quarterly regional leadership meetings. (There has been turnover in regional leadership and therefore not all regions have consistent
Quarterly meetings.) Reports of the training data are communicated to DCFS and POS leadership through multiple venues, including presentations in various ongoing meetings.

The supervisors on the immersion site implementation teams will use data, training reinforcement, and implementation activities with their teams to advance CPM and use peer support to increase cross site learning to address critical barriers. Beginning in September 2020 Immersion Sites began monthly Supervisory Forums in the Immersion Sites. Supervisory Forums are designed to provide a safe place for supervisors in the Immersion Sites to discuss issues regarding implementation of the Core Practice Model and discuss opportunities for improving service delivery to case workers and families.

Individualized services through Wraparound is used to mitigate safety concerns, enhance wellbeing, and enhance the capacity of adult caregivers. Use of Wraparound has been researched in immersion sites to ensure practice is consistent across sites and with Best Practice Standards. From January 2021 - March 2021 Wraparound Agencies in all 4 Immersion Sites had a utilization rate of 238% with 55% (253) of their referrals from Intact and 45% (205) of their referrals from Placement. The utilization rate reflects some of the agencies are exceeding their contracted capacity.

The Wraptrack/Wrapstat data collection program from the National Wraparound Evaluation and Research Team will be utilized by Wraparound sites beginning July of 2020. DCFS began the purchase of Wraptrack/Wrapstat for all Wraparound agencies in June 2020. Finalization of the purchase of both programs occurred in late December 2020. Wrapstat training was distributed to each Wraparound Agency Supervisor in December 2020 for review and feedback. Supervisors and Workers in Wraparound completed Wrapstat training on the TOMS 2.0 and WFI-EZ in January, February, and March 2021 from the National Wraparound Evaluation and Research Team.

Referral criteria will be standardized across Wraparound programs utilizing CANS scores to identify significant emotional and behavioral concerns. In February 2020 the Immersion Site Directors worked with the Wraparound agencies to ensure that all Wraparound programs in the established Immersion sites have the same process for referral, acceptance, service delivery and discharge.

Utilization and fidelity will be monitored and utilized in the quality enhancement process quarterly. DCFS Deputy Director of Research & Child Well-Being, Immersion Site Directors (ISDs), DCFS Quality Assurance (QA), Chapin Hall, JPA, The Field Implementation Support Program (FISP), Northwestern University and DCFS Clinical meet monthly to create, report, review and provide feedback on the Immersion Site Continuous Quality Improvement report.

The Family First implementation team is charged with continuous quality improvement and monitoring the 40 contracts dedicated to 5 evidence-based interventions.

Supervisors on the immersion site implementation teams identify administrative and process changes that can be made to ease workload and facilitate worker and supervisor engagement in core practices of CPM. From October - December 2020 the Immersion Site Directors worked with ITASC to identify administrative and process changes that could be tested as prototypes in the Immersion Sites. During the period of review, the Immersion Site Directors focused on the Integrated Assessment and made recommendations based on data and information collected by the ITASC Process Improvement Sub-Committee, led by an Immersion Site Director.

Supervisors on the immersion site implementation teams advocate for change through the change management process proposed by ITASC for process changes identified through Key Activity
3.1.11. From October - December 2020 Immersion Site Directors lead the ITASC Process Improvement Sub-Committee and completed the Change Management Process on the following identified issue or need: The IA is not being completed within 45 days, per policy. The recommendation from this process change was for the Department to add additional staffing for IA. The process change was presented to DCFS Administration. From January 2021 – March 2021 the Change Management was submitted to the Associate Deputy of Behavioral Health and the committee is awaiting a final decision on next steps.

**Strategy 3.2: Increase family and youth/child engagement through care coordination and enhanced implementation of child and family team meetings.**

**Q1 and Q2** - Chapin Hall completed a latent class analysis and predictive analytics report with recommendations to DCFS in July of 2020. This report with recommendations has been distributed to a small circle within leadership to inform efforts to improve practice with intact families.

DCFS will collaborate with Chapin Hall and CWAC to draft a process for enhanced use of CFT meetings for intact families using the work of Chapin Hall. The Chapin team also provided data analytics and consultation on the training curriculum aimed at enhancing the implementation of CFT, as well as drafted a process for enhancement of the implementation.

Intact and placement caseworkers, intact and placement supervisors, second level intact and placement supervisors/managers at DCFS and POS, Intact and placement monitors, regional support teams, and intact utilization team will complete the on demand online CFTM training through the virtual training center as a refresher to CFTM policy expectations.

The Virtual Training Center has this training available on demand for workers and supervisors to take at their own pace. There is currently not a tracking report to assess rates of completion, but each supervisor can check transcripts of their workers to determine whether this training has been completed. Release of 302.388 went out recently regarding intact family services with new CFTM language.

QE, intact utilization, and agency monitoring are charged with working on a case review tool consistent with the ACR tool used on placement cases to rate intact cases according to indicators of quality practice. The Quality Enhancement intact review team (QEST) has a review instrument and data base to provide for consistency and ease in reporting. CFTM questions were added to the existing review instrument for better understanding of the use of CFTM in Intact cases and the quality of the CFTM if it is occurring. Intact utilization and Agency Monitoring have access to both the review instrument, the data base and have access to the reporting features.

Enhancing the collaboration of services with the DCFS Home Visiting (HV) program and intact family service providers, including joint initiation of services to families involved in child welfare that include children ages prenatal to 3 is a focus and an area for improvement. Tracking has been a challenge. The Home Visiting program receives notice for every child under the age of 3 with an open Intact case. Home Visiting (HV) then does outreach to each caseworker to provide consultation, assessment, and linkage. Unfortunately, not all caseworkers keep HV in the loop. HV can only account for what HV can document with outreach, activities, and information gathered when linking families to services. On top of that, parental consent plays a huge role in what HV can understand as to service involvement. HV collaboration is very much trying to figure out how to have a data system by these multiple entities of DCFS and Home Visiting.
Strategy 3.3: Provide additional support and resources to youth in care at risk of not graduating high school.

Q1 and Q2 - The regional DCFS education specialist will communicate monthly with the school district appointed foster care liaison to monitor the grades and attendance of youth in care in all public-school districts in Illinois. Upon further analysis, the Office of Education and Transition Services (OETS) expanded the scope of educational monitoring for youth in care in public school districts in Illinois. The previous monitoring process was narrow in scope only reviewing attendance and grades; relied heavily on the manual submission of school data from school districts, who may or may not have an assigned Foster Care Liaison; did not account for the lag time of requested data rendering it outdated; and did not consider the need for other educational supports revealed by other internal systems (ACR specifically). OETS has formed a workgroup with NIU Department of Translational Research and the Office of Innovation and Technology to develop a comprehensive analysis of youth in care educational outcomes. The Department is exploring the use of Power BI and the development of an OETS Student Data portal that will allow bi-directional exchange of student performance data with the Foster Care Liaisons.

DCFS education specialists review and refer Tier 3 cases to Northern Illinois University Education Advisors for interventions to remediate academic or attendance issues and continue monitoring education referrals from ACR monthly feedback alerts for continuous quality improvements and policy and procedure implications.

DCFS education specialists provide educational support to workers by providing training on educational documentation provided by ISBE and training on multi-tiered system of support (MTSS). In October 2020, OETS posted “Back to School” tips; Educational Responsibilities for Youth in Care; “Let’s Talk About School” initiative; and various other webinar announcements on DNET. OETS began offering “Office Hours” to provide support to the field on education topics and questions. Future planned trainings include topics such as: ESSA and Best Interest Determination meetings: how Multi-tiered Systems of Support (MTSS) and Response to Intervention (RTI) can support youth in care; and accessing special education services for youth in care.

Strategy 3.4: Find solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.

Q1 and Q2 - The CWAC Child Well Being committee is providing monthly data summaries to the Department, the BH panel and the immersion sites to inform training, practice improvements and policy. The CWB data will be used to develop protocols for early identification of significant emotional/behavioral needs that require the support of key members of the DCFS clinical division. Child Well-Being (CWB) data on youth entering care has been collected since 2014 and has been used to learn more about trauma exposure of youth entering care, the relationship of complex trauma to well-being and functioning, the protective factors and emotional/behavioral needs of youth, and how some measures vary by age, race/ethnicity, and gender of the child. Protocols to address these needs have not yet been finalized but the process is informed by this data.

The appropriate clinical division staff will participate in CFTMs for the youth identified in 3.4.2 as in need of enhanced supports due to significant emotional/behavioral needs. An update regarding this activity will be provided in the next report. There has been an increase in clinical staff participation in CFTMs in the immersion sites, although not specifically for youth identified through CWB data.
The CWB data will also inform the training curriculum for Family First and other curricula TBD, for example, data related to identified needs of youth and parental capacity will be used to target referral to a specific evidence-based intervention.

Historical analyses have been conducted with CANS data on youth in care in Immersion sites, which are being presented in training modules regarding the needs of the population and how to use CANS assessment data to refer children/youth to evidence-based interventions. Even though historical analysis of CANS data is based upon cases of children who entered care, this information helps field staff understand how to use CANS data to provide a trauma-informed approach to prevention services geared to children and youth served by Intact Family Services.

(4) Strategy/Intervention: Systemic Factors

Goal 4: Strengthening an accessible service array needed by children and families, continuous quality improvement, and foster/adoption recruitment and retention systems. (Well-Being 1; Service Array and Resource Development; Quality Assurance System; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS will employ three primary strategies to strengthen its service array for children and families participating in intact services and those in substitute care placements. These strategies are: 1) coordination and expansion of Continuous Quality Improvement (CQI) such that DCFS/POS caseworkers/supervisors use case review data to improve service delivery with families; 2) implementation of a strong, coordinated statewide POS/DCFS foster/adoption recruitment, retention, and training program; and 3) partnerships with POS agencies and community organizations to expand delivery of evidence-based and trauma-informed services to address safety and mental/behavioral health needs of children, youth, and families.

Strategy 4.1: Develop a consistent Continuous Quality Improvement (CQI) process that is inclusive of change management techniques across DCFS service providers.

Q1 and Q2 - Aligning case review protocols, training and practice is foundational to a continuous quality improvement process. The three main case review processes that include both DCFS and Private Agency managed cases are the PIP Measurement Reviews (same as the OER) that use the Federal on site review instrument (OSRI), the Administrative Case Review (ACR) and the Intact Case Reviews. These three case review processes utilize tested review instruments, standardized training to complete the reviews, and databases for data entry and reporting. Beginning in Quarter 1 there has been increased coordination among Senior Deputies to reduce duplication in case review, ensure that quality is emphasized and that the areas listed above are covered. There is agreement that the Division of Quality Enhancement will provide consultation prior to implementation of any new review instruments.

The Division of Quality Enhancement (QE) with support from the University of Illinois Urbana Champaign Foster Care Utilization Review Program has aggregated the PIP baseline data & Year 1 PIP Measurement Reviews data into reports, provided the information to QE leadership as they facilitated discussion with the Operations area of DCFS. In addition, it is the practice that at the conclusion of a PIP measurement review and/or an OER case review that the reviewer briefs the caseworker and supervisor assigned to the case on their case-specific findings. This allows for further discussion of the review process and the findings/ratings in the case.
Curriculum was developed with Chapin Hall and is in the queue for DCFS’ Office of Learning and Professional Development (OLPD) to convert for availability on the Virtual Training Center (VTC).

CFSR data has been broken down into statewide, regional and Immersion Site breakouts for over a year. The data is now also available to Agency Performance Team (APT) monitoring staff, as well as Regional and Area Administrators (RA/AA). Several opportunities for walkthroughs of the process to access the data in Power BI were offered and attended, with opportunities for technical follow-up for those with issues. This process is dependent on keeping the list of APT, RA and AA staff up to date, so the appropriate security groups governing access can be updated, granting the necessary access.

Private Agency teams were asked to identify two to three liaisons per agency to access the data for their agency. This was done, and these liaisons added to a security group have been given row-level security to the data for three of the supporting dashboards that are part of the foundation for many of the CFSR dashboards. These three are Children Active In Care, Children Entering Care and Children Exiting Care. These liaisons were provided several opportunities for walkthroughs of the process to access the data in Power BI, and all were well-attended. The process for associating the data with the agencies is a stop-gap measure, and one requiring a high-level of manual oversight, so has only been applied to the supporting dashboards at this time. They do not have access to the CFSR outcome measures through this process, only to some of the supporting data. Despite these efforts, some Private Agencies are still not able to access data from the three supporting dashboards.

Within the Data Warehouse, significant progress has been made in the creation of a Foster Care model that includes relevant information around youth in care. This model includes open/close dates, legal information, permanency goal, placement, worker assignment and more, as well as demographic and location information for enhanced reporting. This model utilizes the warehouse’s ability to apply row-level security, which will make it available for Private Agency or DCFS team access, as well as access by APT and RA/AA team members. While not yet complete, it is entering the final stages of testing, and should be available by the end of May 2021.

Current reporting of the ACR, case reviews, and administrative data is occurring on an ad-hoc basis though some of the data are already available in Power BI. Combined reports utilizing these data are currently not part of the Power BI dashboards; however, these reports are available through requests to the Data Analytics, Performance Management, or QE teams.

DCFS and Private Agency staff at all levels will be provided with training content on CQI and peer support to integrate CQI steps and actions into their daily work. Curriculum was developed with Chapin Hall and is in the queue for DCFS’ Office of Learning and Professional Development (OLPD) to convert for availability on the Virtual Training Center (VTC).

Birth parent input is essential to the Child Welfare CQI system. Each active Partnering with Parents chapter has identified a birth parent to be a member of a steering committee that will meet quarterly. Currently there are eight birth parents on the steering committee. The Birth Parent Steering Committee has met consistently and will be meeting again on May 13th to discuss the identified statewide issues to begin work to formulate a plan to provide input into the child welfare system.

The strategic planning steering committee and/or designated sub-committees that include diverse stakeholders will meet monthly to assess implementation of action plans and make recommendations for revisions, if warranted. Two committees have been created to address
change management processes to improve practice. The Strategic Plan Implementation Communication Exchange (SPICE) committee has met and has nearly finished the charter to guide the work moving forward. The SPICE committee consists of DCFS agency leadership, Deputy level positions and above. The Stakeholder Collaborative Update committee has also met and completed the charters, which will be submitted for approval. The Stakeholder Collaborative Update is a group of representatives from each of the advisory groups to enhance communication and collaboration across stakeholder groups.

Quality practices have been highlighted in several presentations to different groups over the past few months. There were multiple sessions per week of ACR training during the month of February that highlighted the quality practice goals. There were also two PIP Town Hall meetings during February for CWAC that highlighted the quality practice goals. PIP presentations and CQI presentations were conducted for DCFS leadership.

**Strategy 4.2: Implement a strong coordinated POS/DCFS foster/adoption recruitment, retention, and training program statewide.**

Q1 and Q2 - Recruitment campaigns, training, and inclusion of foster and adoptive parents and support groups are the focus for this first measurement report. Due to the COVID 19 pandemic, the intent to hold monthly statewide community recruitment events was curtailed. However, the Resource and Recruitment Unit collaborated with DCFS Communications on the creation of a targeted foster home recruitment social media campaign. The campaign – Open Your Heart, Open Your Home, Foster My Future – has a strong presence on social media platforms such as Facebook and Twitter. These public service announcements have been broadcast over 42,000 times. In quarter 2, the campaign has reached 12,582, with 169 times of engagement where people may have liked a post, clicked on a link, or commented on an image. This campaign focused on targeted populations of LGBTQI+ youth, sibling groups, African American youth, teens, parenting youth, Spanish/foreign language, and special needs children.

To ensure youth have a forever home, Statewide Adoption Administrator, Statewide Adoptions Program Manager, Adoption Supervisors and ALS staff identified barriers regarding permanency staff not listing Youth in Care referrals. Those barriers include: 1. staff turnover; 2. staff unaware that YIC available for adoption should be listed with ALS; 3. staff lack of understanding concerning the process and their responsibility to respond to ALS; and 4. the ALS referral form too lengthy at 14 pages.

The Regional Adoption teams held quarterly meetings for Private Agencies as well as DCFS with an agenda item as Adoption Listing Service, ALS staff presented and DCFS stressed the importance of Listing Youth in Care who do not have a forever home. Statewide Adoption Administrator, Statewide Adoptions Program Manager, and ALS leader met to revise the ALS referral form. ALS leader was also provided the listing of children with goals of 24/25/26 to reconcile any Youth In Care who need forever homes. ALS contacts permanency workers to make sure required referrals are completed.

Curriculum is completed and training has been rolled out and is ongoing. (RR staff)

DCFS Communications continues to work with CMS/DoIT to upgrade and make the website more user friendly.
Strategy 4.3: DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families.

Q1 and Q2 - Training is a need for all staff that serve the identified target populations on the FFPSA law and the DCFS plan for prevention. The Family First curriculum will serve approximately 3100 staff who provide child welfare services to the targeted Family First Populations. Training is scheduled to launch in May 2021 and is expected to run for 4-6 months. The training map has been developed and curriculum development is underway for each of the modules included in this 3-day training event.

For both Intact family services and permanency, training for Evidenced Based Intervention (EBI) providers in Nurturing Parenting Programs (NPP), Positive Parenting Program (Triple P), and (Child Parent Psychotherapy (CPP) was conducted in quarter 1 and quarter 2 for 15 new NPP contracts, 10 new Triple P contracts, and 7 new CPP contracts.

The Family First curriculum will serve approximately 3100 staff who provide child welfare services to the targeted Family First Populations.

Training is scheduled to launch in May 2021 and is expected to run for 4-6 months. The training map has been developed and curriculum development is underway for each of the modules included in this 3-day training event.

Staff Training, Technical Assistance and Evaluation

Within the past five years DCFS launched its major learning and development implementation strategies: The Core Practice Model and Model of Supervisory Practice in the Immersion and Expansion Sites. The Core Practice Model was subsequently embedded into pre-service training statewide for all direct service staff. The Model of Supervisory Practice (MoSP) was later implemented statewide in August 2018. These models have been incorporated into Illinois’ Program Improvement Plan and are embedded into pre-service and in-service trainings.

During the pandemic, DCFS has not offered specific formal training on how to conduct virtual visits. Initial training was modified to address worker field safety during the pandemic for caseworkers based on CDC and Illinois Department of Health guidelines. Worker field experiences conducting or observing virtual visits during On-the-Job training led by the field were debriefed in class with the Foundations facilitators.

The Office of Learning and Professional Development will work diligently to support the successful implementation of all of the goals and objectives outlined in the CFSP, and will support the Illinois’ program improvement strategies in the following ways:

Goal #1: Provide logistical support as requested (registration, training space, professional clock hours, curriculum development, facilitators) for renewed safety focus inclusive of the Safety Reboot training, safety assessment simulation learning, and the Safety First, Safety Always training series.

Goal #2: Support the Department’s rollout strategy for an expanded use of simulation-based learning. The primary university is University of Illinois at Springfield. The second simulation lab, located in Chicago and staffed through a partnership with University of Illinois Urbana-Champaign, has just passed its 2nd year anniversary mark. A call for proposals
was issued for interest in university partners to staff and launch a third and fourth simulation learning labs. Northern Illinois University was awarded the contract and will launch the Northern Region simulation center and decision was made in May 2021 to end the sub-contract for the southern Region simulation center and to enter into new contract directly with Southern Illinois University Carbondale. The Northern and Southern Region simulation labs with launch under the OLPD in Q1 of FY22.

Goal #3: Support the Department’s mandatory professional development series under the direction of the current Director. OLPD will provide ongoing curriculum development, training facilitation, secure venue, provide remote or on-demand training, provide tracking, and provide ongoing clock hours for targeted staff completion of the professional development series that focusses on safety, assessment, and supervision.

Goal #4: Support the Department’s commitment to embed and train the Core Practice Model, through ongoing delivery of in-person, on-demand, and remote learning events related to the Core Practice Model Overview, Child and Family Team Meetings, and Model of Supervisory Practice. OLPD will continue to embed the principles of the core practice model into in-service and pre-service trainings.

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

Goal #6: Support the Department’s commitment to Family Connections through embedded principles of the Core Practice Model that focus on family connections within pre-service and in-service training.

Goal #7: Support the Department’s commitment to safety, permanency, and well-being through continual review and revision of existing curriculum as requested, such as, but not limited to: LGBTQ, Family First, Racial Disparity, and Sexual Health. OLPD will also continue to work with the Department, and specific units within the Department, such as Clinical Division, to provide consultation around effective training strategies, as well as provide training facilitation and curriculum development were warranted.

Goal #8: Support the Department’s continued commitment to casework and supervisory staff use and application of the Child and Adolescent Needs and Strengths (CANS). Will provide ongoing training, and tracking related to CAN’s professional development.

Goal #9: Support the Department commitment to enhancing supervisory practice in child welfare through the development, installation, and implementation of an enhanced supervisory training series at the request and discretion of the Department. In FY21, the Model of Supervisory Practice (MoSP) Series was expanded to increase the number of available seats to accommodate all current and veteran supervisors who have not yet completed the series which included the use of Supervisory Skill Labs as group learning events that reinforce and help supervisors apply learning content from the MoSP within their daily environment as well as individual coaching. This expansion will provide enough seats for all current direct service supervisors who have not yet completed a Supervisory Skill Lab.
series (4 modules, but who have completed MoSP as a pre-requisite, can attend. In Q2 of FY21 OLPD launched a Foundational series for new direct service supervisors to be completed following the new supervisor’s completion of specialty (Intact, Placement, Investigations) Foundations. This Foundations for Supervisors has been opened-up to veteran as well as new hire DCFS and private sector supervisors. In addition, child protection supervisors and managers were training in problem-based learning using virtual simulations.

Goal #10: Support the Department’s continued commitment to Trauma Informed practice as part of the Core Practice Model. Will provide ongoing training, related to Trauma Informed Practice as part of newly hired professional development training (6 months post Foundations) and as embedded into pre-service and in-service trainings.

Goal #11: Support the Department’s continued commitment to developing staff capacity in SACWIS use. Will provide ongoing training, related to Trauma Informed Practice as part of pre-service training series.

Goal #12: Support the Department’s continued commitment to Affirmative Action. Will provide ongoing training and tracking, related to LGBTQ, through both embedding content in pre-service, caregiver training, and staff on-demand in-service training.

Goal #13: Support the Department’s recruitment efforts through exploration of expanding Title IV-E usage related to university partnerships, student recruitment, and staff recruitment.

Goal #14: Support the Department’s mandatory professional development series under the direction of the current Director. OLPD will provide ongoing curriculum development, training facilitation, secure venue, provide remote or on-demand training, provide tracking, and provide ongoing clock hours for targeted staff completion of the professional development series that focuses on safety, assessment, and supervision.

Goal #15: Provide logistical support (registration, conference space, travel reimbursement for attendees, professional clock hours) as requested to the AOIC for the caseworkers, attorney, and judges learning events.

Goal #16: Support the Department’s commitment to enhancing safety, permanency, and well-being through collaborating when requested with the OIG to enhance OLPD curriculum or develop curriculum where warranted to address performance gaps identified by OIG.
Sub-Chapter 4A - Safety Services

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

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

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

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

• Prevention
• Protection
• Partnership

Prevention:

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

Families Eligible for Prevention Services:
DCFS conducted a series of analyses to understand the size, distribution, and needs of the populations of children and families who might benefit from evidence-based interventions under Family First. Based on these data, the Steering Committee selected three target categories of
families (please see Table 1 below) and estimated the number of children or caregivers served based on 2018 data.

**Table 1: Estimated Number of Children or Caregivers for Each Population to be Served by the Illinois Family First Prevention Services Plan**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Evidence-based Practice (EBP) Name and Description</th>
<th>Target Population (in years)</th>
<th>Funding Source (Family First, Other Federal, or State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Skills</td>
<td><em>Healthy Families America (HFA)</em> is an intensive, long-term home-visiting program tailored to families who may have histories of trauma, intimate partner violence, mental health issues, and/or substance abuse issues.</td>
<td>Families with children age 0-2 Goal: 200 families served</td>
<td>Family First, MIECHV, State Well Supported</td>
</tr>
<tr>
<td></td>
<td><em>Parents as Teachers (PAT)</em> is a home-visiting program to provide parents with child development knowledge, parenting support, and early detection of developmental delays and health issues.</td>
<td>Families with children age 0-5 Goal: 200 families served</td>
<td>Family First, MIECHV, State Well Supported</td>
</tr>
</tbody>
</table>

**Prevention Services**

Several important factors were considered to develop the proposed list of evidence-based practices (EBPs), including 1) needs of the target populations; 2) evidence ratings from the Title IV-E Prevention Services Clearinghouse (IV-E Clearinghouse) and California Evidence-Based Clearinghouse (CEBC); 3) Illinois’ existing capacity of providers to deliver relevant, evidence-based programs; 4) cost and feasibility of implementing various evidence-based programs relative to population needs and anticipated cost-benefit expectation associated with program implementation; and 5) DCFS and sister agencies’ previous experience in implementing and evaluating these interventions.

The rows highlighted in the table are the interventions that DCFS plans to claim through Family First at this time, while the other rows represent interventions that are part of the Department’s overall prevention strategy that may be considered for inclusion in the IV-E prevention plan in the future. (DCFS has resubmitted its IV-E Prevention Plan on 6/11/21 and 7/19/21.) Further service array refinements and additions will be considered after the plan approval.
**Parenting Skills**

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Target Age</th>
<th>Families/Served</th>
<th>State/Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurturing Parenting Program (NPP)</td>
<td>A family-centered program designed for the prevention and treatment of child abuse and neglect. The program lessons focus on remediating parenting patterns known to form the basis of maltreatment.</td>
<td>Families and children age 0-19</td>
<td>Caregivers of children from age 6-12 with moderate to severe emotional/behavioral difficulties</td>
<td>State Not Supported</td>
</tr>
<tr>
<td>Positive Parenting Program (Triple P)</td>
<td>Aims to support parents of children experiencing developmental and behavior problems. The program has 5 different levels of interventions tailored to the individual needs of the family.</td>
<td>Goal: 789 families served</td>
<td>Goal: 350 families served</td>
<td>Family First, Medicaid Promising</td>
</tr>
</tbody>
</table>

**Mental Health**

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Target Age</th>
<th>Families/Served</th>
<th>State/Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</td>
<td>A psychotherapeutic treatment that engages children and parents/caregivers together to treat the effects of trauma.</td>
<td>Children age 6-18 &amp; their caregivers with trauma or other emotional &amp; behavioral difficulties</td>
<td>Goal: 250 families served</td>
<td>Family First, Medicaid Promising</td>
</tr>
<tr>
<td>Child-Parent Psychotherapy (CPP)</td>
<td>An in-home intervention for trauma-exposed children.</td>
<td>Children age 0-5 who have experienced trauma, and their caregivers</td>
<td>Goal: 275 families served</td>
<td>Family First Promising</td>
</tr>
<tr>
<td>Wraparound</td>
<td>A team-based planning process providing family-driven care to meet the complex needs of children who are often involved with several child and family-serving systems.</td>
<td>Children age 4-17.5 with severe emotional/behavioral difficulties and their families</td>
<td>Goal: 200 families served</td>
<td>State, Medicaid Not Reviewed</td>
</tr>
</tbody>
</table>

**Substance Use Disorders and Mental Health**

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Target Age</th>
<th>Families/Served</th>
<th>State/Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multisystemic Therapy (MST)</td>
<td>An intensive family and community-based treatment for juvenile offenders with behavioral health issues.</td>
<td>Youth age 12-17 &amp; their families</td>
<td>Goal: 200 families served</td>
<td>Family First, Medicaid Well Supported</td>
</tr>
<tr>
<td>Seeking Safety</td>
<td>An integrated cognitive behavioral model addressing symptoms of post-traumatic stress disorder and substance use.</td>
<td>Adolescents &amp; Caregivers with a trauma and/or substance abuse</td>
<td>Served by Sister Agencies</td>
<td>State, Medicaid Not Supported</td>
</tr>
</tbody>
</table>

**Engagement/Casework Practice**

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Target Age</th>
<th>Families/Served</th>
<th>State/Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivational Interviewing (MI)</td>
<td>A client-centered counseling method that aims to develop the client’s internal motivation to achieve change. MI is often used in pre-treatment work to help engage and motivate clients for other treatment modalities as it helps clients explore and resolve their ambivalence to change.</td>
<td>Caregivers and youth</td>
<td>Goal: All youth in the system</td>
<td>Family First, State Well Supported</td>
</tr>
<tr>
<td>Solution-Based Casework (SBC)</td>
<td>An approach to casework practice that emphasizes care for the family and prompts the caseworker to help families identify and leverage their strengths to achieve goals. SBC is typically used for family problems that range from substance abuse and neglect to stress and work issues.</td>
<td>Caregivers and youth</td>
<td></td>
<td>State Not Supported</td>
</tr>
</tbody>
</table>

**Implementation Approach**

The Department, in collaboration with other state agencies, will implement the vision for prevention and support Family First implementation by expanding capacity with contracted
providers across Illinois, and through established networks within the Department of Human Services and the Illinois State Board of Education for home-visiting services (HFA and PAT).

Each child will receive an accurate assessment of risk on an ongoing basis, leveraging current assessment processes or developing new protocols for each of the target populations. The State’s information systems are being prepared to reliably accommodate the Plan’s candidacy tracking, child-level prevention plan development, referral processes, service utilization, claiming, safety monitoring, reporting, and continuous quality improvement.

Illinois continues to strengthen the relationships between providers, DCFS, sister agencies, trainers, and university partners to accommodate the expansion and scaling of service provision and to ensure ongoing support and enhancement of a competent and skilled workforce of both child welfare and service provider staff.

To prepare the workforce, the DCFS Office of Learning and Professional Development (OLPD) is designing and facilitating curricula to train direct service workers on general knowledge and enhanced practices through pre-service and in-service modules. DCFS will seek opportunities to collaborate with the Department of Human Services and other public agencies to integrate existing or create new contracts with training entities.

**Prevention Plan**

*Poised to deliver evidence-based interventions for those children and families most at risk for foster care placement*¹

1. *Engagement/Casework Practice EBPs*
   - Motivational Interviewing (MI)
   - Solutions-Based Casework (SBC)

2. *Families at Risk for Foster Care*
   - Pregnant & Parenting In Foster Care and Recently Exited
   - Intact Family Services and Intact Family Recovery
   - Extended Family Support (EFSP)
   - Recently Reunified with Bio Parents
   - Post-Adeption/Subsidized Guardianship

3. *Parenting Skill EBPs*
   - Healthy Families America (HFA)
   - Parents as Teachers (PAT)
   - Nurturing Parenting Program (NPP)
   - Positive Parenting Program (Triple P)

4. *Mental Health EBPs*
   - Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
   - Child Parent Psychotherapy (CPP)
   - Wraparound

5. *Mental Health & Substance Abuse EBPs*
   - Multisystemic Therapy (MST)
   - Seeking Safety (SS)

*The Plan’s service array refinements and additions will be considered after phase one of implementation.*

**Governance Structure**
PREVENTION:
- From the initial call for proposal as of Dec. 2020, the Department currently has 40 fully executed contracts as the providers will be ready to take referrals for evidence-based interventions (EBI)
- 17 staff are trained in Triple P, 54 are trained in NPP

CONGREGATE:
- Between Oct/Nov 20, there have been four information primers regarding QRTP for the field with over 1200 total participants.
- QRTP soft roll-out pilot launched in Nov. 2020 with two facilities, (CHASI Rice & One Hope United) and was expanded in March 2021 to include a total of 10 facilities.

COMMUNICATIONS:
- Presented FFPSA at the Prevent Child Abuse IL Conference: Nov 20 with approximately 110 participants

MILESTONE DATES:
- August 2020 submission of the IL Title IV-E Prevention Plan
- November 10 – met with the Children’s Bureau-Region 5 to discuss the revisions to our plan
- December 2020 - Resubmission of the IL Title IV-E Prevention Plan
- February 2021 - IL Quarterly meeting with the Children’s Bureau
- Feb. -March 2021 – (4) Caseworker & Direct Service Staff Townhalls
- Feb. – March 2021 – (4) Courts, Judges & Attorney Trainings
- March – April 2021 – FAC call for proposal, for Triple P expansion

Leadership remains confident that Illinois has a bold and robust plan that will allow families to achieve better outcomes by transforming child welfare from foster care to prevention, where families are the drivers and staff meets their needs through an expanded array of evidence-based interventions and tools so that the children and families are prepared to thrive.
Intact Family Services

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

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

b) short-term arrangement of appropriate safety plans, if necessary;

c) provision of direct intervention and linkage to community services;

d) taking protective actions when appropriate.

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

During the COVID-19 pandemic, all visitation with families continued virtually using phone or video conferencing. Staff also conducted at least one in-person visitation with families, including seeing all children each month, utilizing PPE and asking COVID-19 prescreening questions before entering the home. A critical decision was entered monthly by each supervisor regarding decisions to maintain minimum contact versus increasing frequency due to risks in the family. The supervisor documented the specific rationale for a decision to increase frequency of contact. In-person contact occurred during joint initiation of new investigation, in coordination with the DCP Investigator/Supervisor. During the hand-off staffing, the team consulted to determine if the transitional visits at assignment were to be conducted in-person or by virtual visit. If a safety plan was in place, weekly contact continued until the safety issue was mitigated and a safe CERAP was entered and approved. If the safety plan was in place by the Child Protection Investigator, they continued weekly contacts. If the safety plan was initiated by the intact worker, the intact worker made the weekly contacts. Monthly service provider contact was made by phone and documented in the family file. Child and Family Team meetings were conducted virtually and were utilized as a vehicle to discuss complex cases and contact. For medically complex and fragile children/youth, a medical professional was invited to the Child and Family Team meeting to assess the well-being of the child/youth.

Currently, the DCFS is involved in a grant study to provide Intact Family Recovery Services for families identified with substance abuse issues in Winnebago, Boone, Will and Grundy counties. This program is similar to the long-standing Intact Family Recovery program operating out of Cook County. The program recently expanded, with Intact Family Recovery services being offered to appropriate family referrals. This pilot began providing services to families in October 2020 in the counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgard, Ford, Iroquois, Livingston, McLean, Macon, Moultrie, Piatt, Shelby and Vermillion. In this program, a recovery coach is co-located with an Intact Family services caseworker and they work collaboratively with
the family. DCFS is working to develop a similar co-housed specialist program in the area of Domestic Violence.

**Goals moving forward:**

In 2019 the Illinois’ Governor commissioned a review and report from Chapin Hall at the University of Chicago regarding the Intact Family Services Program. Since the release of this report in May 2019, DCFS has worked to develop plans following the recommendations made. Intact-specific recommendations on which work has occurred include: working closely with the court system to improve the ability to file petitions on Intact cases when necessary; developing a case closing review system; and ensuring the family has a support system in place at case closing. The work with Chapin Hall continues and arrangements have been made for a consultation with other states to look at evidence-based practices involved in areas of Illinois’ work in intact services, including safety assessments, cultural competence, service matching and concrete supports. In addition, the unsuccessful case closure review and staffing process through the Intact Utilization Unit has been in place since July 2019. In this process each case scheduled to be closed with unsuccessful outcomes will be reviewed before closure may occur. This involves a review of the file and if needed, a staffing involving the worker, intact unit supervisors, agency performance team representatives and investigations staff. Work with Chapin Hall continues to build on the analytic work completed in Summer 2020, which has been leveraged to align the preventive service array with the population of families served by Intact, and to understand the definition and characteristics of high-risk cases to enable more effective oversight. Chapin Hall is also working with Intact to improve the implementation of the monitoring of “unsuccessful” case closures, by building data collection and monitoring strategies.

Intact Family Services will also be the hub for implementation of the state’s Family First Prevention Services Act (FFPSA) plan, under final review by the federal Children’s Bureau. Through this plan, families receiving Intact Family Services may be eligible to receive evidence-based intervention to address parenting, mental health, and substance abuse treatment needs. The plan has increased the capacity to deliver community-based interventions and improved the service planning process for Intact cases. Implementation teams are working on integrating these plans and, with final approval, will be able to reach full implementation in 2021.

The High-Risk Intact program has become a major focus for the Intact program. The number of Intact staff at DCFS has increased, along with DCFS’ ability to serve High Risk cases. Additional staff will be hired, and DCFS will be supporting private agency workers in carrying High Risk cases. Evidence-based approaches to service provision will be considered, as well as specialized training for High Risk Intact staff. DCFS has increased capacity to meet the intake needs of high-risk cases and has created structural changes to allow a more intentional focus on intact services. DCFS has also recently received approval to add Area Administrators, additional supervisors and direct care staff to meet the growing needs of the intact division.

- DCFS increased capacity by hiring 3 employees in FY 2020 and 23 employees in FY 2021.
- DCFS structural changes improved by hiring one Area Administrator for Central Region, one Area Administrator for Southern Region. Area Administrators for both Cook Region and Northern Region are pending.
At this time there is a daily review of new investigations on open Intact cases. Should there be a safety concern, a notification is sent to the Intact case worker and supervisor for their response, to be received within 24 hours. Daily reports are generated on these investigations, along with cumulative data, that will be assessed, (perhaps using predictive analytics), to determine any discernable patterns. Quality Enhancement Support Teams (of the Office of Quality Enhancement) review intact cases based upon designated high risk and priority allegations. Quality Enhancement also then partners with Intact for special focused reviews as needed. A relevant Dashboard will be created for outcome measures for Intact Services. Outcome measures will be determined with the input of the Child Welfare Advisory Front End committee, Quality Enhancement, and Agency Performance Team management. Work with Chapin Hall continues regarding predictive analytics, latent class analysis and evidence based practices with the intention for changes in intact as indicated in the Chapin Hall recommendations.

**New goal**

The Child Welfare Service (CWS) Referral Program is expected to roll out to our community-based providers July 1, 2021. This is a program designed to offer services to families who have been reported to the Department but where the risk to the child is deemed low enough for short-term (an average of 30 days) involvement, but where some services are needed to ensure that families can effectively utilize their own strengths and community resources to ensure the safety of their children and prevent future Department involvement. This includes all children included in the new law enacted under HB 1551.

It is anticipated that work with Illinois’ Program Improvement Plan, Chapin Hall recommendations and the Family First Prevention Services Act will continue to enhance programs that Intact and our community partners already provide. Continued growth is anticipated in the program. In order to ensure Illinois child welfare can meet the needs of this increasing population, adequate staff must be prepared to provide services.

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<th>Fiscal Year</th>
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**Safe Families Program**

Safe Families for Children hosts children and creates extended family-like supports for vulnerable families through a community of compassionate volunteers to keep children safe and ultimately together with their families. Founded in Chicago in 2003, Safe Families for Children (SFFC) is a multi-site volunteer movement that gives hope and support to families in distress. SFFC reframes how families are supported during a crisis. Parents voluntarily place their children in safe, loving homes where they are cared for (average of 6 weeks) while other
volunteers provide wrap around support to parents to help them get back on their feet and restore stability in their lives. SFFC is dedicated to family support, stabilization and, most importantly, child abuse prevention.

Services Provided

- Overnight hosting of children in host family homes
- Family Friend Mentoring with parent (with or without hostings)
- Day hostings
- Circles of support: a network of volunteers supporting a family
- Resource Friends: volunteers who give or get tangible goods to support a parent
- Family Coaching: Could be volunteer or staff providing casework type services
- Volunteer recruitment: Massive base building efforts to recruit and approve a wide network of volunteers
- Volunteers are currently being trained on PC Care; a parenting model developed by the University of California Davis based on Parent Child Interaction Therapy

Summary of the Safe Families self-study and Implementation for the year

- Safe Families Illinois had 1,294 hosting arrangements of 607 children from 364 families. This was despite a challenging year because of the pandemic. These include the Illinois side of Quad Cities. 990 hostings were referred by the parent or community agencies. 251 hostings were with DCFS referred children.
- The pandemic significantly impacted families and volunteers. We continued to host kids and serve families during the pandemic. It is amazing that families would open their homes to strangers during such a stressful time.
- 95% of children hosted by SFFC did not enter foster care.
- 91 new churches joined Safe Families
- Over 159 new host families were recruited and approved.

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

In addition to referrals to Safe Families by Child Protection Specialists, the Department also refers families to Safe Families from our Intact Family Services Program. As with Child Protection, if there is a situation where the family would benefit from the support of temporary placement services for the children, the Intact provider can refer the family. The Intact worker and the assigned Safe Families worker serve the family together.

Goals for the coming year:

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

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

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

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

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

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

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

DCFS remains committed to ensuring that Family Advocacy Centers are trauma-informed and family-centered. All FAC providers work collaboratively with “Be Strong Families,” an agency contracted by DCFS to provide Parent Cafes and quarterly trainings to FAC Advocates.
Additionally, FAC staff are encouraged to take the pre-foundation orientation training for DCFS employees to familiarize themselves with DCFS and its basic procedures.

In 2020 DCFS joined the National Family Support Network (NFSN). This is a Nationwide Network of private and governmental agencies that provide family strengthening services to the community. The Network Website offers many useful resources, research studies on family support programs and grant funding sources. Access is free of charge for all Network members. In 2021 96 Family Advocacy Center, DCFS and Crisis Nursery Center staff were trained in the NFSN Standards of Quality for Family Strengthening and Support practice. The standards are based on the researched and evidence informed principles of family support practice and strengthening families protective factors giving the Centers a common language and tools for evaluation.

In FY 2021 Family Advocacy Centers continued to develop the DCFS Alumni Drop In Center Program which was initiated to help alleviate homelessness among DCFS Alumni who have aged out of care and are 30 years of age and younger. The program provides social services and some hard services such as bus passes and money to cover the fees for Identification Cards, Medical Records, school registrations fees and and costs related to new employment or employment retention. These services are meant to stabilize the living situation of alumni youth. Alumni youth are eligible to receive any services offered by the Family Advocacy Center closest to their geographical location. Outreach efforts continue with letters going out to youth about to age out care and through clinical staffings that prepare youth for becoming independent.

Parenting Classes and other services have continued throughout the pandemic with Family Advocacy Centers branching out into the virtual delivery of these services. While most services have been provided virtually, there is some in-person contact when the need arises. A latent effect of virtual services has been a greater reach beyond normal geographic areas. It is anticipated that FACs will continue to use virtual services after the pandemic in combination with in person services.

In the current reporting year the Family Advocacy Centers provided 74,312 service hours to 8,805 families.

Past and Present Goals for the coming year:

Each year FAC program staff meet with Be Strong Families staff to program trainings for the next fiscal year. FAC program staff met with behavioral health providers who are able to teach Mental Health First Aid at Work to FAC providers in relation to adults and children under a Substance Abuse and Mental Health Services (SAMHSA) grant. The training is designed to inform professional, para-professional, and non clinical staff to notice and support an individual who may experience a mental health or substance abuse crisis. The training is free of charge. Individuals who complete the training receive a certificate of completion and a community resource book specific to their geographical area. The Mental Health First Aid Training was a success for those who attended from the Northern and Cook Regions. Training Evaluation is in the first stage and participants have given positive feedback regarding the training and their ability to use what they have learned at their home agencies. Online training platforms are being explored for this and other trainings.

The FAC providers continue to expand their community networks. During the next reporting period the FAC providers will work more closely with the DCFS Extended Family Support Network.
through the Kinship Navigator Program. DCFS surveyed the EFSP contract providers and those that responded stated that at least 50% of the families they serve could benefit from services provided by Family Advocacy Centers. The Department will use funding from the Kinship Navigator Program to help these families prosper by referring the families to FAC agencies. A Kinship Navigator was hired April 2020 by one of the Family Advocacy Centers to coordinate referrals to the Family Advocacy Centers Statewide from the Extended Family Support Program. The Kinship Navigator has created a forum in which to present information that is helpful to families with presentation from the Chicago Board of Education and the Illinois Department on Aging to name a few. To date there have been few Family Support Referrals to Family Advocacy Centers, but this is expected to improve.

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

Family Advocacy Centers have been invited to submit proposals to deliver Triple P Parenting Services (Positive Parenting Program) under a separate contract under the FFPSA.

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

3) FAC program staff will continue to develop program evaluation tools during this reporting period including the ability to track Kinship Navigator participants and to identify where services are being provided either in a classroom, office or in a home setting, as well as online. The Web Based Family Advocacy Center Data Base has been updated to track the number of referrals from the Extended Family Support Program. With the hire of the Kinship Navigator Statewide Coordinator, referrals to the Family Advocacy Centers will begin.

Be Strong Families

Be Strong Families (BSF) will continue implementation of its Building Protective Factors with Child Welfare Involved Families program as part of DCFS federal five-year CFSP by partnering to develop transformative conversations among child welfare audiences that nurture the spirit of family, promote wellbeing, and prevent violence. Through this program BSF is providing 420 service events statewide to target child welfare audiences (Foster Parents, Youth and Young Adults in Care, and Birth Parents with placement and intact cases or under investigation). These services occur evenly between Illinois’ downstate and northern regions and are focused on:

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

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

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

In FY21 through March 31, 2021 BSF has served:

- 377 unique birth parents, with overall attendance totalling 1,296 in 179 service events provided. 266 or 70% of unique participants have returned for at least a second session. Getting on the Fast Track workshops are the highest percentages of services provided with this audience and offer sessions on the importance of strengthening caseworker and caregiver relationships, understanding visitation, and developing positive social connections. Through March 96% of participants are reporting satisfaction with the trainings and 86% are reporting learning valuable information that they have not received elsewhere.

- 300 unique foster parents, with overall attendance totalling 625 in 99 service events provided. 112 or 37% of unique participants have returned for at least a second session. Foster Parents are participating in Parent Café peer to peer support and parent education services as well as trauma informed workshops on topics such as Using Lifebooks, Maintaining Family Connectedness, and Trauma Stewardship. 85% of participants are reporting an increase in their network of support, with 93% reporting they feel more comfortable accessing professional support or seeking community resources for help when they need it.

- 65 unique youth and young adults, with overall attendance totalling 164 in 36 service events provided. 34 or 52% of unique participants have returned to participate in at least one additional session. YYA participate in café services providing peer to peer support and education on the Strengthening Families™ Protective Factors and YouthThrive. 94% of cafes are reporting that they learned new ways of using the protective / promotive favors in their lives to help them prepare for adulthood and 88% reporting that they learned a new way to handle stress in their life. 93% of cafe participants reported feeling valued as a result of the process.

Services this past year shifted dramatically from previous years in response to the COVID-19 pandemic. BSF first began pivoting to online services as early as March 18, 2020 and has been meeting the deliverables of its program plan through the delivery of online services for over a year. For the most part, BSF has been able to navigate the challenges of online service successfully. Birth Parents and Foster Parents numbers are still on pace with previous years, but the biggest challenge has been confirming and delivering services for the youth and young adult audience living in residential facilities. Only a small portion of BSF’s partners have been
able to consistently offer services throughout the year due to lack of access to technology or supervision. YYA services are being successfully delivered in settings where agencies have been able to gather participants in a common room and utilize shared a/v equipment to participate. As a result, BSF has only been able to serve 20% of the volume of youth in comparison to last year.

There have been positive effects since converting to online as well. For example, the online delivery platform has facilitated the ability to convene and deliver services to larger audiences in the Central and Southern regions. This has historically been a challenge due to the geographic distances involved. BSF has seen increases in foster parent participation in some areas as the online training services are more accessible and convenient to attend being at home without the additional travel and childcare logistics.

Goals moving forward:

Entering FY22, BSF has developed a plan to provide a similar service array overall and will follow the lead of DCFS and State government leadership in preparing to transition back to onsite delivery. There is still uncertainty with regards to a full return to in-person services, but the past year has proven that the program may be more effective at reaching additional birth and foster parents by continuing to offer online services in a reduced frequency through the year. Based on feedback from foster care parents there are plans to offer a hybrid of in-person and online options for foster parents. A plan is being developed to analyze the effectiveness of services in assisting birth parents with completing their plans and increasing parenting knowledge and skills and the impact of protective factors in the lives of both birth parents and foster parents.

Through the delivery of services it is expected birth parents will report a change in attitude toward their relationship with their caseworker and feel more confident about achieving their reunification goals in their case plan. In addition to increasing their network of support, services will also continue to assist Foster Parents in learning about new community resources available to them, and increasing the promotion of trauma-informed parenting practices such as maintaining family connectedness, trauma stewardship and working with their foster kids to create Lifebooks.

Services for youth and young adults will offer new tools and skills to help them transition towards independence and in feeling more confident that they have a good life and can handle whatever challenges arise. Services for professionals will help them learn new tools, skills and strategies to use in their role and work to increase their confidence in engaging parents in a strength-based, appreciative manner.

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

- Improve timelines to permanency
- Effectively meet the needs of children and youth while in care
- Engage mothers and fathers early and often throughout their department involvement
- Support the workforce to effectively and consistently engage children and families
Extended Family Support Program

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

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;
- Referrals for other services
- Cash assistance for items needed to care for the child and fees to obtain guardianship.

Typically, the program serves families for five months. However, the length of time that the provider serves the family depends on what services are requested. Relative caregivers seeking guardianship typically take more than five months to obtain guardianship.

In FY20, DCFS contracted with 16 agencies to provide EFSP Services. In FY20, we referred 707 families for services. The 16 agencies billed a total of $878,948.07 for the assistance they provided in FY20. In FY21, we again contracted with 16 providers and referred 665 families for services. We anticipate referring 700 families in FY22.

Our providers reported that 89 relative caregivers already obtained guardianship. However, we are still obtaining closing reports for cases referred in FY21 and believe the number will increase greatly as the caregivers referred towards the end of FY21 are served. Program rules do not let us assist all relative caregivers obtain guardianship (e.g., when a parent objects or when a person in the home has been convicted of a violent crime). Closing reports submitted so far in FY21 show that of the relative caregivers that DCFS approved the private provider to assist obtain guardianship, 60.14% obtained guardianship. Most of the remaining families did not want guardianship.

In FY20, IDCFS hired a Kinship Navigator Ombudsperson through a contracted agency. She has worked with the Department on Aging (DoA) to reconvene the Kinship Navigator Task Force (KNTF, formerly referred to as the Grandparents Raising Grandchildren Taskforce). KNTF tries to educate caregivers and advocate and to resolve barriers to services for relative caregivers, including those listed in the paragraph above. The KNTF currently meets the second Monday of every even numbered month. She will also support the DoA’s Kinship Caregiver support groups. She is the program monitor for fifteen of the sixteen contracted EFSP Provider agencies (one Provider is also her employee so another staff to monitor that contract. She has conducted evaluations on the Providers in hopes of improving services for EFSP clients.

IDCFS started discussions with the Illinois Department of Human Services (IDHS) to work with homeless minors (ages 14-17) who have been locked out of, or have left, their parent’s home. When the youth cannot return to their parent’s home but are able to find a relative who can care for them, IDCFS will determine if EFSP services are appropriate. IDCFS also started discussions with the Department of Juvenile Justice (DJJ) to help relative caregivers who are caring for a relative’s child when a parent is placed in one of their detention centers.
Response to the Pandemic
The pandemic has not caused a noticeable difference in the number of referrals. Many programs and court rooms stopped meeting clients in-person. Many programs have used virtual meetings, including virtual court hearings. EFSP staff have found that the average amount of time a case is open has increased due to the pandemic.

Last Years Goals
- IDCFS applied for and received over half a million dollars in federal kinship navigator funding to enhance EFSP and create a website. Partially Met: IDCFS received the funding and the website will be completed this Spring.
- Create the KNTF. Met: We have already had three meetings.
- Create Kinship Caregiver Support Groups. Partially Met: IDCFS is supporting the support groups DoA already created.

Goals moving forward
- Complete the kinship navigator website
- Further develop local kinship caregiver support groups.
- Continue to work with IDHS and DJJ to assist relative caregivers that might not have known about EFSP but could truly need these services.
- IDCFS hopes that these strategies will not only provide needed support and assistance to current relative caregivers but will also encourage additional families to seek this service in order to stabilize children in their home.

Program Update
In FY20, a Kinship Navigator Ombudsperson (KNO) was hired and by the first half of FY21, the KNO completed the first evaluation on services provided by each agency. This entailed a review of case files as well as client reports to determine how quickly providers were responding to the request of the family to obtain guardianship as well as their ability to provide other services. A narrative report was provided in January 2021 to each provider. Towards the end of FY21, the KNO completed a full case review which included a similar evaluation conducted on the providers six months earlier. The narratives will be completed and sent them to the providers this summer.

The KNO meets with the Department on Aging monthly, as this group funds kinship caregiver support groups. The KNO also created the Kinship Navigator Task Force (KNTF) in FY21, as the KNTF has already met five times and had more than 50 persons attending each task force meeting. The KNTF provides information to relative caregivers as well as their advocates and services providers on topics important to relative caregivers. These topics included:
- EFSP
- The Illinois Department on Aging’s Grandparent Raising Grandchildren Program
- The Child Only Grant
- The Eviction Moratorium and Rental Relief Program
- Legal issues pertaining to guardianship
- Enrolling children in school

The EFSP Website was created and can be found at:

https://www2.illinois.gov/dcps/lovinghomes/families/Pages/Family-Preservation-Services.aspx
Norman Services

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

- Cash assistance Program (CAP) purchases items needed to care for the children that the family cannot afford to purchase themselves;
- Housing Advocacy Program (HAP) assists families search for and maintain housing; and
- Expedited enrollment for Temporary Assistance for Needy Families (TANF) allows families apply for TANF 90 days before their children are returned home.

Between SFY2017 and SFY 2020, DCFS has authorized 81% more cash assistance to 58% more families ($1,913,392.92 to 2,184 families compared to $3,456,129.42 to 3,456 families). IDCFS has been able to keep up with the increase in Norman Cash Assistance utilization by authorizing more money to CAP contracts.

Between SFY2017 and SFY2020 DCFS provided HAP services to 28% more families (1,109 compared to 1,424), This increase would have been greater but IDCFS has had a harder time keeping up with the increasing demand for HAP services as there have been struggles to create new contracts with new providers. In FY21, a 15% increase in the hourly rate paid providers has eased the Department's ability to find more providers.

There are a few reasons for the increased popularity of HAP services.

- A new program monitor has increased training to housing advocates, allowing them to be better equipped to meet the needs of IDCFS involved families.
- Housing advocates have been able to successfully divert families from becoming homeless even when they cannot afford to obtain or maintain their own housing.
- IDCFS hired a Family Unification Program (FUP) Liaison. FUP provides a housing choice voucher (also known as Section 8) to IDCFS involved families living in inadequate housing. The FUP Liaison has increased relationships with local housing authorities ensuring that FUPs across the State are close to capacity. This causes an increase in HAP utilization since every family referred to FUP must be served by a housing advocate, Sixteen Housing Authorities in Illinois currently administer FUP.

IDCFS has worked to fund new providers and now covers all areas of the State. There are currently seventeen housing advocacy providers located in twenty-three offices around the State.

The Housing Advocacy Program (HAP) serves both families certified into the Norman Class and youth who are aging out, or have aged out, of DCFS care. Services are available in all counties of the State unless providers are at capacity. The program provided services to 1,441 Norman Certified families in FY21.

During the pandemic, the HAP providers had a hard time hiring housing advocates and keeping them employed. This often limited our ability to refer Norman families in FY21. We hope that the providers will be able to rectify this problem in FY22. We have already added two more HAP providers and hope to add an additional two in the near future. If the HAP providers hire more housing advocates, we believe we will serve 1,600 families in FY22.
Response to the Pandemic
The State responded to the pandemic by dramatically increasing State funding for Norman CAP. Most of the increase in spending over the past year is to help families with rent arrears. Although some services are provided virtually, the pandemic has not altered our ability to serve families.

Last Years Goals
- IDCFS planned to add two more housing advocacy providers in FY20. Met: This was accomplished and we are now serving every county in the State.
- IDCFS has challenged child welfare workers to employ the "housing first" model when serving families with children in care. Continuing: IDCFS created a training on Norman Services which includes the importance of considering housing first. IDCFS will continue to challenge child welfare workers to consider housing first.

Goals moving forward
- IDCFS plans to add two more housing advocacy providers in FY22. IDCFS identified a provider located in the western Cook County suburbs and another in Marion, as these areas are currently underserved.
- Continue to ensure that local Housing Authorities who received FUP funding are at capacity.

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

Between SFY2017 and SFY 2020, DCFS has authorized 72% more cash assistance to 52% more youth ($119,323.86 to 95 youth compared to $205,510.07 to 144 youth). IDCFS has been able to keep up with the increase in Norman Cash Assistance utilization by authorizing more money to CAP contracts.

Between SFY2017 and SFY2020 provided HAP services to 106% more youth (150 compared to 309), This increase would have been greater but IDCFS has had a harder time keeping up with the increasing demand for HAP services as there was a struggle to create new contracts with new providers. FY21 saw an increase in the hourly rate paid providers by 15%, this has aided in finding more providers recently.

IDCFS has collaborated with local homeless Continuums of Care (CoCs) which are networks of community agencies that serve and house homeless individuals and families (including youth who have aged out of care). The Suburban Cook County CoC received federal funding to end youth homelessness in Suburban Cook County. IDCFS has worked with the CoC to implement a program to reach this goal.

FUP (see the section on Norman services above for a description of FUP) can also serve youth aging out of care. Ten Housing Authorities that receive federal FUP funding have opted to serve
youth. Youth referred to FUP must receive follow-up services for 18 to 36 months. To meet this requirement, IDCFS sought and received federal approval to use their Independence Facilitation Grant funding to provide housing advocacy and cash assistance to youth referred to FUP until they turn 23. IDCFS is unique in its efforts to reach out to housing authorities across the State to utilize FUP in this manner.

The federal government recently created the Fostering Youth to Independence (FYI) Initiative. It is similar to FUP but only assists youth who are aging out or have aged out of IDCFS care. IDCFS successfully assisted the Peoria Housing Authority and the Housing Authority of Champaign County obtain FYI funding. IDCFS assisted CHA apply for vouchers and are awaiting a decision on funding.

The Housing Advocacy Program (HAP) serves both families certified into the Norman Class and youth who are aging out, or have aged out, of DCFS care. Services are available in all counties of the State unless providers are at capacity. We referred 319 youth who were aging out or have aged out of DCFS care in FY21.

The reduction in housing advocates (see above on page 143) did not lead to a major reduction in referrals to the Youth Housing Assistance Program. Eligibility criteria was expanded when additional federal funding was received in FY21 to serve youth up to the age of 27 (normally youth are not served after their 23rd birthday). Therefore, some youth we served who normally wouldn’t be served in FY21. The expanded eligibility criteria will end on September 30, 2021. The program anticipates referring 320 youth to HAP in FY22.

Response to the Pandemic
In the fall of 2020, IDCFS decided to extend services to youth who turned 21 after April 1, 2020 as a result of the pandemic. In the winter of 2020-2021, IDCFS responded to expanded federal funding to continue to provide YHAP and YCAP services to youth who aged out of care and have not yet turned 27 until September 30, 2021. Youth with a closed case may receive housing advocacy, cash assistance and a short-term housing subsidy. Although some services are provided virtually, the pandemic has not altered the program’s ability to serve youth.

Last Year’s Goals
- IDCFS renewed the contract of the Youth Housing Assistance Program coordinator again in FY21. The program continues to grow during her tenure: Met
- Identifying new providers in underserved areas. Met: The program now serves every area of the State.
- Because of changes to FUP and the decision to allow IDCFS to use Independence Facilitation Grant funding after the youth turns 21, and the decision to serve other youth over 21 during the COVID-19 pandemic, it is likely that the number of 21 and 22 year old youth served through the program will increase. Met: IDCFS has been able to refer more youth to FUP because of the extension of services.
- IDCFS responded to bills passed by the Illinois legislature regarding coordinating services for youth who have aged out of care. Continuing: youth who are aging out of care are surveyed to determine the best way to coordinate services for these youth after they age out of care.

Goals moving forward:
- IDCFS renewed the contract of the Youth Housing Assistance Program coordinator. The program continues to grow during her tenure.
• IDCFS works toward identifying providers in underserved areas, and was able to locate providers in the western Cook County suburbs and Marion.
• IDCFS will continue to work with local housing authorities to apply for FYI funding. IDCFS is currently working with the Housing Authority of Cook County and the Jackson County Housing Authority who have expressed interest in applying for FYI funding.
• IDCFS will continue to meet the enormous increase in referrals due to the expanded eligibility criteria caused by the pandemic.

Public Education

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

The Communications Office has a number of other duties:

• Focuses on promoting positive media stories to recruit foster and adoptive parents on television, radio, newspaper articles and social media platforms, including Facebook, LinkedIn, Twitter, Instagram and YouTube.
• Serves as a spokesperson for the Director and for DCFS; and interprets DCFS policies and actions for the media, DCFS clients and the public.
• Manages DCFS presence on Facebook, Twitter, YouTube, Instagram and LinkedIn. The office also manages DCFS internal “D-Net” website accessible by staff and private agency partners and the DCFS’ public-facing website (www2.illinois.gov/DCFS).
• Serves as liaison between DCFS and the Governor’s Communications Office, lawmakers, other state agencies, federal regulatory and budgetary agencies, the public and the media.
• Collaborates with state and local private providers, agencies and community members to work together to improve safety for children and families.
• Partners with businesses, nonprofits, law enforcement, public and private schools and churches for initiatives including Child Abuse Prevention Month; letting child victims know that help is available by calling the hotline; the ABCs of Safe Sleep Campaign to reduce the risk of infant deaths due to unsafe sleep practices; and the Water Safety Campaign reminding parents of safe practices to avoid accidental drowning.
• Establish and strengthen community relations to support DCFS programs.

For Fiscal Years 2020-2021:

Foster parent recruitment:

The state of Illinois is facing a shortage of foster caregivers and licensed foster homes. To reverse this trend, the Office of Communications develops state-wide comprehensive plans to raise public awareness and recruit qualified caregivers that are willing to support youth in crisis and provide safe and stable placements in licensed foster homes across the state of Illinois. To this end, a new work group was created comprised of the Office of Communications, Resources and Recruitment, Licensing and Diversity, Equity and Inclusion (Foster Parent Recruitment Communications & Outreach workgroup); the group meets bimonthly to plan and implement recruitment strategies in alignment with the Foster Parent Recruitment Plan.
Creating a social media campaign focused on recruitment: DCFS’ traditional methods of conducting public outreach to recruit foster parents ceased because of the COVID-19 pandemic in March 2020. As a result, the Office of Communications launched a social media foster parent recruitment campaign to raise public awareness and raise interest in becoming a foster parent. The campaign, *Open Your Heart, Open Your Home, Foster My Future* was launched with a statewide press release in June 2020.

Information gathering, analysis and role defining for key stakeholders: This fiscal year community organizations and social service agencies were identified to enlist their commitment with disseminating our public awareness message using their communications tools (for example, newsletters, social media platforms and website) and to invite them to host a virtual or in person presentation about fostering a child for their constituency.

Defining measurable outcome goals set to address the most pressing placement needs of children and youth in care: This includes targeting families to support: children and youth in need of specialized care, those in sibling groups, are dually involved, LGBTQ, African American adolescents, pregnant teens or require bilingual (Spanish speaking) home placement.

Visuals were created for social media posts specific to eight groups needing foster homes: Siblings, Teen Parents, LGBTQ+, Latino, African American, monolingual/bilingual, older youth, and special needs. *Open Your Heart, Open Your Home, Foster My Future* campaign is ongoing on Facebook and Twitter platforms. Results of this campaign are measured by:
1. The number of clicks a post gets;
2. The number of forms filled out requesting more information; and
3. The number of foster applications completed.

Plans for FY22 include:

- Assess the new baseline of analytics from the foster parent recruitment social media campaign
- Analyze statewide data of children and youth needing placements so as to conduct a targeted campaign to recruit foster parents on social media.
- The statewide launch of foster parent recruitment virtual power point presentation designed to be easily tailored to a specific audience, which was piloted in fiscal year 2021.
- When COVID-19 restrictions are lifted, in person presentations will be given to groups of individuals interested in learning about fostering. These meetings will be convened/hosted by community organizations or social service organizations.
- Analyze statewide data of children and youth in care needing specialized care, those in sibling groups, LGBTQI+, African American, adolescents, pregnant teens or require bilingual (Spanish speaking) home placement to inform foster parent recruitment strategies.

Safe Sleep Campaign

This ongoing campaign educates parents and caregivers about safe sleep practices to reduce the risk of Sudden Infant Death Syndrome and other sleep-related deaths through traditional earned media outlets.

Plans for FY22 include:
The Communications Office will continue to promote a state-wide “safe sleep environment” campaign focused on sharing safe sleep information with the public through a targeted social media campaign utilizing DCFS’ Facebook, Twitter, Instagram, YouTube and LinkedIn channels and through experiential marketing efforts. The goal of the effort is to reach specific communities where consumption of traditional media is dropping off and new practices are required to impact public awareness.

- Identify community organizations and social service agencies to enlist their commitment with disseminating our public awareness message using their communications tools for example, newsletters, social media platforms and website and to invite them to host a virtual or in person presentation about fostering a child for their constituency.

Protection

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

Child Abuse Hotline

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

On 3/16/2020 in response to the COVID19 crisis the Illinois Hotline call center staff were deployed to working remotely from home to handle Hotline calls of Child Abuse and Neglect.

Summary of FY21 Goals:

A priority project for the Hotline during FY21 has been to increase efficiency, reduce redundancy, and eliminate manual processes for workers. This effort directly affects child safety, as staff are working towards processing calls in real time.

The Hotline’s goal: To decrease the message-taking rate and increase the percentage of calls handled and assessed when a caller calls in the first time was met during FY21.

This goal was met due in the following way:

1. Applying a lean management approach model in September 2019 which created a work group of all levels of staff at the hotline to map out current state and future state process and the action steps needed to reach the future state. This process has reduced redundancy and eliminated wasted steps.
2. Partnership with the IT department for targeted improvement to the SACWIS system to support automation of processes and eliminate steps for the hotline. Examples of the changes: Auto saving intake narratives, automation of leads requests for subjects 13 or over in a child welfare investigation, anonymous reporter defaults to non-mandated other reporter type, law enforcement badge numbers will be viewable, other intakes added to person search and can be viewed by DCFS staff. Part of the initiative was to develop a new On-Line reporting platform for customers and for hotline staff. The new system was launched September 2020. The platform is user friendly to the public and for hotline workers. The hotline partnered with the office of communication to promote and communicate to all reporters the availability of new platform. Targeted communication was sent to DCFS and private agency staff, to the law enforcement community statewide, statewide communicators, and medical personnel. Additionally there has been social media messaging used to communicate the online reporting platform.

3. March 28, 2020 the hotline was provided the technology to work remotely due to the COVID shelter in place order. This was a historic time for the Illinois Child Abuse and Neglect Hotline. Hotline staff have reported increased satisfaction working from home and their ability to focus on the work has increased. Remote working has improved the hotline’s ability to recruit staff in other parts of the state of Illinois that have not been reachable in the past.

4. A 4th satellite location was launched in the Southern part of Illinois for remote workers to touch down if there are power outages in their area. The satellite was opened in October 2020. A fifth satellite location is anticipated for the northern region in the late fall or winter of FY22.

5. The hotline has increased staffing from 110 in FY21 to 165 at this writing. In March 2020 there were approximately 55 vacancies. To date there are 6 vacancies: 5 in Springfield and 1 in East St. Louis. This has helped to reduce overtime and increased the retention of staff.

Revised 5-year Goals:

<table>
<thead>
<tr>
<th>FY</th>
<th>Message-taking Benchmarks</th>
<th>Actual Performance</th>
<th>Answering/Assessing Calls in Real Time Benchmarks</th>
<th>Actual Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 (actual)</td>
<td>58.6%</td>
<td>58%</td>
<td>39%</td>
<td>39.8%</td>
</tr>
<tr>
<td>20 (actual)</td>
<td>55%</td>
<td>42.6%</td>
<td>44%</td>
<td>52.6%</td>
</tr>
<tr>
<td>21(Q1-3)</td>
<td>50%</td>
<td>0.3%</td>
<td>50%</td>
<td>97.3%</td>
</tr>
<tr>
<td>22</td>
<td>&gt;1%</td>
<td></td>
<td>97.0%&gt;</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>&gt;1%</td>
<td></td>
<td>97.0%&gt;</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>&gt;1%</td>
<td></td>
<td>97.0%&lt;</td>
<td></td>
</tr>
</tbody>
</table>

Goal for FY 22:

To maintain current level of performance.
Child Abuse Investigations

The Division of Child Protection’s major purpose is to ensure the safety of children brought to our attention, by responding to every report taken by the child abuse hotline, and conducting a thorough assessment and investigation. The focus of the Division is safely maintaining the child with their family of origin, and when that is not possible, removing the child to foster care to support reunification or another permanent, safe and stable living alternative. The Abused and Neglected Child Reporting Act (ANCRA) identifies that only DCFS child protection investigators can investigate claims of abuse/neglect. Clients served are the families of Illinois and the authority by which DCFS can intervene with a family is outlined within ANCRA. Statewide there are approximately 730 staff serving as investigators.

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

- Other state agencies such as the Departments of Human Services, Healthcare and Family Services, and Public Health manage programs such as daycare, WIC, home visiting nurses, Individual Care Grants, and child support. These programs are vital to many families and also provides another set of “eyes” to help ensure children are safe.
- Medical Professionals, including Child Abuse Pediatricians who provide critical medical opinions informing on injuries, trauma, and/or neglect to the children brought to the attention of DCFS.
- Local court systems, attorneys and Judges assist investigators with orders of supervision, filing petitions, and determining the best outcome for a child.
- Law enforcement and DCFS investigators work closely together in the assessment of safety of the children brought to the attention of DCFS and law enforcement.
- Child Advocacy Centers are also a key stakeholder in setting up multidisciplinary teams and forensic interviews to investigate abuse.
- Intact Family Services Community based providers are relied upon daily, as they currently hold approximately 88% of all intact services and families. 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.
- School systems are key partners and the largest reporting group to DCFS hotline. These are the community partners with whom children spend up to eight hours daily, and as such, often a safe place in which children feel comfortable in revealing abuse/neglect.

Goals for the future:

Over the coming years the Division of Child Protection will

- Continue to fill vacancies quickly utilizing the Division’s Onboarding and Retention plan.
- Continue with its routine collaboration and communication between Operations and Office of Employee Services to quickly identify and fill positions.
- With the new Family First legislation and a focus on prevention, Child Protection will be utilizing several of the interventions to support its staff in engaging with children and families, including motivational interviewing.
Strengths and Challenges of Safety Services

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

DCFS works closely with community partners such as private agencies, Family Advocacy Centers, Child Advocacy Centers, local medical, mental health and substance abuse providers among others. While DCFS maintains strong, positive relationships with community providers, there remain some gaps in services that increased during the Illinois budget crisis and have not yet recovered. DCFS remains dedicated to these providers and helping them reinstitute services.

Although reports to the hotline temporarily decreased in the months surrounding the onset of the pandemic, report volume has returned to similar levels as 2019. In addition, despite the reduction in overall call volume, the total number of investigations each month is the same or higher than in 2018 and 2019 (pre-pandemic). Hiring staff for both investigative and intact family services is a continued priority. In FY21 the Department has executed this effort tenaciously with a new Director of Employee Services, and the hiring of more front line staff in the past year than ever before. DCFS has reassessed required degrees for investigative positions and reduced the experience criteria to bring in new candidates. Additionally, DCFS has developed a pipeline of trained, waiting workers to fill vacant positions; avoiding the lengthy hiring delays experienced in the past. This will continue to be assessed, as needs change.

Child Protection Specialists (CPS) who investigate all reports of child maltreatment have faced significant challenges due to the pandemic. Despite the Executive Order in Illinois, shutting down the state and ordering all Illinoisans to remain at home, the CPS continued their work every day of going to homes, and assessing and ensuring the safety of children brought to the Department’s attention. The necessary PPE were quickly acquired, with clear guidance given and staff were supported in how to most safely conduct their work of going into homes, hospitals, and other community locations.

In 2019 each Division of Operations (Child Protection, State Central Registry, Permanency, Intact Family Services) achieved its own reporting structure of administrators: Public Service Administrators (PSA) Area Administrators (AA) Regional Administrators (RA) and a Deputy. Because of this large group of operational staff, in 2021 the Department further solidified this reporting structure assigning Child Protection and State Central Registry to one Chief Deputy Director, and Permanency and Intact Family Services to its own Chief Deputy Director. This specialty breakdown enables each division to provide a laser focus on its goals, while communicating routinely across divisions.

Private agencies maintain 85% of the intact family caseloads and there is a current focus to build experienced intact teams both within DCFS and with private agency partners to better serve the families referred to Illinois child welfare.
Partnership

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

Anti-Human Trafficking Program

The Statewide Human Trafficking Prevention Program Manager works under the Division of Delinquency Prevention and Restorative Justice (ODPRJ). The goal of the program is to administer and develop services and resources to educate, intervene and prevent the trafficking of youth who are in contact with the Illinois Child Welfare System. The program also functions to develop policy and procedures for program services, provide technical assistance and consultation to stakeholders with trafficking concerns. The Program Manager serves as (or appoints a designee to serve as) a key stakeholder on state-wide taskforce groups regarding human trafficking issues that include but are not limited to: statewide law enforcement departments, FBI, Health and Human Services, IDCFS, Administration of Children and Families, and The National Center for Missing and Exploited Children. The Program Manager also visits youth in care placed in out-of-state sex trafficking victimization treatment programs on a quarterly basis and conducts trafficking assessments across the state to aid in the identification of victimization and service needs for youth.

The year of the unprecedented global pandemic, 2020, shut down most of the country. However, the Department continued to ensure that youth victimized by sex traffickers continued to receive services. These services included the continuation of forensic interviews at Advocacy Centers throughout the state; virtually completing trafficking assessments, and visits for youth placed out of state in sex trafficking treatment programs. The Department’s contracted partners for this population, Hoyleton’s HALO and Selah Freedom, moved their services to virtual, facilitator-led platforms, as well.

The data kept for this population involves those reports taken for investigation by the Division of Child Protection (DCP) as an allegation of maltreatment, and those reports that do not meet the definition of an “eligible caretaker” (must be in a caretaking role for the child) so therefore, cannot be investigated by DCP, and are referred to local law enforcement. These are referred to as “Incidents.” Since DCFS began taking reports of human trafficking in July 2011, the following table represents the number of youth in care with trafficking indicators, (either documented as an investigation of human trafficking or an incident of human trafficking). This data is current through December 2020:

<table>
<thead>
<tr>
<th>Human Trafficking (HT) Investigations with Current Youth in Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HT Investigations</td>
</tr>
<tr>
<td>Number of Youth Involved*</td>
</tr>
<tr>
<td>Number of Youth Indicated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Human Trafficking Child/Youth Incidents with Current Youth in Care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HT Incidents</td>
</tr>
<tr>
<td>Number of Youth Involved*</td>
</tr>
<tr>
<td>Number of Youth Indicated</td>
</tr>
</tbody>
</table>

~ 152 ~
Number of HT Incidents* 121
Number of Youth Involved* 97
Number of Youth with either an HT Investigation of Incident:* 288
*unduplicated counts

The Cook County State’s Attorney’s office formed a Multiple Disciplinary Team (MDT) that includes The Department’s Human Trafficking Program Prevention Manager, Acting Ethics and Legislative Affairs Deputy, the Chicago Children’s Advocacy Center, Cook County State’s Attorney’s Office, DCFS’ Child Protection Administration, FBI and Chicago Police Department in order to discuss a revision of legislation, policy and procedure that directs the Department’s response to hotline calls with “ineligible perpetrators” (those in the non-caregiver role) to determine if it would be appropriate to expand the definition of “eligible perpetrators.” It is the contention of this MDT that Human trafficking victims are missed due to the restraints of the current definition of eligible perpetrator. For example, there are youth that have been trafficked and the hotline notified. However, the reports could not be taken, and no investigation initiated, due to no eligible perpetrator (individual in a caregiver role), being identified. When this occurs, DCFS is missing the ability to interrupt the victimization of a young person. Below you will find the data regarding this issue. Note: DCFS did not begin tracking this data until 2017.

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Confirmed Victim</th>
<th>Suspected Victim</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>12</td>
<td>53</td>
<td>65</td>
</tr>
<tr>
<td>2018</td>
<td>3</td>
<td>57</td>
<td>60</td>
</tr>
<tr>
<td>2019</td>
<td>7</td>
<td>31</td>
<td>38</td>
</tr>
<tr>
<td>2020</td>
<td>6</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>28</strong></td>
<td><strong>168</strong></td>
<td><strong>196</strong></td>
</tr>
</tbody>
</table>

In addition to the global pandemic changing how the Department provided services, the Family First Prevention Services Act (2018) also changed the way in which services would be provided. Family First Legislation is prevention-focused and designates the length of time youth can remain in a congregate care setting and receive federal reimbursement. The Federal Government recognizes that victims of sex trafficking endure abuses that have an immediate and lasting impact on their lives. Family First offers the opportunity for Illinois and other states to invest in programming that prevents and/or provides a pathway to recovery.

When intensive treatment is needed to pull a youth out of the trafficking life, the Department refers youth to out of state sex trafficking secured residential treatment facilities, due to Illinois, currently, not having any secured care sex trafficking treatment programs in state. For a youth to be placed in this type of treatment setting, a licensed clinician must complete an assessment and determine if a secured setting is appropriate for the youth. If the Clinician determines that a secured care setting is appropriate, a juvenile court judges’ approval is needed to facilitate the placement.

The Department’s group homes throughout the state have been designated as programs that specifically work with victims of sex trafficking. In order to support the group homes’ ability to care and provide treatment for this population, DCFS began by offering a mandatory group home forum.
In October 2020. This forum consisted of presentations by the DCFS Human Trafficking Prevention Program Manager, FBI, Selah Freedom, The Mayor’s Office of Rockford, and STOP-IT. Each of the presenters focused on the impact of sex trafficking and the vulnerabilities for sex trafficking victimization associated with youth in care who reside in group home settings.

In addition, the Department will be requesting a provider to offer specialized trainings and technical assistance for group homes across the state in fiscal year 2022.

A. Development of in-state specialized congregate care placements for victims of sex trafficking. ONGOING

Both of the previously identified agencies to open therapeutic sex trafficking group homes in Illinois are no longer a viable option. One provider’s agency put new projects on hold due to internal financial irregularities. The Department chose to have the second identified agency open as a group home for high end girls rather than a trafficking-specific program.

Currently, the Department is working with the Safe House Project. This agency partners with safe houses across the county to aid in identifying an appropriate provider to open an in-state trafficking-specific emergency home.

However, DCFS does continue to maintain its contract with the only safe house for female victims under the age of 18 in Illinois, Cherish House.

B. Establishment of Supportive Services: ONGOING

A provider with experience working with trafficked youth has submitted a program plan and budget for mentoring service delivery. Emerging research suggests that mentorship interventions offers an effective tool for working with trafficked youth. The provider is seeking to expand their pool of available mentors within the Chicago area as well as increase the number of survivor mentors.

In October 2019, DCFS entered into contract with Selah Freedom, a nonprofit organization whose mission is to end sex trafficking through four programs: advocacy and awareness, prevention, outreach and residential services. Selah Freedom contracted with the Department to provide in-person education, awareness and prevention curriculums to youth residing in congregate care facilities throughout the state. Selah has six different curriculums from which facilities can choose. In response to COVID-19, Selah began offering their facilitator-led presentations virtually. During the first year of their contract October to December 2019, Selah Freedom provided services to 31 youth. During calendar year 2020, Selah presented to a total 319 youth in care. Thus far this year, January-May 2021 Selah has presented to 190 youth in care.

The Department will continue to contract with Selah Freedom. Their budget has been increased for fiscal year 2022.

In 2018 the Department began contracting with Hoyleton’s Healing and Loving One’s Self Program (HALO). The HALO Mentoring Project is intended to reduce the level of risk through an intensive effort to develop a supportive, trusting relationship with the youth so that the youth will view the HALO Recovery Specialist as a mentor who can engage the youth in a range of services and supports, in the southern region. The HALO Mentoring Project provides advocacy and support for youth in care and their families who are suspected or confirmed victims of human trafficking. The program is used to help victims and their families access and navigate through
multiple systems, including but not limited to legal, medical, and mental health systems necessary to respond to their trafficking related needs. As these youth are at a heightened risk for re-victimization, the HALO Mentoring Project will support youth through the investigative process and compliment intact family, foster or congregate care case management services, by providing mentorship and healthy life skills to facilitate the youth’s recovery. HALO currently employs one survivor mentor. Due to COVID-19, services have been offered virtually and by phone rather than in person. Additionally, their service area expanded to youth in care across the state. HALO even mentored two youth who were placed out of state as they were preparing to return to Illinois. The contract is for 16 youth to receive mentoring services. From July 2018 until April 2020, HALO provided mentorship to 47 youth in care.

The Department will continue to contract with Hoyleton’s HALO program for the next fiscal year. It is hoped that another survivor mentor will be added to their staff.

Piloting of a Human Trafficking assessment tool to assess trafficking victimization anytime during the life of a case. MET

The Human Trafficking Program Manager and Cook County Juvenile Court Human Trafficking Probation Department have been piloting an assessment for the past six months. The assessment provides a quantitative score for a youth’s sex trafficking indicators.

Inclusion of human trafficking dynamics on the CANS for use by placement and congregate care. MET

In fiscal year 2020, CANS 2.0 began to capture human trafficking indicators in the following areas: # 1 Sexual Abuse, # 36 Legal, # 40 Sexual Development, # 66 Runaway, # 71 Sexually Reactive Behaviors, # 90 Intimate Relationships and # 93 Victimization.

Roll out of updated web-based human trafficking training across the state for all staff and POS providers. MET

A Comprehensive Approach to Providing Care for Trafficked Youth DCFS training was launched on January 11, 2021, during National Human Trafficking Awareness Month. DCFS and private agency staff were mandated to complete the training within a forty-five-day period. At last count, February 2021, over 500 DCFS and private agency staff had completed the training. As an incentive to complete the training, staff were given the 1st ever IDCFS STOP Human Trafficking T-Shirt upon completion. Funding for the 600 T-shirts was provided by County Financial Services.
C. Revisions, updates and rollout of DCFS operational methods, practice and policies related to victims of human trafficking. ONGOING

This goal will continue into fiscal year 2022. The process of updating operational methods, practices and policies is underway. The initial focus has been on the DCFS’ definition of human trafficking and expanding the definition of an eligible perpetrator.

D. Outreach ONGOING

For the first time, DCFS participated in Dr. Kisha Roberts-Tabb and Associates Girls Night Out on National Human Trafficking Awareness Day January 11, 2020 from 10:00 pm until Midnight. The Department did not participate in the 2021 Girls Night Out event due to COVID 19 restrictions. It is hoped that the Department will once again join in the Girls Night Out Event scheduled for January 11, 2022.

Beginning in June 2021, and every June thereafter will be the Department’s Anti-Sex Trafficking emphasis month. This year updated posters and brochures will be handed out and posted across the state.

Efforts are also being made to have a presence during the various state and city fairs promoting anti-sex trafficking awareness and prevention efforts this summer.

E. Develop, implement a functioning DCFS Multiple Disciplinary Team for youth who are victims or at a high risk of becoming trafficking victims. ONGOING

In July 2019, DCFS began the initial stages of formalizing a DCFS Multiple Disciplinary Team. This team has met and continues its collaboration for the provision of services, support and assistance with human trafficking cases. Administration must approve the IDCFS ICARE team. If
DCFS Administration approves the development of this team, Memorandums of Understanding between the organizations and DCFS will be needed as well.

The Department’s Human Trafficking Prevention Program Manager is a member of the Will, Cook and the Central Illinois Human Trafficking Task Forces.

ADDITIONAL GOALS FOR FISCAL YEAR 2022.

1) Development of specialized foster parent homes who will provide foster care for survivors of sex trafficking. ONGOING
2) Contracting with additional sex trafficking residential specialty programs for high end sex trafficking victims. ONGOING
3) Continue to develop comprehensive resources for trafficked youth. ONGOING
4) Continue to develop human trafficking awareness initiatives throughout Illinois. ONGOING
5) Identify services specifically for male youth in care who are at risk or confirmed victims of sex trafficking.

Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)

MPEEC is a consortium of the Chicago Children’s Advocacy Center (CCAC), John H. Stroger, Jr. Hospital of Cook County, and the University of Chicago Comer Children’s Hospital. For FY21, MPEEC now includes the resources of Child Abuse Pediatricians at Loyola University Hospital, Rush University Medical Center, and Advocate Health Systems. The MPEEC program is directed by the University of Chicago; the program process is based upon a multidisciplinary team (MDT) model and has a medically trained clinical coordinator who shepherds the necessary interagency real time collaboration between the medical child abuse expert, law enforcement and DCFS investigators which culminates in a comprehensive medical opinion which must include a final medical opinion regarding the manner of a child’s injury.

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

Since 2000, all children who reside in Chicago that are less than 3 years of age who have been reported for head trauma and bone fractures have received the real time interagency MPEEC response. Additionally, MPEEC offers to DCFS access to child abuse pediatricians for expert consultation. MPEEC hospitals are recognized by the medical, child welfare, criminal and legal communities as centers for child abuse medical expertise.

FY21 Total Number of MPEEC Mandated and Opinion Cases =185
• 115 children were MPEEC mandated cases
• 70 children received MPEEC medical expert consultations (Comer staff)

Education and Training provided by MPEEC

Due to the Covid-19 pandemic the MPEEC two day Serious Harms Trainings were transitioned to web based format using Zoom technology. Four separate lectures are provided during the
second week of the second month of the quarter, as it was decided that breaking up the lectures into 1.5 hour seminars would improve adult learning. Objectives for each lecture have been developed and are distributed to the audience via Zoom. At the end of each lecture the participants do an online survey in real time so that calculations can give real time information.

Four lectures dedicated to MPEEC allegations were provided by MPEEC child abuse pediatricians on separate zoom dates on the following topics:

1. Manner of Injury and Introduction to MPEEC- Dr. Glick
2. Cutaneous and Burn Injuries- Dr. Ramaiah
3. Bone Fractures- Dr. Ramaiah
4. Abusive Head Trauma- Dr. Glick

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

Dr. Ray Davis, University of Illinois at Rockford, Medical Evaluation Response Initiative Team (MERIT)
Dr. Chaning Petrak, Pediatric Resource Center (PRC), Peoria
Dr. Kathy Swafford, Children’s Medical and Mental Health Resource Network, Southern Illinois

**Track and Prevent Child Deaths**

All entities such as law enforcement agencies, coroners, and medical teams are mandated to report suspicious deaths to the State Central Registry. The child death review teams (CRDT) review children who have died in Illinois and will conduct further inquiries if the child was currently involved with the Department or had been within the previous one year. All child deaths reported to the child abuse hotline are investigated if they meet the state defined definition of a child/abuse neglect maltreatment. Such reports that are indicated remain on file for 50 years.

All investigations are reported per NCANDS guidelines. DCFS continues to administer the Child Death Review Teams as outlined by Illinois Statute (20 ILCS 515). Within this process, the 9 multi-disciplinary teams throughout the State meet several times per month to provide in-depth review of recent child deaths. Recommendations from these teams are approved by the Executive Council and then discussed with the Director of DCFS. The Director is required to respond to each of these recommendations.

The review process includes the following:

1. an accurate and comprehensive determination of the cause of each child’s death
2. assisting the State and counties in developing a greater understanding of the incidence and causes of a child’s death
3. investigating all methods to preventing similar deaths
4. identifying any gaps in services to children and families
5. developing and implementing measures to prevent future deaths from similar causes
6. working with researchers on contract with the CDC to register SUID Deaths (Cook Co. only)

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

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

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

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

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

The overall goal of the program is to reduce the number of child deaths, which is difficult to measure. Over the past several years, the majority of deaths reviewed have been those related to unsafe sleep practices. The Executive Council submitted a Safe Sleep Strategic Plan with several recommendations geared at reducing deaths due to unsafe sleep practices. DCFS and the Executive Council are working together to implement portions of this plan.

The goal for CDRT in FY 22 and in the years to come will continue to be to reduce the number of child deaths in the State of Illinois. The most recent Annual Report (which should be final any day) indicates that approximately 85 recommendations have been made. Each of these recommendations have been responded to by DCFS or are in various stages of being addressed. While this report contains recommendations from the CDRT for reducing deaths and the Department’s response to those recommendations, this cannot be considered the full plan/strategy for addressing maltreatment deaths. This report is not generated by the Department but by the CDRT. The CDRT is not under the purview of the Department.
The recent impact of COVID-19 and the “shelter-in-place” order caused the cancellation of 4 of our March 2020 meetings and postponed the Annual Symposium that is developed by the Child Death Review Teams. Historically, all meetings have been in-person but given the current pandemic, all CDRT meetings are held via videoconference until it is deemed safe to conduct in-person meetings again.

**OIG Education Initiatives**

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

During the past seven years, and looking forward to the next, the OIG has and will continue to collaborate with State's Attorneys, the Cook County Office of the Public Guardian, the Cook County Youth Advisory Board, the Teen Parent Service Network, the DCFS Office of Learning and Professional Development (OLPD), the University of Illinois Springfield-Child Protection Training Academy, the University of Illinois Urbana School of Social Work, Illinois Department of Public Health, the Child Death Review Teams, Juvenile Protection Association and the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC).

The work of the OIG is predicated on investigations, identifying emerging trends or problematic practices and policies. Findings from those investigations result in practice recommendations, discipline, retrospectives reviews, and trainings designed to improve practice, uncover wrongdoing, and increase the professionalism of the Department. While it is not possible to predict future investigations, the OIG plans to continue assessing whether DCFS and private agency practices, policies and procedures enhance child safety and well-being; thereby supporting positive outcomes for permanency. The OIG looks forward to continued collaborations with other stakeholders in the child welfare arena. The OIG anticipates continuing to develop investigation driven trainings, and reprising as needed Error Reduction and Egregious Acts trainings as refresher trainings for seasoned staff, and new staff hires. The goal being to ensure all staff are adequately trained in the content of those trainings. The OIG will emphasize the use of Problem-Based Learning as a means to further enhancing critical thinking skills. As is the OIG practice, OIG intends to subsequently transfer developed training responsibilities to the OLPD.

In 2022, in an effort to support both the workforce and the families being served, the OIG will collaborate with the Department and other State agencies in developing strategies, interventions, and public service announcements in response to the obstacles created by the COVID19 pandemic. Unfortunately, in 2020 and 2021 Covid19 prompted the elimination of in-person trainings to support of health, safety and social distancing. It is the intention of OIG to resume, when appropriate, the unrealized 2021 training goals. The anticipated focus will be to develop trainings, conduct reviews and to make recommendations surrounding the following:

- A review of the Department's Model of Supervision curriculum (Impact on practice)
- Specialized trainings arising from FY21 investigative findings (OIG 2020 Annual Report)
- Improvements in the investigative process
Improvements in Intact Family Services
Reviewing Permanency Placement practices and procedure
Support the development of new scenarios for use in simulations

The focus for Error Reduction Training for the remainder of 2021 and moving forward into 2022 will include examining how the efficacy for trainings delivered to the field is being measured and what that data is actually informing. A particular area of concern is sustainability of the workforce, specifically the rate of turnover at the 18 to 24 month mark for newly hired staff and what impact supervision plays in sustainability. In collaboration with our university partnerships, the OIG plans to further explore the simulation evaluation research conducted over the past five years by the Children and Family Research Center. Evaluation research points to an encouraging impact on retention for those professionals who have participated in simulation training. This research may be used to further enhance Error Reduction Trainings.

Substance Abuse Partnership – DCFS Substance Use and Recovery Program (SUR)

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

SUPR provides substance abuse treatment as well as urine toxicology drug testing services for DCFS-involved parents and family members. Oral fluid drug testing was launched in September 2020. This process allows staff to screen clients in the field; initial screens that show a presumptive positive are sent to the lab for confirmation. DCFS-involved families can also benefit from recovery support services through SUPR-funded Recovery Homes. These are provided primarily in the areas in and around Chicago, while Recovery Coach services are provided by SUPR in Cook, Madison, and St. Clair Counties.

In Cook County, the Intact Family Recovery (IFR) Program provides services to families where an infant has been born substance exposed. The IFR program pairs a specially trained caseworker with a substance use outreach/case manager. They jointly work the family case and help ensure child safety and refer parents into treatment and recovery services. The DCFS Operations division also partners with the Illinois Coalition on Youth (ICOY) to provide specially funded IFR services in the Northern Region and in Central Region; that program will be addressed in another chapter. The programs communicate with each other to maintain the vision of IFR services – maintaining children safely at home.

SUD Program – Overarching Assessment and Goals

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

As the opioid crisis continues in Illinois, DCFS will collaborate with SUPR to provide additional treatment resources to address the needs of DCFS youth and families with opioid use disorders (OUD), including the expansion of medication assisted treatment (MAT) across the state. New and more effective models to treat youth and adults with OUD will be developed in partnership with SUPR. This was an important collaboration initiated in FY20 and remained a priority for FY21. The pandemic made resource development challenging, but there will be continued forward movement for FY22. DCFS is a member of the Governor’s Opioid Prevention and Recovery Steering Committee and connected workgroups as well as the Illinois Department of Public Health ATHOS OMNI Project and subcommittee.

In FY20 and FY21, DCFS explored the expansion of substance use Recovery Homes for DCFS parents and their children. DCFS will continue to explore expanding this service model to more downstate and rural communities, especially those impacted by the opioid crisis and the reoccurrence of methamphetamine use. A new mother’s recovery home was developed with Maryville and was able to accept clients in February 2021. An important development during this period is that the state’s treatment and recovery network was impacted by the closure of several adult-serving sites. Agencies are working to absorb clients who can no longer be served by the closed agencies but the loss of the resources is concerning. In the coming state fiscal year, much work must be done with SUPR to generate new resources to serve adults, youth, and families - both separately and together.

DCFS and SUPR recognized and discussed (in FY20 and FY21) the crisis presented by SUPR’s reduction in adolescent services. The DCFS SUD program presented to DCFS administration the possibility of developing a SUPR licensed adolescent treatment site, partnering with a private agency to implement the program. The pandemic led to a pause in the development of the resource, but discussions are resuming.

The existing inter-governmental agreement (IGA) between DCFS and SUPR was being renewed in 2020.

The SUR Program team underwent a number of changes in 2020 and early 2021. A new IFR Liaison joined in August 2020. A new SUR Coordinator came on board in November 2020 and a new SUPR Liaison joined in December 2020. The Program Administrator position was filled in April 2021. The individuals who now comprise the team have experience in both DCFS and the private sector. The IFR Supervisor transitioned to a different position on November 15, 2020. An experienced IFR Liaison is serving as the acting supervisor. The position was posted for applications and the new supervisor should soon be identified.

IFR Program – Assessment and Goals

The goals from last year were met through the IFR program and the private agencies (LSSI/LCFS). Teams provided intensive substance abuse treatment services for the families involved with the program and ensured children were in a safe environment. If there were underlying issues such as domestic violence and/or mental health issues, community-based services were linked for the families/children involved. If evident and warranted, families needing
a higher level of intervention were referred to the States Attorney’s Office for Juvenile Court Intervention, ensuring the safety, permanency and well-being of the children.

During this reporting period, the employees of DCFS and private agencies are functioning within Governor and DCFS Director issued COVID-19 protocols. Child welfare agencies relied upon video and telephonic outreach to maintain contact with families for most of 2020. Staff are returning to in-person visits as restrictions are modified. The goals of FY 21 will remain for FY22 but can be revised as needed. Focus on the safety of children and families, finding permanency for children, and ensuring the well-being of children remains at the heart of the work of the IFR program. From April 2020 to April 2021, the program received 132 referrals.

**Child Advocacy Centers**

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

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

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

Currently, there are 40 accredited Child Advocacy Centers covering 100 of 102 (up from 98 last year) counties in Illinois. In the past year, over 14,291 forensic interviews were performed, and that number continues to increase. Many of the CAC’s also provide aftercare services to help the child and family heal and reduce the trauma experienced.

Children’s Advocacy Centers collaborate with:

- Law Enforcement
- State’s Attorneys
- Community mental health providers
- Medical professionals

It is this multidisciplinary team that ensures a thorough investigation of maltreatment in a setting that protects children and reduces any additional trauma when gathering critical information about an event of suspected maltreatment to a child.
Goals for the coming years

- DCFS has a vision for an expanded role of the CAC in providing interviews to children who are victims of domestic violence, witnessed a violent crime or are experiencing severe trauma, and increasing the availability of aftercare services to those children.
- DCFS this year began having CACI present at Child Protection Supervisor and Area Administrator meetings, collaborating on the valuable MDT relationship, the expanded use of the forensic interview, and the overall higher functioning of the MDT. This new collaboration will continue moving forward.
- DCFS has begun and will continue to share data regarding the cases on which we collaborate.
- DCFS supports the expansion of the CAC's to cover all 102 counties of the state and remains committed to assist in supporting CACI financially.

Illinois Community-Based Child Abuse Prevention Activities (CBCAP)

The Illinois Community-Based Child Abuse Prevention (CBCAP) Program is designed to support community based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect of children in Illinois. CBCAP programming includes the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse or neglect. CBCAP funding is used to support primary prevention programs and strategies available to all families and secondary prevention efforts that target children and families at risk.

DCFS CBCAP Prevention Focused Programs and Activities include the following:

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

DCFS CBCAP program has close working relationships with several agencies which include the Department of Human Services, Division of Alcoholism and Substance Abuse, Division of Mental Health, Division of Developmental Disabilities, a vast array of youth services programs, DHS Medicaid Services, Department of Commerce and Economic, Employment Security, Department of Juvenile Justice and State Board of Education. CBCAP partners are in service coordination with Public Housing Authority, Department of Youth and Child Services and Public Schools. In addition, CBCAP fosters a close working relationship with local governing entities throughout the state; collaborates with other long-standing advisory groups, such as the Youth Advisory Board and Partnering with Parents Councils around the state, as supplementary vehicles for sharing information, obtaining critical feedback and input from stakeholders into policy initiatives and strategic planning.

Prevent Child Abuse Illinois (PCAI) assists DCFS with statewide coordination of primary and secondary prevention activities and promotes systemic change. PCAI is involved in prevention...
education, public awareness, community outreach, public policy advocacy and promotion of effective prevention programs.

DCFS uses Continuous Quality Improvement (CQI) reviews of programming activities to ensure programs are systematically and intentionally increasing positive outcomes for the families and children of Illinois. This process involves: collecting, reviewing, analyzing data and adjusting practices based on findings.

2021 Goals

1. Continue to work with the Crisis Nurseries (CNs) to increase capacity and services to meet unmet needs for CN services in underserved communities. Ongoing, the COVID Pandemic reduce functionality of the crisis nurseries and restricted onsite services for clients.

2. Support the expansion of the fatherhood coalition, programs and resources that promote and support father’s parental involvement. Ongoing, fatherhood coalition is working with the Department of Children and Family Services to complete needs assessments of father services needed.

3. Increase Parent Leadership statewide by establishing new Parent Advisory Councils and supporting the activities of existing Parent Advisory Councils. DCFS will support offerings of parent leadership training opportunities, working with Birth Parents Councils and various other parent groups within Illinois. Ongoing.

4. To work with the National Family Support Network (NFSN) to begin implementing Standards of Quality certification program. The Standards are designed to be used by all stakeholders: public departments, foundations, networks, community-based organizations, and parents across different kinds of Family Strengthening and Family Support programs as a tool for planning, providing, and assessing quality practice. Met, 109 staff members were trained and received certification in the Standards of Quality.

2022 Goals

1. Support the expansion of the fatherhood coalition, programs and resources that promote and support father’s parental involvement.

2. Work with the CNs to increase capacity and services to meet unmet needs for CN services in underserved communities. The Department of Children and Family Services is working with CNs to address staffing needs to cover 24 hour/7 days a week shifts. CNs are unable to work to full capacity due to limited staff and vacancies which prevent the intake of children. Staff to children ratio is a factor that reduces intake practice.

3. Increase Parent Leadership statewide by establishing new Parent Advisory Councils and supporting the activities of existing Parent Advisory Councils. DCFS will support offerings of parent leadership training opportunities, working with Birth Parents Councils and various other parent groups within Illinois. CBCAP is working with Prevent Child Abuse of Illinois to increase community-wide parenting support. CBCAP State Lead is partnering with PCAI to implement new parent strategy to increase parental involvement and engagement.
4. To work with the National Family Support Network, Trainer of Trainer Institute to schedule training session for Illinois. The Trainer of Trainer Institutes attendance will enable Illinois to have certified trainers to conduct trainings statewide for all Family Advocacy Centers and Family Support Network Staff. Staff members will be trained in the Quality Standards that are recognized as Evidence-Based and Evidence Informed for Best Practices.
Sub-Chapter 4B – Permanency Services

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

Out-of-Home Care: DCFS and its agency partners offer an array of provider services for children requiring out-of-home care. These are described below.

Foster Care Services

DCFS provides a variety of foster care programs and coordinating level of care for children based on their needs. If a child’s needs exceed the capacity of relative or traditional care, those youth may receive additional services in their home or be placed in a higher level of care to meet their needs.

- Relative or Fictive Kin care is always sought if a child must enter substitute care. DCFS seeks relatives (blood relatives and those persons who meet the criteria of fictive kin)
- Traditional foster care – Youth who do not have an identified Relative or Fictive Kin resource but requires foster care services by a licensed caregiver.
- Specialized foster care – Child/youth may have increased needs for emotional/behavioral or medical issues. Foster parent receives an additional stipend to cover costs of this care
- Therapeutic foster care – Child/youth has intensive needs, and foster parent may not work outside of the home. Multiple therapeutic interventions will be involved in the home
- Emergency foster care – A temporary placement (usually only a few days) when a more permanent placement is not immediately found for a child
- Different levels of congregate care – Group homes and residential treatment centers

Out of home care is supported across many entities and divisions. For example: Clinical Services, Education and Transitions services, Guardians office and Contracts Administration. Youth in Care are predominately serviced by contracted private sector contracts.

<table>
<thead>
<tr>
<th>CHILD CASES</th>
<th>PERCENT</th>
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</thead>
<tbody>
<tr>
<td>Caseloads (May ’21)</td>
<td></td>
</tr>
<tr>
<td>DCFS</td>
<td>POS</td>
</tr>
<tr>
<td>Paid Foster Care</td>
<td>3,668</td>
</tr>
<tr>
<td>All Children in Care</td>
<td>5,316</td>
</tr>
</tbody>
</table>
Youth in specialized foster care are managed by private agencies who contract with DCFS for specialized or therapeutic foster care, as well as the emergency foster homes. All children, regardless of their living arrangement, receive supportive services to maintain those placements, such as therapy, mentoring, crisis intervention or placement stabilization services. Additional partners range from schools to Family Advocacy Centers and Court Appointed Special Advocates (CASA Volunteers).

The Foster Care caseload continues to grow. While it has plateaued the last few months we remain in a pace of growth from the previous year and continuing the 4-year trend of growth.

<table>
<thead>
<tr>
<th>Paid Foster Care</th>
<th>Beginning</th>
<th>End of March</th>
<th>Year End</th>
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<tbody>
<tr>
<td>2018</td>
<td>12,897</td>
<td>13,620</td>
<td>13,601</td>
</tr>
<tr>
<td>2019</td>
<td>13,601</td>
<td>14,338</td>
<td>14,698</td>
</tr>
<tr>
<td>2020</td>
<td>14,698</td>
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<tr>
<td>2021</td>
<td>17,045</td>
<td>17,850</td>
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</tr>
</tbody>
</table>

During this year, DCFS has faced unprecedented challenges in out-of-home care and permanency services as a whole. The COVID pandemic Shelter in Place Order of March 2020 required an immediate shift in managing public safety and continuation of required services for youth. Supervised visitation was suspended, and video or phone visitation was introduced in its place. Many service providers moved to virtual provision of services. Stakeholders and parents learned new ways to use technology, interview children and their caregivers around issues of safety, permanency and well-being. E-learning posed additional difficulties for parents, caseworkers, and foster parents as school age children throughout most of the state were at home and required supervision and support. A resurgence of COVID in the winter of 2020 resulted in a return to a modified Shelter In Place order.

Despite the above-mentioned barriers to service and Permanency; Illinois is on track to exceed its previous year in Permanency performance. A trend of increased reunifications in our Northern, Central and Southern regions along with a small increase in Guardianships statewide has fueled this year’s performance. Adoptions overall are down.

**Permanency Performance YTD 2/1/2021**

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<tbody>
<tr>
<td>FY 2018</td>
<td>4,330</td>
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<tr>
<td>FY 2019</td>
<td>4,684</td>
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<td>FY 2020</td>
<td>4,385</td>
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<td>FY 2021</td>
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*5,321 projected for end of year
Residential Treatment and Monitoring

The Statewide Residential and ILO (Independent Living Option) and TLP (Transitional Living Program) Monitoring Team consists of highly skilled child welfare professionals who represent DCFS in conducting monitoring reviews of residential treatment and ILO/TLP agencies. They work collaboratively with multiple stakeholders to assure compliance with program requirements, youth progress towards discharge from treatment programs and youth gain skills to support self-sufficiency. There exists a pilot program named the Therapeutic Residential Performance Management Initiative (TRPMI). The TRPMI pilot model was designed to be a clinically driven, trauma-informed and team-oriented approach to monitoring residential facilities, with a focus on utilizing continuous quality improvement (CQI) methods and addressing organizational culture and climate. The pilot’s intent is to focus on the safety, well-being and clinical outcomes of youth in residential facilities, in addition to a review of the facilities themselves. The team is made up of 5 roles with distinctive yet collaborative functions – team coordinator, monitor, clinician, quality improvement and manager. TRPMI has been implemented in the Cook, Northern and Southern regions and currently monitors 15 of the 40 residential programs. Overall, Residential Monitoring has oversight responsibility for a total of 40 residential treatment facilities with a total of 105 Residential ILO/TLP Contracts. 972 youth in care are currently receiving residential treatment services. ILO/TLP Monitoring has oversight responsibility for 24 ILO/TLP agencies providing services for 405 ILO/TLP youth. The team also monitors 3 shelter programs and youth in 15 out of state facilities, with there being a total of 44 youth in out of state placements. There are currently 40 DCFS Residential Monitoring staff of which there are 6 vacancies. There are fourteen TRPMI Pilot team members with a total of three vacancies.

The Therapeutic Residential Performance Management Initiative (TRPMI)

TRPMI proposed a redesign of their work moving forward, which is being taken into consideration. To date, none of their proposed strategies has been successfully implemented across monitoring as projected. A decision has been made to work collaboratively with UIC and NU to develop, finalize, and implement a new monitoring model, which has been summarized below. We will incorporate TRPMI lessons learned through completing a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of TRPMI and traditional monitoring so that this can be implemented into our new model.

FY 22 Goals:

1. Family First Prevention Services Act Implementation

Last year’s goal remains relevant and consistent with this year’s goal which is to provide guidance and support for our residential providers in reducing youth-in-care Length of Stay (LOS) in congregate care settings. We hypothesize that reduction in a youth’s LOS will be achieved by targeting and implementing trauma-informed, evidence-based interventions, enhancing family connections through Child and Family Teams (CFT) and Family Finding, and working to develop community-based resources. Establishing an active CFT prior to referring a youth for treatment in a QRTP will be essential. Early identification of the youth’s discharge plan, including identification of post-discharge placement and anticipated service needs, helps ensure that the youth’s time spent in the QRTP is within the Family First Prevention and Services Act (FFPSA) length of stay parameters.
2. Elimination of Residential Treatment Discharge Protocol (RTDP) phases & development and implementation of Therapeutic Residential (TR) Procedures (Procedure 301.100)

One of ourFY21goals was to eliminatethe RTDP and its phases and implement Procedure 301.100. We have successfully finalized Procedure 301.100 and it is going through its final approval process through the Office of Child and Family Policy (OCFP). We areeliminatingthephases of transition (currently referred to as Phase I, II, and III in the DCFS Residential and Transition Discharge Protocol [RTDP]). The current phases of transition differentiation appear to not benefit the youth or the planning process. Review of the available data suggests that the separate phases may actually be delaying meaningful, tangible planning by keeping the planning too vague and general; thus, the youth’s length of stay in the residential setting may be negatively impacted.

Procedures 301.100 have been aligned with Family First. The procedures identify key aspects of The Family First Prevention Services Act (FFPSA), specifically the 30-day independent assessment and 60-day court review process, transition, discharge and aftercare. FFPSA in the State of Illinois is due to roll out July 2021. We have prepared our Qualified Residential Treatment Programs (QRTP) through a soft roll out, where we have operationalized the process in preparation for a full roll out.

3. The Illinois Department of Children and Family Services (DCFS) Congregate Care Monitoring Model

Over the last year, Residential Monitoring has been working to create an enhanced monitoring model, through partnership and collaboration with NU, UIC, Chapin Hall and the BH expert panel. We have established a new mission and vision statement:

Mission statement: Grounded in the Family First Prevention Services Act (FFPSA), Monitoring’s mission is to improve safety and enhance the quality of services to achieve positive outcomes for Illinois youth and families in need of residential treatment, independent living, or transitional services.

Vision statement: To create an environment that uses data, technical assistance, mentorship, and meaningful partnership and collaboration to promote safety, clinical and milieu service quality, treatment effectiveness, and well-being for youth and the congregate care providers that serve them.

We continue to develop a work plan to finalize the enhanced residential monitoring model, which we plan to implement over the next several months. This model includes internal monitoring completed by the Department and external monitoring which will be triggered when data and observations suggest an agency needs more intensive monitoring, technical assistance and consultation.

This framework will complement the existing system by utilizing an enhanced version of current residential monitoring operational practices and be inclusive of quality enhancement measures meant to integrate and sustain best practice, and meet federal standards for child and family services of safety, permanency and well-being including:

~ 170 ~
I. Safety Outcomes

- Youth in congregate care are protected from abuse and neglect, with the goal of reducing maltreatment in care and increasing treatment opportunity days by minimizing youth elopement
- Milieu programming and physical environment meets licensing standards and are trauma informed, ensuring safety for youth in congregate care settings
- Enhanced Significant Event Reporting (SER) system to better track, monitor, and advise around youth runs, restraints, and other critical incidents which impact safety
- Nursing available to safeguard the health and well-being of children

II. Permanency Outcomes

- Continuity of family relationships & connections is established and preserved for youth with intense focus on building and enhancing child and family teams throughout their congregate care experience
- Continuum of care established to ensure youth are transitioning from therapeutic residential programs to safe, stable and thriving step-down placements within 12 months
- Youth who step down from residential have sustained favorable outcomes in a less restrictive, community-based setting

III. Wellbeing Outcomes

- Youth individual treatment needs being met utilizing Trauma-Informed Treatment Models which are embedded in the treatment planning, clinical interventions, and all aspects of congregate care
- While in treatment, youth in congregate care receive appropriate services to meet their educational needs, in turn improving educational outcomes
- While in treatment, youth in congregate care receive appropriate medical and dental services
- Youth and family receive six months of aftercare services to support the youth in the home and enhance the family’s capacity to provide for the youth’s needs
- Infusing race-informed and LGBTQ+ practice to address implicit bias and the dynamics of institutional racism

Congregate Care Monitoring Model Values & Goals

- Intense focus on utilizing data to monitor congregate care facilities, requiring the development of an efficient data system that allows for both current and historical use, identification of trends, and predictive analysis of data, to be responsive to the needs of youth in care
- Develop an enhanced monitoring system that addresses the complexity of residential services to include identification of key elements required to ensure contract compliance and quality services
- Establish Congregate Care Monitoring Procedures to ensure uniformity across the entire child welfare system
- Training that reinforces consistent, best practice statewide and system wide
- Improve outcomes for youth by implementing intensive, comprehensive reviews that identify and address barriers within congregate care programs and the larger child welfare system
Data Development goal: The Department of Information Technology (DoIT) Leadership is recommending TRPMI be one of the first pilot testers/early adopters of the Dynamics technology and Data Warehouse functionality. DoIT is partnering with TRPMI to develop a residential portal in the DCFS Data Warehouse. CCWIS will be built on top of the Microsoft Dynamics platform and the systems will become a Dynamics integrated module. This system will have the ability to build screens for Monitoring’s’ internal use and it also offers web portal functionality which will allow Monitoring to access provider portals where providers can enter their own data which will be fed into the Dynamics platform.

Policy and Training goal: The Division of Monitoring would like to partner with the Office of Training to establish a Residential Monitoring training curriculum and with the Office of Child and Family Policy to create sound policy and procedures that will serve to provide guidance and consistency to the Residential Monitoring staff. Once our new monitoring model is established, this will be embedded in training and procedures.

Initiatives to Assist with Achieving Permanency

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

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

Clinical Staff Process (CSP – formerly CIPP)

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

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

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

Current work is being done in two counties with the Juvenile Court personnel in the Central Region to deflect youth who are adjudicated delinquents from coming into child welfare custody. These youth often have emotional and behavioral issues that impact their parent/guardian's ability to manage them safely in a home environment. The goal is to provide enhanced services to support the youth and caregivers in keeping the youth and family intact. The outcomes of this staffing protocol will continue to be evaluated and work done with legal staff to determine support of expanding this program. If evaluation shows positive impact on prevention of youth coming in to care, the expansion of this program can support the Family First prevention efforts of the Department.

Goals moving forward

- The CS program is a state-wide process in which DCFS anticipates some changes over the upcoming year. Plans are to make the process more clinical in nature with enhanced focus on follow up to ensure that recommendations are able to be effectively implemented. Staff will receive additional training in evidence-based practices, CANS assessment and trauma to support the enhancement of this process and to fully align with the goals of Family First and other department initiatives supporting child well-being and permanency.

- The CS process will integrate with the existing Regional and Specialty Clinical staffing processes to ensure that the agency is not duplicating processes for youth, families, and casework staff. This will enhance system and personnel efficiency and will also provide improved continuity for youth, families, and casework staff. At the time of implementation, the clinical team will move from utilizing the Child Assessment Service Intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSI) and begin using the CANS as the assessment tool. The move to this assessment tool aligns with the universal assessment tool being utilized by our congregate care providers, casework staff and our Medicaid providers. This change also supports objectives as outlined in the Family First implementation plan.

- The process of staffing youth will remain trauma-informed, family-centered, and strength-based. The process will also work to support the Child and Family Team process, empowering families to actively participate in case decision-making and building both formal and informal supports.

Central Matching

The purpose of the Centralized Matching Team (CMT) continues to be to facilitate, expedite and support the placement of children and youth in care into a stable placement with the capacity to provide, or to access, timely and effective services. CMT has a statewide perspective to equitably manage services and resources throughout the state. There are currently 3 staff (and 4 position vacancies at this time) statewide who complete the matching process for all youth. The focus of
the referral and matching process is to facilitate a good clinical fit between the youth and family’s needs and program services while managing utilization of statewide services and resources. The referral and matching process is centralized and considers a variety of factors to achieve a good clinical fit between the youth’s needs and program services. These factors include the youth’s presenting problems and need for specialty services, family relationships and dynamics, school or employment situation, and availability of program services and expertise. The matching process balances the youth’s clinical needs with available resources, and whenever possible, strives to match youth to programs located in proximity to the youth’s family and social support system. If the youth cannot be placed in a program close to family, CMT stresses the importance of maintaining those connections through collaboration between the worker/supervisor and the placement resource to facilitate phone calls, video conferencing (i.e. face time, skype, zoom, etc) and in person visits.

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

Goals for the coming year

CMT is a part of the Clinical Placement Administration Unit (formerly the Placement Resources Unit). There are currently 4 significant vacancies in this unit. As indicated in the previous 5-year plan, CMT continues to be involved in over 3,300 matching episodes annually and for the past 5 months this work is being done by a staff of only 3 people. Within the next fiscal year, in addition to the 4 PSA positions that will be filled, 12 additional staff positions have been approved which will expand the unit to include more staff for the purpose of intensifying follow up of matched youth for each level of care and providing more hands-on assistance with expediting the exchange of referral packets and consents for admissions.

The Clinical Placement Administration Unit continues to have an independent data system that is not integrated with other DCFS systems, requiring matching staff to pull information from various systems and reports in order to identify the appropriate matches for youth. The existing CMT data base is antiquated and, since the last report, it has become completely inoperable, which has had a significant impact on this unit’s ability to gather accurate data regarding pending referrals, declines, acceptances, historical information and program availability. OITS has made efforts to repair the data system to no avail. It continues to be our goal to develop/acquire an updated and reliable data system that can produce clean data reports and provide real time and accurate information. This would improve CMT’s ability to readily identify available resources, match youth in a timelier manner and facilitate their referrals to the appropriate programs.

Reunification Foster Care

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

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

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

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

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

The goals of safety, permanency and well-being will continue as DCFS priorities for all youth under the care of DCFS. There has been concerted effort in the past year on training for staff, particularly supervisory staff related to enhanced supervision and for all staff, refresher training related to safety. Implementation of the Core Practice Model which focuses on use of child and family team meetings, supervisory practice and FTS (Family Centered, Trauma Informed and Strength Based) practice will expand in the coming year. All components of the Core Practice Model directly impact the engagement of stakeholders and presence of family voice in decisions for the family and child.

During the COVID-19 pandemic, creative ways to engage foster parents and biological parents were utilized including video visitation and worker contacts.
Intensive Placement Stabilzation (IPS)

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

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

Training and clinical consultation in the evidence-informed framework, Attachment, Regulation and Competency (ARC), continues to ensure IPS providers have the skills and tools they need to be able to stabilize both the youth with complex trauma exposure and their caregivers. This model provides concrete interventions that will enhance the caregivers’ abilities to regulate and support the youth in times of stress and dysregulation. Monthly consultation with all direct line staff focuses on case presentations, the development of individualized treatment interventions and peer consultations to help staff with integrating the ARC model in their work. The model of consultation has added skill-based affinity groups that promotes continued engagement and deeper understanding among more experienced staff.

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

IPS is continuing to work with the DCFS Clinical Practice to create a strong linkage with youth in psychiatric hospitals. The goal is to provide intensive in-home stabilization services to the youth and family in the critical months following discharge from a psychiatric hospitalization. The outcome measures are the same for this population as in the traditional IPS program. IPS is continuing to work with children and their families during this time of the COVID-19 pandemic. At this point in time, the method of service delivery is primarily via telehealth or video conference. Agencies are following their internal pandemic protocol and continue to strive to engage and stabilize both the youth and their caregivers during this difficult time.
IPS provides services to children who are residing in Emergency Foster Care and in Interim Foster Care placements to stabilize the youth and caregivers during the child’s time in the home. This service is essential as the child or youth have experienced a disruption from a previous home or have experienced a removal from their family of origin, which can be a traumatic experience for a child. IPS works to prepare the caregivers for how to interact with a youth who is new to the emergency (or interim) foster parent and/or the child welfare system.

The Specialized Family Support Program (SFSP) went into effect on April 1, 2017 as an extension of IPS. IPS provides short-term stabilization services for children 10 and younger. In collaboration with Healthcare and Family Services, Department of Human Services, Department of Juvenile Justice, Department of Public Health, and the Illinois State Board of Education, IPS works to create a pathway for youth at risk of custody relinquishment to receive services through the appropriate child-serving agency. Youth are at risk for custody relinquishment when a parent or guardian refuses to take the youth home from a hospital or a similar treatment facility because of a reasonable belief that the youth will harm themselves or other family members upon the youth’s return home to an environment where there is no evidence of abuse or neglect. It is important to note these children are not youth in care; the program is designed to keep this population of youth from becoming youth in care. It is not anticipated for many children that young to be at risk of custody relinquishment, but the information will be tracked.

IPS is regularly utilized to spearhead new initiatives, whether in the form of new placements or target populations. Divisions across DCFS value IPS’ ability to a) serve in the home and community; b) flexibly and quickly provide new services in high-risk cases; and c) implement new services due to previous experience with implementation of multiple evidence-based practices. Collaboration between administrators and field-level staff ensure high quality of services, regular communication, and feedback loops to improve operations.

Impact of COVID-19 on Intensive Placement Stabilization Programming:
Prior to the global pandemic, 58% of IPS services were provided in the home, school or community setting, 12% in office settings and 31% by telephone. This is reflective of how the program was designed to and has functioned. However, COVID-19 severely modified how services were delivered with 29% in the home, school or community setting, 7% in the office and 64% by telephone.

It is our utmost hope that as the global pandemic begins to subside and the midwest weather becomes warmer, IPS staff will be able to return to the preferred method of service delivery. Staff are encouraged to use PPE, social distancing and open-air settings to deliver services in the natural environment. The impact of this shift will be carefully measured to understand the outcomes for the children and families IPS serves.

Placement Stability Outcomes:
The IPS program has been measuring various outcomes since FY 2006. This report provides an overview of performance indicators for the calendar year of 2020; apart from placement stability as this outcome is measured on an annual basis and FY 2021 is not yet concluded. The report includes a review of placement stability during the IPS treatment episode and clinical progress measures using the Child and Adolescent Needs and Strengths (CANS) tool while in treatment.

Placement Stability
In calendar year 2020, 61% of clients coming from community placements did not move during services, 74% or 3 out 4 children did not move within 6 months of services ending. This shows that IPS is closing the children and families appropriately.

Placement stability continues to be impacted by the widening of the target population served in the Intensive Placement Stabilization program. Children who have been in psychiatric hospitals and stepping down from Residential have higher emotional and behavioral health needs. Further study is being conducted to understand the factors impacting stability rates.

Goals moving forward

- As a result of the rates of staff turnover, IPS will continue to enhance IPS providers’ abilities to treat traumatized youth using trauma-informed best practice approaches and concrete interventions through additional training. Provider training support is provided by the Statewide Administrator for IPS. In addition to the training, IPS Administrator will concentrate on the practical application of the training and education through additional case consultations and ongoing support to ensure the implementation of the training content.
- Develop the IPS Program Management’s ability to analyze various data points and make programmatic decisions; as well as evaluate outcomes and case extension requests.
- Continue developing an implementation plan to ensure that every psychiatrically hospitalized youth is considered for Intensive Placement Stabilization services to ensure the provision of community-based mental health services to both the youth and family.
- Improve the understanding of the factors that are impacting stability rates, identify opportunities for different or higher quality services, and implement changes to improve placement stability rate.
- Work collaboratively with Residential Monitoring to ensure IPS services are put in place prior to a child or youth stepping down from a higher level of care.

Efforts are underway to evaluate each child in residential facilities who are considered “ready for discharge” to find suitable homes. Among these cases, IPS will be key in providing services to this population.

Permanency Enhancement Project

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

a) Educate the general system at large on the nature of race-based disproportionality by focusing on outcome data.

b) Create the capacity of the child welfare system to engage in courageous and civil conversations with a collective and functional understanding of racism and it’s impact on families and children of Color in the Child Welfare System.

c) Examine how implicit bias and institutional racism impact current policies and practices that affects family preservation and reunification.
d) Collaborate with both the department’s internal DCFS units and community-based stakeholders to seek out interventions to address the causal factors in our child welfare practices that restrict or prevent Racial Equity and improved permanency, safety, well-being and accountability outcomes for children and families of color.

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

As a "systems-based" approach to addressing the issue of disproportionality and disparities in the child welfare system, the Office of Racial Equity Practice collaborates both internally to DCFS units and individuals and externally to private agencies, courts, law enforcement, community-based organizations, and university partners, to name a few. The partnerships both collectively and systemically, seek to address practices and policies related to agency and community barriers to the achievement of permanency and develop community-level solutions to reduce racial inequities.

Accomplishments and continuing goals:

1. The Permanency Enhancement Project (PEP) is currently rebuilding and strengthening operational ties and collaborations with the Department’s Division of Permanency. The Division of Permanency was established as part of a reorganization in 2019-2020. During the past few years the Regional Permanency Steering Committees and Local Action Teams have had only sporadic involvement in the Department’s Regional and Field Office Operations due to personnel, administrative and structural changes within operations and at the Action Team level.

Meetings organized by the Statewide Permanency Enhancement Administrator and the recently appointed Deputy Director of Permanency seek to dramatically return statewide, regional and local permanency programming to its partnerships with the community stakeholders represented by the county-based local action teams.

Major collaborative-restoring objectives include:

- March 2021 Permanency Summit Meeting between Permanency Division Deputy, Regional Administrators, Chief of the Office of Racial Equity Practice and University Partners to share information and identify mutual needs and aspirations.
- Permanency Division Regional Administrators charged with operating as “point persons” to existing Regional Permanency Enhancement Steering Committees. Also Administrators expected to participate in joint planning of regional permanency efforts (prevention, reunification, guardianship, adoption and race).
- Local Division of Permanency staff will co-chair Local Action Teams with community stakeholders to ensure shared planning and decision-making.
- Division of Permanency will include Department Agency Performance and Monitoring teams (APM) and area private agencies in the collaborative work with the Permanency Enhancement Steering Committees and Local Action Teams.
• Routine administrative follow-up meetings/summits between the Division of Permanency and the PEP will be held to support data sharing and sustainability of collaboration. And,
• Local PEP project funding proposals developed by Action Teams during the previous administration of Director BJ Walker will be shared with the Division of Permanency in consideration of future funding prospects.

Adoption and Guardianship Services

DCFS supports adoption and guardianship throughout the state with Adoption and Guardianship teams in each region. Within each of these teams staff provide three services:

1) Adoption Writers: work is done with DCFS assigned families preparing to adopt or take guardianship of children in their home
2) Adoption subsidy review work: staff review and approve adoption/guardianship subsidy paperwork from private agencies
3) Post-Adoption work: staff provide support and referrals to families with Adoption/Guardianship subsidies.

Goals for the coming years

1) Finalization of adoption or guardianship for youth in care within 120 days of the goal change in at least 80% of cases by June 30, 2024 remains a goal. However, progress on this goal will require adequate staffing levels at both DCFS and private agencies, which remains an issue. An added issue with the COVID 19 pandemic had the majority of the courts statewide closed and only hearing emergency cases where a child was at risk. This impacted the ability of movement with finalization of Adoption and Guardianship. While adoption staff are continuing to work with families via Zoom and other technologies, permanencies have been decreased or stopped at the court level. Regional meetings were held with adoption supervisors, adoption panel attorneys, DCFS’ Office of Legal Services and the Statewide Adoption Administrator to discuss strategies to move youth in care toward permanency. A few courts have begun signing finalization orders using the same technology. There is also discussion about holding Adoption Days in several counties as the Courts are opened. Goal Continued.

2) Continue with Post Adoption message of supports available and the importance of asking for help early and not waiting until a family is in crisis before they contact our Post Adoptions Unit (normalizing the need for assistance). Ensuring this message is provided to families throughout the adoption/guardianship process, rather than only at the end, is the objective. The goal is to standardize communication at crucial points in time to achieve consistency within the next 3 years. Goal Continued.

3) Adequately staffing the PATH Beyond Adoptions website and phonebank to respond to the calls received. Identifying post adoption services that may need expansion through these avenues. This objective will be ongoing, although adequate staffing will be prioritized within the next two years. Update: DCFS has added one DCFS and one contracted position to assist with manning website and phonebank. Due to COVID 19, 2 positions are waiting to be filled.

4) Development of a training framework for Adoption Support and Preservation (ASAP) providers to ensure the quality of services is standardized and equitable across the four regions, to be fully implemented by 2024. Update: Training requirements for Post...
Adoption/Guardianship Support and Preservation Services (ASAP) were written into the contracts for these services. During COVID 19, ASAP providers have utilized telework, Zoom, teleconference and some rare in-person services to support Adoptive/Guardianship families. In addition, through QIC assistance, an ASAP manual is in the final stages of development, to provide equitable and quality services throughout Illinois. Additionally, DCFS and stakeholders have developed a tenth hour of training to encourage Adoptive parents and Guardians to seek services and support as needed. Quarterly Regional ASAP and Post Adoption informational trainings are being held across the State to ensure families get acquainted with Post Services available, providers and Post Adoption/Guardianship staff. This is helpful to them when making the permanency commitment decision. Caregivers will be given credit hours for attending.

5) DCFS is developing a strategic plan to utilize Guardianship to help empower parents to decide and support permanency for their child(ren) when reunification cannot be accomplished within federal timeframes. The strategy involves including relatives in the decision making focusing on the best interest of the child(ren) long-term, maintaining connections, reaffirming sense of self and worth based on their identity and culture.

Summary of Illinois QIC-AG Project

The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a five year project with an extension of two years funded through the Children’s Bureau ending in FFY21. Illinois was selected in a competitive process to implement an evidence-based intervention and to develop sustainable resources which strengthen the service delivery system for post adoption and guardianship families. The long-term outcomes of these efforts are expected to yield improvements in three key areas:

- increased post-permanency stability
- improved behavioral health among children
- improved child and family well-being

Illinois QIC-AG Project Goals:

- Promote a change in perception and practice in the overall approach to post permanency from the expectation that the adoptive parents/guardians should be able to address the needs of the child on their own to the expectation that receiving support is normal and valuable.
- Develop and bring a consistent message to professionals and parents that adoptive and guardianship families may need help at various points throughout their journey and that needing help is a normal experience, not a sign of weakness.
- Connect adoptive/guardianship parents proactively with supports and services to help them meet the emerging and future needs of their children, which will help to decrease the use of high-end placements or lockouts and other risks to discontinuity.

Illinois QIC-AG Project Achievements:

- Implementation and evaluation of TARGET (Trauma Affect Regulation: Guide for Education and Therapy) in Cook and 18 counties in Central Region.
- Creation of the DCFS PATH Beyond Adoption website which provides a connection to available services, access to downloadable resources, and other information for adoptive/guardianship families. The portal interface has a unique domain but is managed
by DCFS. Further improvements have been designed but their completion is pending as per DoIT procedures.

- Enhancements to the DCFS Adoption/Guardianship Support phone line, which is a critical entry point to provide information to families that moved to adoption or guardianship through foster care and/or families in private adoptions who seek eligible services. A team was convened to examine the efficiency and efficacy of the line which has resulted in a re-mapping of the Post Adoption Support Line to improve access for families to supportive services and facilitating DCFS reporting requirements in compliance with HB 3587. Further improvements have been designed and training for staff has been developed; however, this work is pending as per DoIT procedures.

- Development of the recorded webinar/on-demand training entitled Caring and Sharing: an Adoption Informed Approach to Serving Families, which is housed on the VTC. This training shares information about the needs of adopted/guardianship children and educates school and health care professionals about services and supports that exist for adoptive/guardianship families in Illinois.

- Development of recorded webinar/on-demand training entitled Connections to Count On which is housed on the VTC. This training shares information with parents and professionals about the importance and value of early and on-going use of post adoption/guardianship services and how to access them.

- Convened the May 2018 Conference, a full day workshop for statewide ASAP providers, DCFS clinical, and DCFS post adoption supervisors. Keynote speaker was Tim Grove, chief clinical officer at SaintA's in Milwaukee, WI, who was featured with Oprah Winfrey on 60 Minutes about the impact of developmental trauma. Mr. Grove was joined by a panel of professionals from Illinois DCFS and ASAP providers.

- Production of four short videos featuring interviews with Illinois adoptive parents and professionals who promote the importance of early and on-going post adoption/guardianship support services. These four videos, entitled Connecting to Services, Preventive Resources, School Concerns, and Your Smart START, are housed on the PATH Beyond Adoption website under the Learning tab and are available with Spanish subtitles.

- Completion of one-hour video-based training for prospective adoptive/guardianship parents to be included in the DCFS Adoption Certification Training, “From Foster Care to Adoption”, also known as the “adoption conversion training” to satisfy the requirement for the 10th hour. A Spanish version of the video is available.

- Development and production of the ASAP (Adoption/Guardianship Support and Preservation Program) Manual to support Illinois in ensuring that statewide ASAP services are clearly described. The Manual is intended to support consistency in delivery of services with fidelity and is in eHandbook format to allow for navigation features as well as a printed version. Producing a manual for the ASAP program is also a foundational step to building evidence for the Illinois Adoption Support and Preservation Program as an intervention.

- Development and promotion of the START framework which guides the work of the ASAP agencies when families seek services preventatively. START stands for: Start Early, Trauma-informed, Attachment-focused, Resiliency-building, Therapeutic Services. Through the START framework, DCFS and the ASAP agencies introduce families to the various supports and services available to them and normalize and encourage early requests for support. ASAP agencies were provided with START “toolboxes”, which contain psychoeducational materials and other resources used by ASAP clinicians when working with families. ASAP agencies attended START workshops provided regionally throughout the state.
• Development and promotion of PATH Beyond Adoption Workshops. The first series of these workshops was delivered in 2019 to DCFS and POS pre and post adoption/guardianship staff and provided a platform that discussed the need for early preparation of families prior to achievement of permanence and the need for on-going engagement post permanence. These workshops were provided regionally throughout the state. The second series of these workshops were delivered in 2020 and were modified to become virtual due to COVID. Each event was coordinated and facilitated by the ASAP agency or agencies that serve each catchment area of the state. During the events, agencies followed a standard outline to ensure that they covered specific topics such as the importance of staying connected to services and the importance of reaching out early for support. Each agency provided region-specific descriptions of the START services offered through ASAP as well as highlighted other services offered to post adoption and guardianship families. Plans were developed to provide these workshops on an annual basis in each region.

• Support for the development of the DCFS Adoptive Parent Support Specialist Program (a program similar to the Foster Parent Support Specialist program), which is designed to reduce and prevent adoption/guardianship placement disruptions, displacements, and legal dissolutions and stabilize crisis situations by responding to parenting caregivers in need of assistance through the work of contracted adoptive parents.

• Conducted Training for Trainers of the CORE Teen curriculum. CORE Teen is a curriculum for prospective and current parents who are or will be raising older children from foster care who have moderate to severe emotional and behavioral challenges. ASAP clinicians and Foster Parent Support Specialists (FPSS) were trained on the CORE Teen curriculum. CORE Teen will be offered to foster parents and adoptive and guardianship families via established support groups, regional group trainings, and individual sessions with families seeking assistance. CORE Teen trainings offered by pairing a FPSS with an ASAP clinician as co-trainers will help to develop the communication and relationships needed to better coordinate support for foster parents who become adoption/guardianship parents.

• Drafted proposed revisions to Section 309.170 Post Adoption and Guardianship Services and to the CFS 1800 PAGS form to better align the message that adoptive and guardianship families may need help at various points throughout their journey and that seeking help proactively should be expected and not seen as a sign of weakness.

Illinois QIC-AG Project Collaboration

The Illinois QIC-AG project team included:

• Cynthia Richter-Jackson, DCFS Deputy for Quality Enhancement,
• the QIC-AG Site Implementation Manager and Site Consultant,
• Sylvia Fonseca, DCFS Statewide Adoption Administrator,
• Kelly King, DCFS Statewide Program Manager,
• Jennifer Marett, DCFS Clinical,
• Jennifer Florent, DCFS Communications,
• Veronica Sanchez, Office of Training and Professional Development,
• Karen Taylor, DCFS Curriculum Specialist in the Office of Training and Professional Development, and
• Michelle Grove, Office of Caregiver Support.
Team members provided support for all project activities and participated in planning discussions and in work group meetings. Collaboration by team members accomplished the creation of the Adoptive Parent Support Specialist Program, launching Core Teen, and supporting the work of the QIC-AG at Illinois Adoption Advisory Council meetings. Throughout the project, staff from the ASAP agencies and other private agency providers gave guidance and steadfast diligence in implementing new programs. Each of the work groups associated with various activities included DCFS and private agency personnel and adoptive parents. The DCFS Illinois Adoption Advisory Council, led by co-chairs Elizabeth Richmond and Mark Werner, has been instrumental in ensuring the project’s success in Illinois through its continued enthusiastic support from the very beginning of the grant to the present. The IAAC has provided advice, feedback, participation in video productions, committee meetings, and planning for implementation and sustainability of these initiatives which enhance the lives of adoptive and guardianship families in Illinois.

Conclusion

The collaborative support of the Illinois work groups has enhanced DCFS and private agency capacity to encourage post-adoption and guardianship families to consider engaging in services at the earliest possible point in their adoption/guardianship journey. START tool-boxes provided clinicians with resources needed to do this preventative work, PATH Beyond Adoption Workshops for professionals and families provided families with an opportunity for a warm hand-off between services and support pre-finalization and post-finalization. The activities associated with determining effectiveness of the PATH Beyond Adoption web-portal and support phone line helped to strengthen these access points for families and promote the intention of the system to be responsive to the needs of post-adoption and guardianship families. The production of a video-based training for parents required as part of the DCFS “adoption conversion” training process provided a standard set of messages for all families adopting from DCFS and was an ideal opportunity to advance the message about the importance of reaching out early and often and ensuring that families are aware of how to access support after the finalization of their adoptions or guardianships. The ASAP Manual will support consistency of service delivery to families. An important intended outcome from the implementation of CORE Teen in Illinois is the enhancement of the model for the warm handoff of the foster parent community to the adoptive/guardianship parent community, thus supporting permanency. When the proposed revisions to policy Section 309.170 and the CFS 1800 PAGS form are adopted, the Illinois QIC-AG Project work plan will be complete.

Populations at Greatest Risk of Maltreatment

In response to the Family First Prevention Services Act, Illinois child welfare has created several work groups to develop implementation plans for the various segments of the legislation. Within this work, target populations have been identified based on the risk of being candidates for foster care. This work is ongoing and currently is focused on:

1) Children that have been indicated (substantiated) as victims of abuse and neglect, and the investigation did not result in removal of the child from the home;
2) Children residing in families that are receiving Intact Family Services on a voluntary basis;
3) Children residing in families in which the caregivers are engaged with community-based services for substance use or homelessness;
4) Children of youth in foster care;
5) Children recently reunified with their parents; and
6) Children who achieved permanency from foster care through adoption or subsidized guardianship.

Illinois child welfare has assessed the availability of trauma-informed and evidence-based services in different geographic areas of the state in an effort to build comprehensive services in all areas of need. In FY21, 40-new contracts were implemented that have been reviewed by the IV-E Clearinghouse. Some services are provided by partner agencies, such as Substance Use Prevention and Recovery programs, the Department of Human Services, IL State Board of Education and the Department of Public Health. Other services are provided by community agencies and not-for-profit entities. Illinois child welfare is exploring data-sharing agreements to implement a continuum of care and avoid duplication of services for families involved with multiple state systems and services.

DCFS continues to support strong prevention and public awareness campaigns through the use of the state website, Facebook and Twitter feeds. Communities, agencies and stakeholders throughout Illinois participate in Child Abuse Prevention activities in the month of May, including the Blue Ribbon campaign.

Services for Children Under the Age of 5

DCFS supports the following efforts with families – empowering families through Child and Family Team Meetings, training all frontline supervisors in Models of Supervisory Practice to enhance skill development in frontline staff, developmental screenings for involved children birth to three, and educational programs for involved children ages three to five.

In the past year, DCFS engaged in a variety of efforts to address the developmental needs of vulnerable children under 5 years of age. Children who come into care receive an Integrated Assessment, and for children under five this comprehensive assessment process includes a developmental screening. These developmental screenings include looking at a child’s developmental strengths and concerns using the Ages and Stages Questionnaire-3. They also include the Devereux Early Childhood Assessment tool, which offers numeric scores that capture the emotional areas of need and strength for all young children, including infants.

When the results of developmental screenings indicate the need for further evaluation through DHS Early Intervention, the Erikson DCFS Early Childhood Project assures those referrals are made. Thus far in FY21, the Erikson DCFS Early Childhood Project has facilitated 1590 referrals to DHS Early Intervention. As part of these efforts, the Project not only assured referral to DHS Early Intervention, they followed up with DHS Early Intervention to assure that the caregivers of the child engaged with the DHS Early Intervention Service Coordinator. The Project also provided re-referral and connected case managers, caregivers and DHS Early Intervention staff when the evaluation process was interrupted or failed to occur. Issues such as caregivers and placement changes, agency changes or interruption in services due to family issues. These barriers were addressed through connecting Early Intervention with the appropriate caregiver and/or professionals.

Since the start of FY21 the Erikson DCFS Early Childhood Project directly facilitated 146 direct referrals for case study evaluations through Chicago Public Schools for children in care three to five years of age to determine if they needed early special education services. The Project supported case managers in making referrals for case study evaluations for an additional 277 young children in care at school districts across the state. These efforts include staff creating
partnerships with the 25 agencies statewide who administer DHS Early Intervention, and the Chicago Public School system, as well as case managers. The relationships with these agencies were essential when the COVID-19 pandemic disrupted many services and evaluations. These agencies were able to offer updates regarding their systems so that Project staff could inform case managers of delays that were unavoidable as agencies adjusted their practice. The flexible and wide-ranging efforts needed to assure young children received the evaluations and services for which they were recommended, are measured as consultations, and staff completed 2409 consultations already in FY21. This is significantly more than the 987 consultations last fiscal year. Furthermore, the Erikson DCFS Early Childhood Project has attended 223 DCFS CIPP staffings thus far in FY21 to offer early childhood consultation, and supported linkage to early childhood services when needed. The Project provided additional support in the form of 76 case reviews at the request of child welfare teams.

DCFS recognizes the need to identify young children in need of early intervention evaluation in Intact Family Services, the services offered by DCFS for children where there has been maltreatment identified and children remain at home with supportive services. Last year, the Erikson DCFS Early Childhood Project reached out to the case managers of 5629 young children birth to three in Intact Family Services to offer developmental assessment and linkage to early childhood services. In new efforts to link families with young children to Home Visiting, the Project identified 330 families to be targeted to link in home visiting and was able to directly refer 184 of those families to HV programs thus far.

DCFS continues to support safe sleep for infants and toddlers involved in investigations and intact cases through the provision of pack ‘n plays. In this current fiscal year, the Department ordered approximately 1,400 pack ‘n plays, and have distributed almost 1,800 to date.

In an effort to reduce the length of time children under 5 are in foster care, the Department has undertaken two initiatives in FY21:

1. Monitoring of Private Agencies has taken on monthly reviews and action planning with agencies with their cases that have goals of adoption, guardianship, or pending termination of parental rights.
2. DCFS is in the development phase of creating a data base with OITS that will pinpoint barriers, next steps, caregiver commitment, and licensing status, for more individualized approaches to moving youth to permanency
3. The DCFS Early Childhood Court Team [ECCT] is currently being implemented in Cook County. Launched in 2017, the Illinois Early Childhood Court Team (ECCT) program is designed to support families that have infants or toddlers under the age of 4 and are currently involved in child welfare services in Illinois. The focus is on this important age group is based on the neuroscience evidence that the ages of zero through 3 years period is the most critical window to support the development of a healthy brain. The DCFS Early Childhood Court Team serves 60 children across 2 foster care agencies. The program receives technical assistance for implementation through Zero-to-Three which is the purveyor for this model.

Services for Children Adopted from Other Countries

Illinois DCFS has support services available for adopted children and their families that reside in Illinois. Children residing in Illinois that were adopted from other countries are eligible for these services, although DCFS does not currently have the technical supports to identify these children
when their families seek services. DCFS is currently working on replacing the current multiple
data systems with a Comprehensive Child Welfare Information System (CCWIS) over the next five years. Given that our current systems are targeted to be replaced, it has not yet been decided if changes to the current systems will be approved to begin tracking adoption preservation services for children adopted from other countries prior to replacement of these systems.

In the meantime, manual tracking began July 1, 2019:

<table>
<thead>
<tr>
<th>Category</th>
<th>FY'20</th>
<th>FY'21 by Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of NON-DCFS</td>
<td>255</td>
<td>229</td>
</tr>
<tr>
<td>adopted children served</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Adoption</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>Non-DCFS-domestic adoption</td>
<td>202</td>
<td>177</td>
</tr>
</tbody>
</table>

The 229 children reflected in the chart are able to receive Adoption/Guardianship Support and Preservation Services (ASAP) which may include S.T.A.R.T. training tools for families, trauma informed therapy, Trust Based Relationship therapy, Advocacy and Respite. In comparison with FY20, we expect the numbers to increased.

DCFS has a PATH Beyond Adoption Support phone line with a toll-free number that is answered during business hours and can accept voicemail messages at any time. PATH stands for Partners Available to Help. The phone line is there to help connect families with DCFS Post Adoption staff, to help families find local services in the community, to allow families to report changes in their address to Post Adoption staff, for those with a subsidy to ask about coverage in the subsidy agreements, to get legal assistance around issues of guardianship or the death or illness of a caregiver, to locate a support group, and to seek respite services and family therapy. DCFS has also launched a PATH Beyond Adoption web site to provide information on post-adoption supports available. There are also business cards to market the web site and phone line that can be distributed generously in many venues. DCFS publishes Post Adoption and Guardianship Services booklets that can be accessed from the web site or are otherwise available through DCFS.

Many DCFS partners are involved in our supportive services to adoptive families. Be Strong Families holds parent cafés. Illinois Adoption Support and Preservation Programs are located throughout the state and can provide assistance prior to a crisis. During the COVID-19 crisis, additional supports were provided to all adoptive families virtually – from webinars to support groups. The links and information could be found on the PATH Beyond Adoption website, as well as the DCFS website and social media outlets.
Strengths and Challenges to Permanency Services

Permanency Challenges:

The May 2018 CFSR confirmed challenges to timely permanency within the child welfare system. The following practices were identified during stakeholder meetings as Illinois began the development of a Program Improvement Plan (PIP)

1. Recruiting, developing and retaining a front-line workforce is an ongoing challenge in both the public and private sector.
2. Children linger in care and do not achieve permanency in a timely manner. There are many youths in care beyond 24 months.
3. Community based and High-End services that meet the needs of children and families are difficult to find or are limited in availability.
4. A robust and iterative CQI process that utilizes data to improve practice is needed.
5. The number of youths in care has risen in each of the last four fiscal years.

Furthermore, the CFSR Final Report of 2018 stated, in part, the following, which are just some of the comments pertaining to Illinois’ challenges in child welfare:

1. DCFS struggles to ensure that regardless of case management responsibility, basic child welfare casework practices, such as caseworker contact with children and parents, occur routinely statewide at the level required to promote child safety, permanency, and child and family well-being outcomes.
2. Key statewide systems including caseworker and supervisor training; foster and adoptive parent licensing, recruitment, and retention; court processes and coordination with the child welfare agency to ensure timely permanency for children in foster care; a comprehensive and accessible array of services; and integrated continuous quality improvement (CQI) approaches are also not functioning sufficiently well to promote the achievement of outcomes, despite state initiatives to address these challenges.
3. Case reviews identified challenges with accurately assessing risk and safety concerns and in providing appropriate safety-related services to prevent children from coming into foster care. Additionally, when safety plans were developed, they were not adequately monitored.
4. Casework challenges associated with contacting and engaging parents was evident across both foster care and in-home cases. Fathers, in particular, were not routinely engaged in the assessment and case planning processes, even when their whereabouts were known.
5. DCFS and its court partners continue to experience significant challenges in achieving timely permanency for children in foster care. Case reviews and stakeholder interviews revealed that, while initial permanency goals were often appropriate, the agency and the courts were slow to change course and pursue goals that could better meet the permanency needs of children.

Permanency Strengths:

Several initiatives have been developed in FY21 that are specifically directed at the above-mentioned challenges.
• A new organizational structure will provide the Permanency Division with specific attention and work efforts to positively impact permanency. The Intact, Child Protection and Permanency staff now have specific Deputy Directors assigned to each specialty area to achieve its goals. This increases accountability and planning.
• In FY22; all new Home Of Relative and Fictive Kin placements will receive a three-part web-based Orientation supplemented by dialogue with the assigned caseworker. The intent of this effort is to orient the new caregiver on the responsibility to collaborate as part of the Child and Family Team; the importance of child parent visitation; introduction of DCFS policies on corporal punishment and increased awareness of the DCFS licensure process.
• The Administrative Case Review process has been enhanced and will feature a qualitative look at various elements of the case and will include an increased focus on youth interviews. ACR data will subsequently be utilized by Monitoring staff as they provide support to both the DCFS and private agency providers.
• The DCFS Office of Employee Services has new leadership and has embarked on an aggressive employee recruitment plan to enhance the workforce. Additionally, there are efforts underway to develop university partnerships that will enhance the ability of the private sector to attract and retain staff using incentives.
• DCFS is actively redesigning the service plans (case plans) for families receiving intact and out of home care services. These plans reflect the work that the agency is doing with families through Child and Family Teams, including a strong family voice in developing their case plans. This effort will become a part of our statewide automated child welfare data base.
• To assist and support Permanency growth, the Subsidy Unit has been increased by 10% and an additional statewide administrator has been added. The intent is to provide increased staff to process the subsidy work and, equally important, be able to provide support to the DCFS regions and private providers.
• Fictive Kin legislation allows children to be placed in a home that does not have to be a blood relative, as it recognizes the importance of personal connections to the child and family. This resource enhances our ability to provide community-based care.
• DCFS has initiated a LifeSet pilot program in Illinois as a partnership with Youth Villages, and select Independent Living Opportunity (ILO) and Transitional Living Program (TLP) agencies This program is an evidence-informed approach that pairs a youth with a trained caseworker for youth in DCFS care who are between ages 17.5 and 20.5 with a willingness to engage in meaningful work towards their goal of independence.
• In conjunction with additional program experts, DCFS is developing a statewide work plan that has an enhanced focus on the review and attainment of increased evaluation and use of the Subsidized Guardianship goal. The work-plan will include but is not limited: Creation of a diverse Steering Committee, Court barriers and remedies; staff and agency support; the Licensure process; the revised role of the DCFS Agency Performance and Monitoring Team; Training; Legal Screening, Post Adoption Services and multiple variables that impact Permanency.
• Family Finding continues to identify resources for our youth in care, whether it be an option for placement to avoid shelters and emergency foster homes or just important individuals who can maintain lifelong connections after DCFS is no longer involved with a youth.
Illinois Department of Children and Family Services
Annual Progress and Services Report 2022

Sub-Chapter 4C – Well-Being Services

Illinois child welfare is committed to ensuring that children in state care achieve their potential, and, in order to do this, children need access to 1) quality education programs; 2) medical services; and 3) mental health services. In this section, DCFS will address these three service areas that help assure children’s well-being.

Education Services:

Kindergarten-12th grade services:

The DCFS Office of Education and Transition Services (OETS) works to ensure youth in care are receiving a Free and Appropriate Public Education (FAPE). While this has been improving, some youth are still not receiving FAPE. While most people agree that safety and permanency are a primary concern in child welfare, youth cannot be successfully launched without the educational tools which will lead to success in post-secondary education or the workforce.

While OETS’ plan for the 2020-2021 school year, to monitor and interject at pivotal moments in a youth’s academic career, is showing improvements for educational outcomes, there are still improvements to be made. Barriers continue to be 1) data, 2) provider partnerships, and 3) child welfare practices that short-change the educational well-being of youth, particularly the older population.

Below is a breakdown of 4-year high school graduation rates.

<table>
<thead>
<tr>
<th>Academic School Year</th>
<th>State Graduation Rate</th>
<th>Foster Care Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-2010</td>
<td>82%</td>
<td>34%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>81%</td>
<td>36%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>83%</td>
<td>34%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>82%</td>
<td>31%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>86%</td>
<td>34%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>86%</td>
<td>35%</td>
</tr>
<tr>
<td>2015-2016</td>
<td>86%</td>
<td>38%</td>
</tr>
<tr>
<td>2016-2017</td>
<td>87%</td>
<td>39%</td>
</tr>
<tr>
<td>2017-2018</td>
<td>85%</td>
<td>41%</td>
</tr>
<tr>
<td>2018-2019</td>
<td>86%</td>
<td>43%</td>
</tr>
<tr>
<td>2019-2020</td>
<td>86%</td>
<td>55%</td>
</tr>
</tbody>
</table>
Education Highlights:

1. Youth-in-care 4-year graduation rate is at 55% which is higher than last year’s graduation rate.

2. Identified district-appointed foster care liaisons are at all 814 school districts. This allows OETS to communicate with school districts on a regular basis regarding the progress of our youth. The district-appointed liaison can provide DCFS with necessary paperwork in less than 24 hours, i.e. IEPs, 504s and transcripts.

3. NIU Educational Advisors were able to re-enroll 96 youth that were previously unenrolled.

4. Breakthrough pivoted from providing after school services to providing E-learning supervision from 8:30-2:30pm daily to support youth in care during remote learning.

5. NIU Educational Advisors are conducting technical assistance and other educational supports via teleconference and video conferencing.

6. 94% of youth enrolled in YS3 have a positive outcome or continued enrollment.

To work effectively, DCFS has partnered with the Illinois State Board of Education, which includes data sharing of the information for the 11,323 youth in care enrolled in ISBE funded schools. To that end, DCFS has joined the Illinois Longitudinal Data System with the following agencies:

- Illinois Board of Higher Education
- Illinois Community College Board
- Illinois Department of Commerce and Economic Opportunity
- Illinois Department of Employment Security
- Illinois Department of Human Services
- Illinois State Board of Education
- Illinois Student Assistance Commission

Place emphasis on K-12 School education liaisons and Illinois State Board of Education (ISBE) staff to improve communication and to work collaboratively on student services and support.

- ISBE statewide collaboration continues to strengthen as contact is made with School District Liaisons on a weekly basis ensuring that children and youth in care are engaging in remote learning.
  FY21 Update: The NIU contract was modified during this period and the Educational Advisors are currently working with youth in care K-12 on all education related issues.

- If an education issue surfaces, OETS Education Specialists will work with the Liaisons to provide needed intervention and resources to support the student’s education.
  FY21 Update: The Northern Illinois University Program Plan with DCFS was modified during this reporting period. The OETS Education Specialist no longer intervene with youth in care on education needs as those are handled by NIU.

The Office of Education and Transition Services recognizes the importance of education throughout the developmental years of childhood, and is disheartened by the fact that only
approximately 55% of children in foster care graduate from high school. The OETS also understands that caseworkers are overburdened by their myriad duties, and few of them have expertise in school policies, Individual Education Plans, 504 Plans, or how to engage in an appeal process. This is where the OETS can strengthen child welfare and increase children and families' success in schools. In order to accomplish this, OETS has three goals:

Goals for FY22:

- Continued improvement of the NIU Education Access Project contract. This contract remains a primary focus, as too often youth in care are not getting what they deserve from the outputs of this work. This collaboration will be utilized to train child welfare workers on best practices around education, including the importance of documenting educational progress and history. NIU Education Access Project staff have been granted access to document all of their interventions and outcomes in the youth’s case file. The documentation will provide caseworkers access to education issues in a more timely and efficient manner.

- Partner with IL-Empower, which is the statewide system of support that empowers schools with greater choice in determining their path to improved student outcomes. Schools are informed through a continuous school improvement process which includes analysis of academic and school quality indicators, a systems needs assessment, and selecting an approved learning partner. This partnership will focus on the academic outcomes of youth-in-care. By utilizing the Illinois School Report Card, OETS will be able to evaluate how each of the 852 school districts throughout Illinois are doing with the foster care population. The plan is to emulate the districts that are doing well with the youth in foster care.

Pandemic-Related Education Highlights:

1. 728 Chromebooks and 24 hotspots were mailed to school districts throughout Illinois. These Chromebooks are needed to continue remote instruction for youth-in-care who do not have access to a device. These Chromebooks had to be requested by the school district, because the teachers and administrators would best know if a device would be needed to continue learning. 67% of school districts do not offer a 1:1 initiative (each child is provided a school device), so this means the majority of students throughout Illinois are provided paper packet options for remote learning.

2. DCFS Post-Secondary Education Specialists work closely with youth accessing the Department's Post-Secondary Education Programs. The office also has a BSW student intern that assists with outreach to students and "well-being" checks. The Department's monthly board payment for the Youth in College / Vocational Training (YIC) placement increased to $1235 / month effective 7/1/2020. This was not a result of the COVID 19 pandemic but provided much needed financial assistance during these difficult times. In addition, the Department is implementing funding expansions under the Education and Training Voucher (ETV) program as allowed under the federal Consolidated Appropriations Act of 2020.

3. Partner with Chicago Public Schools to provide training to educators and child welfare workers on Best Interest Determination (BID) meetings. Once this training is developed and fully implemented in CPS, OETS will replicate the work in the other 10 largest school
districts throughout Illinois which have the largest enrollments of the youth-in-care population.

4. In 2020 a DCFS Education Assistance Mailbox was set up for internal and external persons to use to ask questions, seek guidance and request services i.e. Home Schooling, Chromebooks, NIU assistance etc.

5. In 2021 the Office of Education and Transition Services created Virtual Office Hours two days per week for two hours. This is a platform designed for intact family, post adoption and guardianship caseworkers to discuss issues with the DCFS education team.

6. In 2021 ACR feedback and CIPP requests are either being submitted to NIU or to the DCFS Education Assistance mailbox to be routed to the appropriate person for intervention.

7. In September 2020 OETS launched the “Let’s Talk about School” campaign to increase the opportunity for casework staff to discuss educational challenges or the need for additional support. In October 2020 there was a 96% increase in the number of case notes labeled “school” in SACWIS.

8. Launch caregiver survey in March to determine the impact of remote learning on academic functioning.

9. Initiation of legislation to require ISBE to share real time educational data for youth in care.

10. Rebooting of Educational Strategic Plan Taskforce.

11. NIU Educational Advisors were able to re-enroll 96 youth that were previously unenrolled.

School Readiness Initiative:

The goal of the School Readiness Initiative is to ensure that every child involved with DCFS through foster care is enrolled in a high-quality early education program. School Readiness staff also provide information and resources regarding early childhood care and education to intact families, post adoption, youth-in-care teen parent of a child and persons external to the Department, if requested. Per DCFS Procedure 314.50/70 the following are the general programs in which children can be enrolled:

1) Head Start or Early Head Start
2) Pre-Kindergarten programs for children at risk of academic failure
3) Accredited childcare programs (licensed childcare or home visiting programs)
4) Early Intervention services for infants and toddlers with developmental delays
5) Early childhood special education programs for 3-5-year-old children with disabilities

The Statewide School Readiness Team searches for early childhood care or education options for children who are not currently enrolled in a program and ensures they remain enrolled until the youth enters Kindergarten. In addition, if a child experiences a placement change, the Early Childhood Specialist confirms that the child was re-enrolled in a program. If the school year ended
and no information was identified on the SACWIS Education Screen for the next year, the staff confirm that the child was enrolled for most of the current school year. If a child is suspended or expelled from a program, the Early Childhood Specialist staff facilitate meetings and research resources to stabilize the youth in the program, thus preventing placement disruption.

In situations where children are experiencing challenges in the classroom or are at risk of suspension or expulsion in their educational placement, if requested, School Readiness staff will participate in Clinical staffings, CIPP (Clinical Intervention for Placement Preservation) meetings and Child and Family Team Meetings (CFTM) to help ensure educational stability. Team members also support and participate in efforts to build stronger relationships between the early childhood, child welfare and caregiver communities through local events, conferences and trainings. Team members also advocate for change in policy both at the state and federal level.

The COVID-19 pandemic brought about many challenges for our young learners and their caregivers as some young children were unable to finish the school year in the spring of 2020 or begin classes in the fall of 2020. Some caregivers were reluctant to send young children to programs due to the virus, especially if they had family in the home who were medically compromised. For this reason, as well as the challenges of remote learning for many households, there was an obvious decline in enrollment in early learning programs. If the foster parent was working remotely from home or had other children in a K-12 program; or if the child was unable to focus for long periods of time on a computer, some foster parents chose not to participate in remote pre-k programs. Throughout the pandemic, the School Readiness Team continued to provide early childhood program options and support caseworkers and caregivers who relied on early learning programs to care for their children while they provided essential services.

Monthly reports received from DCFS’s Office of Information Technology (OITS) identify children in foster care who are in need of an educational placement. School Readiness staff sends requests to caseworkers, supervisors, foster parents and/or private agency monitoring staff seeking educational updates, and if a child is not in a program, school readiness staff search for appropriate programs within the child’s placement area. Staff continue to follow up on this until there is confirmation that the child is enrolled in a school/program. Below is data from 2020 regarding children in educational placements.

<table>
<thead>
<tr>
<th>Child Age Category</th>
<th>Expanded Pre-K</th>
<th>Head Start</th>
<th>Pre-School / Day Care</th>
<th>No Program Identified</th>
<th>Enrolled in a Program - type not identified</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>58</td>
<td>200</td>
<td>1579</td>
<td>329</td>
<td>2168</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>117</td>
<td>321</td>
<td>799</td>
<td>671</td>
<td>1919</td>
</tr>
<tr>
<td>5</td>
<td>13</td>
<td>73</td>
<td>204</td>
<td>436</td>
<td>800</td>
<td>1526</td>
</tr>
<tr>
<td>Grand Total</td>
<td>26</td>
<td>248</td>
<td>725</td>
<td>2814</td>
<td>1800</td>
<td>5613</td>
</tr>
</tbody>
</table>
Additional activities associated with the School Readiness Initiative include:

1. The Office of Education and Transition Services developed an Early Childhood Care and Education Suspension and Expulsion Tracking tool for children in care, and began use of this tool in July 2018. Two children were expelled from early childhood care programs in the year 2020. The plans for use of this data include advocating for an increase in services for children involved in the child welfare system who are suspended or expelled from early childhood programs. The team educates staff on the importance of getting children re-enrolled into programs as quickly as possible and uses the data to gain an understanding about the children who are being suspended or expelled. This information is discussed at various Early Learning Council Sub-Committees.

2. DCFS and Head Start/Early Head Start (HS/EHS) Grantee Agencies have an Intergovernmental Agreement (IGA) which began in 2007 and is in effect until June 2023. The purpose of this IGA is to foster collaborative efforts between child welfare and HS/EHS and to enhance working relationships in order to improve outcomes for Illinois children, families and communities. The primary impact of the IGA places child welfare involved children on a priority path, i.e. if there is a waiting list, children in care are placed at the top of the waiting list.

3. Further cooperation between the DCFS Office of Technology, Office of Education and Transition Services and the Department of Human Services occurred in the development of an encryption list for Head Start to use with early recruitment and enrollment of children ages 3-5 entering DCFS care. The encryption allows only specified persons at Head Start to have access to the private information of children and families, but also affords them the opportunity to reach out and begin the registration and enrollment process as early as possible.

4. To ensure successful collaborative efforts between early childhood providers and the child welfare community, with the goal of giving positive learning experiences to children, School Readiness staff interact with a variety of people and entities, including:
   - School Readiness staff work in tandem with child care facilities to develop necessary transition plans for students who are at risk of expulsion.
   - The Governor’s Early Learning Council Committees and subcommittees, as well as other committees throughout the state, has yielded policy changes which benefit not only DCFS-involved children, but homeless children and children who live in economically challenged areas.
   - All Our Kids network meetings, which is a collaboration of multiple stakeholders to work on issues related to the educational, mental and physical health needs for the DCFS population.
   - Efforts at the community level working to ensure the child welfare population has needed information to supply the foster parents with informed opportunities for the educational component for children placed in their homes.
   - Training collaborations with the Start Early (Formerly Known as the Ounce of Prevention Fund), HS/EHS, ISBE and other DCFS staff which provide opportunities for child welfare, child care, education, homeless service and
supportive housing providers to learn each other’s systems while making valuable connections with workers in other systems.

The Office of Education and Transition Services recognizes the importance of education throughout the developmental years of childhood. The OETS also understands that caseworkers are overburdened by their myriad duties, and few of them have expertise in school policies, Individual Education Plans, 504 Plans, or how to engage in an appeal process. This is where the OETS can strengthen child welfare and increase children and families’ success in schools. In order to accomplish this, OETS has three goals:

School Readiness Goals for FY22:

- Continue to increase the enrollment of 3-5 year olds in high quality early childhood care and education programs. The School Readiness Team will actively campaign and encourage the return of young children to programs following the reopening of programs after the pandemic, and foster parents with children new to the system will be provided options for enrollment.
- Enhance early childhood care and education partnerships through collaboration and ongoing communication with external partner programs. Advocate for policy change when procedures and policies are in conflict with young children’s enrollment in early childhood care and education programs.
- With the assistance of the Office of Technology build a dashboard that will decrease manual data entries, utilize data that is located in other areas of the DCFS system, and provide real time data queries.
- Review Kindergarten Readiness Assessment (small percentage statewide) and compare with early childhood programs and ExcelRate Illinois rating scale to the Assessment.

The Teen Parent Support Network is a statewide program that assists with registering children of teen parents in quality early childhood education programs and monitors their enrollment. TPSN continues to emphasize the caseworker’s responsibility for the children of TPSN youth, and the value of early education. TPSN staff members provide resources and education on early learning and will also accompany the young parent to early learning centers to walk the youth through the application and enrollment process. The following tables illustrate the changes in early education enrollment throughout FY 21, divided by age groups, separation status, and the Network overall.

<table>
<thead>
<tr>
<th>OVERALL NETWORK EARLY EDUCATION ENROLLMENT AS OF 3/31/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Age:</td>
</tr>
<tr>
<td>Type of Program</td>
</tr>
<tr>
<td>Daycare- Center Based</td>
</tr>
<tr>
<td>Daycare- Home Based</td>
</tr>
<tr>
<td>Early Head Start/Head Start</td>
</tr>
</tbody>
</table>

~ 196 ~
As of 3/31/21, according to our current records, there are 27 children between the ages of 3-5 that are currently not in school. There are 65 children between the ages of 3-5 in the network. Of the 27 not in school, there were 20 in their parents’ care.

- For the 20 children that are in their parent’s care,
  - 4 of these parents are currently not in school or working.
  - 13 reside in the Cook region
  - 6 are assigned to at least 1 TPSN provider,
    - 1 is currently working with a TPSN Family Development Specialist, who can also help with early education enrollment.
    - 6 have a Clinical Consultant assigned.
    - 5 are assigned to an RSP agency.

5. To work effectively, DCFS has partnered with the Illinois State Board of Education, which includes data sharing of the information for the 11,323 youth in care enrolled in ISBE funded schools. To that end, DCFS has joined the Illinois Longitudinal Data System with the following agencies:

- Illinois Board of Higher Education
- Illinois Community College Board
- Illinois Department of Commerce and Economic Opportunity
- Illinois Department of Employment Security
- Illinois Department of Human Services
- Illinois State Board of Education
- Illinois Student Assistance Commission

This data system enables DCFS to follow youth education and workforce data from age 3 to adulthood.
ISBE statewide collaboration continues to strengthen as contact is made with School District Liaisons on a weekly basis ensuring that children and youth in care are engaging in remote learning.

If an education issue surfaces OETS Education Specialists will work with the Liaisons to provide needed intervention and resources to support the student’s education.

**Physical Health Services:**

See: Healthcare Oversight and Coordination Plan – Appendix C

**Mental/Behavioral Health Services:**

**Office of Clinical Practice**

The Division of Clinical Practice’s Regional Clinical Program is responsible for supporting the field through the provision of clinical consultations or the convening of clinical staffings. The Division accomplishes this mission through its Regional Clinical Units or linkages to the Clinical Specialists. Regional Clinical Units (Clinical Managers and Clinical Services Coordinators) are located in each Region across the state, with three units being located in Cook County. Spanish-speaking Clinical staff is located within the Cook Central and Northern Region teams. The Administrator of Social Work Practice has Administrative responsibilities for the Regional Clinical Units and reports to the Associate Deputy Director of Clinical Services. The Associate Deputy reports to the Deputy of the Clinical Division.

**Target Population:** Clinical consultation or staffing requests may be made to the Regional Clinical Units by DCFS and private agency staff including, but not limited to, Administrators, Investigative and Permanency Staff, Licensing and Monitoring Staff, Resource Staff, Legal and other support units. Court personnel acting on behalf of DCFS youth in care, biological parents, adoptive parents and substitute caregivers may also make referrals. Ultimately, the youth and families served by the Department and contractual agencies are included in the target population.

**Regional Clinical staff collaborate with the following stakeholders:**

**Internal:**
- DCFS Investigative/Permanency Staff (Operations)
- Supervisors
- Administrative staff, including but not limited to, Central Office, Advocacy Office, Legal Services, and Guardian’s Office
- Licensing
- Regulation/Monitoring
- DCFS Consulting Psychologists
- Clinical Intervention for Placement Preservation (CIPP)

**External:**
- Private agency staff and administration
- Congregate Care providers (Residential, Group Home, Transitional Living Programs)
- Public Guardian’s Office (GAL)
- Intensive Placement Services (IPS)
• Screening Assessment Support Services (SASS)
• Hospital psychiatric programs (private and state-operated)
• Court appointed special advocates (CASA)
• County court systems (circuits)
• Community agencies (mental health, developmental disabilities, substance abuse, domestic violence, sex offender/victim)
• Medical providers
• State agencies (Department of Human Services, Healthcare and Family Services, Juvenile Justice)
• Managed Care entity (YouthCare)

The Regional Clinical Units continue to support a number of programs and initiatives throughout the State. While no changes have been made to customers or data sources for FY21, there have been enhancements made to the data sources to assist with improved data collection and report functionality within the Regional Clinical Units. Some of the programs supported:

Youth in Residential Care: Regional Clinical has taken an increased role in the clinical assessment and monitoring of youth in residential care in collaboration with private agency and DCFS case managers, residential treatment teams and residential monitoring programs. This work is done in collaboration with Child and Family Teams which are developed to strengthen families and support purposeful, intentional, respectful and supportive engagement with youth and their families. There has been a focus on supporting clinical teams, youth and families in stepdown/discharge planning efforts for youth who are targeted to return home to biological parents or to a relative home placement. These efforts will continue to support shorter lengths of stay in our residential treatment programs consistent with Family First legislation and support work to improve permanency for youth in care. In addition, the enhanced work with our residential treatment teams and the casework staff managing youth in this level of care, provides not only support but opportunities to enhance skills around trauma-informed care and use of evidenced-based practices in serving youth and families.

Post Adoption Units: The Clinical Division continues to support Post Adoption Units through the staffing of youth adopted through DCFS who are at risk of disrupting from their adoptive home. The work with these youth and families is supported by our sister agency, Healthcare and Family Services (HFS), through the Special Family Support Program and the Family Support Program. There is collaboration and planning with HFS to ensure that these youth can remain in the custody and guardianship of their adoptive parents while receiving the level of treatment necessary to support their emotional, behavioral and developmental needs.

Human Trafficking: The Regional Clinical Units have continued to support the Human Trafficking Specialist in working with our youth who have been trafficked and who are at risk of trafficking. There will also be enhanced clinical consultation with those youth who are in congregate care settings targeted to support the safety and treatment of our youth who have been trafficked or who are at risk. This clinical work will focus on youth engagement in treatment and support safe, planful stepdown/discharge planning primarily targeted to return home to a biological parent or relative home. Efforts to support these youth will be done in collaboration with the treatment teams, human trafficking specialist, consulting psychologists, licensing and monitoring units and clinical assessment teams supporting congregate care.

Psychiatically Hospitalized Youth: The Clinical Division partners with consulting psychologists, along with Clinical facilitators, clinical specialists and educational support staff to, not only staff
with these youth, but also to ensure that there is follow up to support their treatment, placement and stabilization needs of these youth. During the first quarter of FY21, the role of the clinical facilitator was enhanced to support implementation of recommendations made during the youth’s clinical staffing(s). In addition, the clinical team moved from utilizing the Child Assessment Service Intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSI) and began using the CANS as the assessment tool. The move to this assessment tool aligns with the universal assessment tool being utilized by our congregate care providers, casework staff and our Medicaid providers. This change also supports objectives as outlined in the Family First implementation plan. In addition, there has been enhanced work with Managed Care entity around treatment provided during hospitalization, but also in supporting youth/families in connection to community-based service array supporting youth’s emotional, behavioral and developmental needs upon discharge.

LGBTQI+ Youth: The Regional Clinical units will assume increased responsibility for the consultation and support for LGBTQI+ youth with whom the Department is involved. DCFS Clinical and the Office of Diversity, Equity, and Inclusion (DEI, previously known as Affirmative Action) will be partnering to enhance the programmatic work for LGBTQI+ youths and families. Training has been provided by the Associate Deputy of Behavioral Health for the transition of support services. In addition, the Associate Deputy and DEI staff will also continue to support Regional Clinical units as subject matter experts regarding best practices for LGBTQI+ youth.

Parents with children in state custody have a wide range of services available to them through the programs mentioned above, as well as those described further in this section. Individually, they can obtain mental health counseling through an established list of providers located throughout the State, and in addition, DCFS will engage providers with private contracts to meet the particular needs of an individual/family, or to provide services in an area not yet sufficiently covered by an established service provider. Below is a list of some of DCFS’ established therapy providers throughout the state. The Clinical Division will continue to utilize SPIDER, Statewide provider database, to support efforts in locating and linking youth, caregivers and families with services to support well-being and permanency.

<table>
<thead>
<tr>
<th>Region Served</th>
<th>Agency</th>
<th>Population Served</th>
<th>Type of Service</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago, Cook</td>
<td>Larabida Children’s Hospital</td>
<td>DCFS youth</td>
<td>Sexual abuse, trauma</td>
<td>DCFS contract</td>
</tr>
<tr>
<td>Northern, Cook</td>
<td>Northwest Treatment Assoc</td>
<td>DCFS youth and offenders</td>
<td>Sexual abuse</td>
<td>Medicaid</td>
</tr>
<tr>
<td>North, Chicago</td>
<td>ABC Counseling &amp; Family Services</td>
<td>Individual*, group and families</td>
<td>Sexual abuse, trauma</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Southern</td>
<td>CHOICES counseling</td>
<td>Youth</td>
<td>Sexual abuse, trauma</td>
<td>Medicaid</td>
</tr>
</tbody>
</table>

~ 200 ~
<table>
<thead>
<tr>
<th>Region</th>
<th>Organization</th>
<th>Target Group</th>
<th>Service Type</th>
<th>Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Youth Advocate</td>
<td>DCFS involved family/individual</td>
<td>General counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Chicago</td>
<td>Catholic Charities</td>
<td>DCFS involved family/individual</td>
<td>Individual, group, family counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Central, Southern</td>
<td>One Hope United</td>
<td>DCFS involved families, individual</td>
<td>Individual, group, family counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Central</td>
<td>Children’s Home Association</td>
<td>Intact and foster families</td>
<td>In-home therapy</td>
<td>DCFS Contract</td>
</tr>
<tr>
<td>Central</td>
<td>Transitions of Western IL</td>
<td>Individuals, Families and Youth in Care</td>
<td>Family and Individual therapy</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Northern</td>
<td>Youth Services Network</td>
<td>Intact and Foster families/individual</td>
<td>General counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Southern</td>
<td>Egyptian Health Department</td>
<td>Individuals and families with DCFS</td>
<td>General counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Cook</td>
<td>Kaleidoscope</td>
<td>Individuals and families with DCFS</td>
<td>Intensive home-based stabilization</td>
<td>DCFS contract</td>
</tr>
<tr>
<td>Cook</td>
<td>Forward P.C</td>
<td>Individuals and families with DCFS</td>
<td>General counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Southern</td>
<td>Alternatives Counseling</td>
<td>Individuals and families with DCFS</td>
<td>General counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Southern</td>
<td>Lutheran Social Services of IL</td>
<td>Children and families with DCFS</td>
<td>General counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Central</td>
<td>YSB Illinois Valley</td>
<td>Individual and families with DCFS</td>
<td>General counseling</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Cook, Northern</td>
<td>Garden of Prayer Youth Center</td>
<td>Individual and families with DCFS</td>
<td>General Counseling/Human trafficking</td>
<td>Medicaid</td>
</tr>
</tbody>
</table>

*Individual denotes both youth and adults, unless otherwise noted.

There are a number of other programs that offer services to parents, including the following:

1) Reunification Foster Care – described on page 164
2) Substance Abuse Partnership with SUPR – described on page 151
3) Family Unification Program – described on page 134
Intellectual/Developmental Disabilities Program

The Intellectual/Developmental Disabilities Program (ID/DD) was established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of this child welfare population. The Statewide Intellectual/Developmental Disabilities Coordinator is overseen by the Statewide Intellectual/Developmental Disabilities Administrator. Some of the activities of the office:

- The Intellectual/Developmental Disabilities Program manages transitional planning for intellectually/developmentally disabled youth who are 14.5 years of age and older throughout the state, including addressing various issues impacting the process.
- Provides consultation and professional technical assistance to DCFS and private agency staff regarding youth with intellectual/developmental disabilities.
- Maintains effective communication with DCFS & private agency staff and other resources.
- Attends meetings and serves on other statewide organizations concerned with intellectual/developmental disabilities, such as Illinois Council on Developmental Disabilities.
- Coordinates trainings with the contracted Transition to Adult Services Manager for DCFS and private agency staff regarding developmental disabilities.

The Intellectual/Developmental Disabilities Program has an Interagency Agreement with the Department of Human Services/Division of Developmental Disabilities (DHS/DDD) and the Illinois Guardianship and Advocacy Commission (GAC) regarding transitional, planning, and funding for DCFS youth in care with a developmental disability, which is in the process of being updated. The Intellectual/Developmental Disabilities Program collaborates with Kaleidoscope via a DCFS contract, which provides for a Transition to Adult Services (TAS) manager. The TAS manager maintains a list of DCFS youth eligible for transition to adult services with DHS. The TAS manager provides consultation with caseworkers, residential providers, other provider agencies, and DHS-DDD providers to aid in the timely and successful transition of youth in care with intellectual/developmental disabilities from the child welfare system to the adult DHS-DDD system or other appropriate provider and permanency. The Intellectual/Developmental Disabilities Program collaborates with the DCFS Office of the Guardian regarding youth in care with an intellectual/developmental disability, given that a part of the transition to adult services process is the identification of adult guardian as appropriate. The Intellectual/Developmental Disabilities Administrator will be appointed to the Illinois Council on Developmental Disabilities and the Coordinator will serve as backup.

The Intellectual/Developmental Disabilities Program will continue to collaborate with DHS DDD, TAS, DCFS Guardian’s office, private agencies, OPG, State’s Attorney, DORS, Operations, Licensing, Monitoring, Budget/Finance, Contracts, Diversified Service Network and community providers/advocates to address service needs for youths and families.

Goals moving forward:

1. To finalize the Interagency Agreement that DCFS has with DHS and OSG by end of 2019. The purpose of this agreement is to mandate that joint planning occur among the parties to ensure that there is coordinated and effective activities occurring to provide a smooth transition to adult services for youth in DCFS care with a developmental disability. Update: Efforts to get this finalized have been ongoing. There have been several collaborative meetings among the stakeholders. The draft was made final on 1/8/2020. The next step...
was for DHS DDD to get their legal office to approve it and their Director’s signature and once done, the document would be forwarded to DCFS and OSG for Directors’ signatures. The COVID-19 crisis has impacted agencies’ day to day functioning by directing resources to service the needed populations. As of 4/21/2020, DHS/DDD shared they would try to move the process along, but the pandemic crisis has significantly increased the workload of their Budget office.

- As of 4/8/2021 the Directors of DCFS, DHS, and GAC signed the Interagency agreement.
- Goal met

2. To submit a copy of DCFS procedure 302, Appendix N to the Office of Child and Family Policy by end of July 2019 so that a draft can be published for comments. This policy updates and clarifies for the field, steps needed to transition youth in care to adult services for developmental disabilities. It also provides instructions regarding requesting an adult guardian for youth in care. Update: Developmental Disabilities program continues to work collaboratively with the DCFS Guardian’s office and Office of Child and Family Policy (OCFP). The last response to questions from the OCFP was 2/6/2020; this process is ongoing.

- As of 4/2021, OCFP shared if draft is ready, they would resolve comments, check for all grammar and formatting then push to PPR.
- Continuing goal

3. Create a standardized method by end of 2019 for flagging youth who are 15.5 years of age and older with an intellectual disability so that youth can be placed on the Prioritization of Urgency of Need for Services (PUNS) list with DHS. This would put DHS on notice of a youth in DCFS who may need transition to adult services. Update: During the discussions surrounding the draft Interagency Agreement, it was determined that this was no longer needed. DHS DDD stated that advanced notice is not needed, given that DCFS youth in care are guaranteed funding for adult services through DHS if eligible.

- Met – as noted, a standardized method is no longer needed.

4. Maintain regular contact with Diversified Service Network (DSN) and DCFS consulting psychologist to help ensure youth with a developmental disability who are 17.5 years of age have an updated DCFS approved psychological evaluation (if possible) for consideration of continued eligibility for social security benefits.

- There has been regular contact with DSN and the assigned DCFS Consulting Psychologist. The meetings are now occurring quarterly.
- Continuing goal

5. Partner with additional community resources, throughout the state, to support youth with Autism by end of 2019.

- This continues to be an ongoing effort.

6. Create a description of the program and contact information of program staff for the DCFS DNET page by end of June 2019.

- This goal was met 6/25/2019.

7. Utilize a centralized mailbox for Transition to Adult Services for Developmental Disabilities. This should be fully operational by end of June 2019. This would allow staff of this program access to information that is communicated to the field regarding TAS and that field’s response.

- The mailbox (DCFS.TransitionToAdultServicesDevelopmentalDisabilities) is fully operational. The updated CFS 418-L (8/2020) Pre-Screen for DCFS Youth with Intellectual Disabilities, directs staff to forward documentation to this Outlook.

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mailbox. This allows all staff of the I/DD program access to the submitted information.

- This goal was met.

8. The TAS Manager to have consistent regional trainings regarding the TAS process; this is ongoing. The training addresses the following: eligibility for adult services, service options, and adult guardianship. It was designed specifically for DCFS and private agency caseworkers, residential providers, supervisors, but was open to anyone interested.

- The COVID pandemic did not allow for in-person trainings within the regions. The TAS Manager was able to adapt to provide the trainings via zoom on 7/15/2020, 7/28/2020, 8/6/2020, and 8/25/2020.

- Continuing goal

9. On 10/25/2019, the Statewide I/DD Administrator, Kaleidoscope Transition to Adult Services (TAS) Manager, and the Associate Director of Learning and Development from the Office of Learning and Professional Development met to discuss developing a webinar for Transition to Adult Services training. A draft plan for the project was developed and course learning objectives were identified: describe each stage of the transition process, recognize role/responsibilities in facilitating timely transition prior to youth attaining age 21, and identify who may be eligible for the Transition List/DHS DDD adult services.

- The Deputy Director of Clinical gave approval on 10/26/2020 for the Transition to Adult Services Lesson but there was a change in staff within the Office of Learning and Professional Developmental. The DCFS Chief Learning Officer - Division of Learning & Professional Development forwarded request for status on Lesson to the new Administrator over curricula design and development.

- Follow-up to get this Lesson completed is ongoing.

- Continuing goal

10. The Statewide I/DD Administrator was notified of appointment to the Protection of Individuals with Disabilities in the Criminal Justice System Task Force on 10/23/2019. The I/DD Administrator will attend all scheduled meetings.

- Continuing goal

Note: The transition to adult services process was impacted by the COVID pandemic, such as SSI offices being closed, providers for psychological evaluations not being readily available, ISC coordinators working remotely, adult providers slow to screen referrals for eligibility, and completion of the adult guardianship process due to dates for petition hearings being scheduled further out in probate court. Developmental Disabilities Program will continue to collaborate with DHS DDD, TAS, DCFS Guardian’s office, private agencies, OPG, State’s Attorney, Operations, Licensing, Monitoring, Budget/Finance, Contracts, Diversified Service Network and community providers/advocates to address barriers.

Deaf/Hard of Hearing and Blind Program

The Deaf/Hard of Hearing and Blind Program was established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of this child welfare population. The Statewide Deaf/Hard of Hearing and Blind Coordinator (DBSC) is overseen by the Intellectual/Developmental Disabilities Administrator. Some of the activities of the office:
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- Assists in the coordination of services for deaf, hard of hearing, and visually impaired youth and families served by DCFS throughout the state, and serves as liaison to the deaf/hard of hearing/visually impaired community.
- Communicates with Deaf or Hard of Hearing clients who contact the DBSC using sign language.
- Helps to facilitate documents in large print or braille when appropriate.
- Works closely with contracts to maintain sign language vendors.
- Monitors and assists as needed with referrals for American Sign Language Interpreters to the field.
- Advocates within DCFS and private agencies for people who are Deaf/HoH/Blind.

The Deaf, Hard of Hearing, and Blind Program assists in the coordination of services for deaf, hard of hearing, and visually impaired youth and families served by DCFS throughout the state, and serves as liaison to the deaf/hard of hearing/visually impaired community. In an advisory capacity, the program DBSC:

- Provides case consultation, technical guidance, training and assistance to DCFS and private agency staff.
- Functions as an appointed board member to the Illinois Advisory Board for Deaf/Blind.
- Develops policy with regard to blind services.
- Offers in-service training on Deaf/HoH/Blind issues.
- Supports DCFS and private agency staff in relating to persons who are Deaf/HoH/Blind.

The Deaf/Hard of Hearing and Blind Program collaborates with sister state agencies and their respective Deaf/Hard of Hearing and Blind programs. The Deaf/Hard of Hearing and Blind Program works closely with the Illinois Deaf and Hard of Hearing Commission to ensure the Department is current with regard to changing legislation. The DBSC is appointed to the Illinois Advisory Board for Deaf/Blind.

Goals moving forward

1. Attempt to have a radial button added to the demographic screen in SACWIS that gives the user the choice of marking the individual as either Deaf/Hard of Hearing or Blind by end of 2020. This would assist in having more accurate data as well as meeting service needs more efficiently.
   a. There was a request submitted to Department of Innovation & Technology to obtain a list of individuals, who are Deaf/Blind and having a radial button added in SACWIS. The E-Health information entered in SACWIS has four codes that deal with hearing or sight loss besides disease of the ear. DoIT is checking with the SACWIS team to see if there is a way to report on this better than the Diseases of the Ear general find. The SACWIS team would have to be contacted to explore putting a radial button on an existing screen.
   b. There would be another outreach to the SACWIS team to have an ESR created for the radial button.
   c. Continuing goal.

2. By the end of 2020, develop a tickler system to notify the DBSC of youth who are being considered for cochlear implants. This would allow for case consultation and technical guidance/assistance to the field surrounding this procedure.

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a. There was outreach to the Consent unit in the DCFS Guardian’s office for assistance in notification when they receive requests for consent for this procedure.

b. Continuing goal

3. Make and add video clips to the DCFS webpage that are provided in American Sign Language (ASL); this would be developed with the assistance of the Illinois Deaf and Hard of Hearing Commission (IDHHC) and Central Management Systems (CMS) recording studios. Timeline is undetermined as IDHHC will notify the DBSC when design can begin.

   a. IDHHC has been severely impacted by the COVID pandemic with all staff working remotely since March 2020 and currently addressing backlog of work, and IDHHC has a new Director in place.

   b. The DBSC would follow-up with IDHHC and CMS on their current ability to assist with this goal.

   c. The DBSC would research how this goal could be accomplished utilizing DCFS internal resources.

   d. Continuing goal.


   a. It was determined in 2021 that sign language is not connected to the Burgos Consent Decree and should be identified separately.

   b. The DBSC will communicate with the Burgos Consent Decree Coordinator on options of updating reference to Sign Language on the Language posters that are displayed in the local DCFS offices.

   c. Goal met

5. Development of webpage for the DBSC. Goal to be completed by end of 2021.

   a. Currently, the DBSC is working with Special Assistant to the Director to navigate getting a separate webpage added to the DCFS Home webpage.

   b. New goal


   a. DBSC has made notations to the current procedure and provided them to Office of Policy.

   b. The DBSC will follow-up with Office of Policy on next steps.

   c. Continuing goal

7. In collaboration with the DCFS Office of Child and Family Policy, continue work on the new appendix for Blind/Visually impaired for inclusion under Procedure 302 by end of 2020; it is the result of HB2626 Parental Rights for the Blind Act.

   a. There needs to be follow-up with the Office of Child and Family Policy on next steps to move this project forward.

   b. Continuing goal

8. Work with Resource and Recruitment to procure more homes and services for children and caregivers with hearing loss.

   a. The DBSC has started outreach to Resource and Recruitment and it is hoped that once things start to stabilize with the COVID pandemic, things can move forward on this project in a meaningful way.
Domestic Violence Intervention Program (DVIP)

The Domestic Violence Intervention Program (DVIP) is a statewide Specialty Services Program within Behavioral Health Services, under the larger umbrella of the DCFS Division of Clinical Practice and Program Development. The general activities of the DVIP are clinical case consultation, technical support and guidance, policy development, and training to support direct service staff around the complexity of cases involving domestic violence.

From 4/1/2020 to 3/31/2021, the DVIP was fully staffed, with a Statewide Administrator, and Clinical Domestic Violence (DV) Specialist in each region of the state: Central, Cook, Northern and Southern Regions. The DV Specialist in the Northern Region is a Senior DV Specialist, who provides additional program development and oversight, and staff supervision.

From April 2020 to March 2021 the DVIP received 2297 clinical refererals for DV consultations/staffings from DCFS and private agency staff across all regions.

With the current concerns regarding COVID-19, the DVIP team is regularly sharing information with the field. The DVIP team has been working remotedly due to COVID-19, from April 2020 to March 2021, and the team regularly lets the field know that the DVIP is available to provide guidance and support statewide. The following is information that is being communicated to DCFS and private agency staff:

1) The DVIP is maintaining updated information on DV providers that are offering services through crisis lines, video-chats, online chats and text.
2) The DVIP can help locate emergency domestic violence shelter for clients.
3) The DVIP can participate in phone meetings with staff and clients to discuss domestic violence protection planning.
4) The DVIP is providing clinical consultation on cases involving DV, including participating in Clinical Staffings, CIPPs, CFTMs and other meetings via conference calls.
5) The DVIP is providing DV training and presentations to DCFS and private agency staff via WebEx and conference calls.
6) The DVIP team can be contacted directly via email or phone.

Training

Along with training on the policies and procedures pertinent to cases involving domestic violence, the DVIP conducts trainings on various topics related to domestic violence. Audiences for these trainings include DCFS and private agency staff, foster parents, youth in care, and community providers with collaborative/networking relationships with DCFS.

The DVIP uses a curriculum for core domestic violence training, that was created in FY 2020, which is available statewide for DCFS and private agency staff. The DVIP continues to partner with the DCFS Office of Learning and Professional Development to provide staff in attendance with continuing education credits. From April 2020 to March 2021, the DVIP focused on outreach efforts that involved providing presentations at staff meetings. These presentations explained the consultation and supportive services offered by the DVIP, the referral process, domestic violence information, and the statewide directory of domestic violence service providers.

From April 2020 2019 to March 2021 the DVIP provided:
- 14 trainings with 465 DCFS and private agency staff in attendance.
• 2 presentations with 70 DCFS and private agency staff in attendance.

Note: A “training” is considered to be information provided to an audience for a period of one or more hours, for which the DCFS Office of Learning and Professional Development provides training credit. A “presentation” is considered to be information provided to an audience, in which training credit is not provided. The length of a presentation can vary from 15 minutes to a half hour.

The Statewide Domestic Violence Provider Directory is updated annually and was updated in September 2020, and recently updated in April 2021, at the time of the writing of this report. This Directory contains detailed regional listings of all community based domestic violence victim service providers and DHS protocol-approved Partner Abuse Intervention Programs (PAIPs) across Illinois. Updates also include changes in services due to COVID-19, such as waiting lists for specific services, and services that are being provided via phone or video instead of in-person. In addition, the Directory provides information on PAIPs that serve female offenders.

Collaborations

The DVIP works collaboratively with all divisions and programs within DCFS, including the Director's Office, Child Protection and Operations, the offices of Legal Services, Policy, Communications, and Training, as well as others. DVIP also works with a variety of community partners and stakeholders, serving on many local and statewide committees/coalitions with the City of Chicago Division of Family and Support Services, Illinois Department of Human Services, the Illinois Coalition Against Domestic Violence, the Network to End Domestic Violence, Partner Abuse Intervention Programs, the Illinois Family Violence Coordinating Councils, Juvenile Court in Chicago, and the Domestic Violence Court in Chicago.

Relationships with the above mentioned partners facilitates DCFS' overall goal of working with community-based programming to facilitate family preservation and safe reunification. Collaborative work with community-based partners includes cross training on domestic violence/child welfare policies and procedures, as well as discussing and identifying solutions to issues related to service delivery.

From April 2020 to March 2021, the DVIP attended the following committee meetings: Lake County Immersion Site Stakeholder Committee with DCFS; the Illinois Family Violence Coordinating Council Committee in Kane County; and the Partner Abuse Services Committee with DCFS.

In response to the current concerns regarding COVID-19, many providers have suspended in-person services but are providing counseling and support via their 24/7 crisis lines; and many providers’ doors are closed. The DVIP team is maintaining connections with the Network to End Domestic Violence, the Illinois Coalition Against Domestic Violence, IDHS and the Cook County DV Court, to remain up-to-date on information related to domestic violence. The DVIP team is also contacting DV providers on a regular basis to obtain current information on available services. The DVIP team continues to provide information to the field on the status of service provision by DV agencies during the COVID-19 pandemic.

As noted above, the overarching goal of the DVIP is to support direct service staff in dealing with the complexity of cases involving domestic violence, which promotes DCFS’ mission to ensure
the safety, permanency and well-being of children under its care. Toward this end, the DVIP strives to achieve the following objectives:

**Objective 1:** Complete 90% of clinical case consultations within 21 business days of case assignment.
*Metric:* DV Specialists will maintain excel logs that tracks referral dates and consultation/staffing dates.
*FY21 Outcome:* Based on data from April 2020 to March 2021, 89.1% of clinical case consultations were completed within 21 business days of case assignment.

**Objective 2:** For 90% of clinical case consultations conducted, submit clinical case notes within 10 business days of completing the consultation.
*Metric:* DV Specialists will maintain excel logs that track consultation dates and report submission dates.
*FY21 Outcome:* Based on data from April 2020 to March 2021, 90.4% of clinical case notes were completed within 10 business days of completing the consultation.

**Objective 3:** Provide written documentation of consultation/staffing recommendations to the field in response to 100% of referrals deemed appropriate for the DVIP services.
*Metric:* A written clinical report will be produced for each referral for which a consultation/staffing is provided, which includes a summary of case dynamics and clinical recommendations.
*FY21 Outcome:* A written consultation report was generated in 100% of cases for which a DV consultation was conducted.

**Objective 4:** Obtain consumer satisfaction feedback from recipients of DVIP consultations in order to identify (and remediate) problems in service delivery in a timely manner.
*Metric:* Consumer satisfaction will be assessed using surveys that will be distributed to direct service staff who receive DV consultations.
*FY21 Outcome:* Among Placement and Intact Workers (*n* = 77), 80.5% agreed that the DV Consultants helped identify service resources for families; 87.1% agreed that DV consultants helped them work more effectively with families; and 83.3% said they would recommend DV consultation services to their colleagues.

Among Investigation staff (*n* = 159), 89.2% agreed that it was easy to access DV Consultation services; 93.7% agreed that the DV consultants were supportive of their efforts to manage cases; and 92.4% said they would recommend DV consultation services to their colleagues.

**Objective 5:** The DVIP will provide direct service staff with updated information about statewide community based domestic violence victim service providers and DHS-protocol approved Partner Abuse Intervention Programs.
*Metric:* The statewide service directory will be updated annually and made available to direct service staff.
*FY21 Outcome:* The Statewide Domestic Violence Provider Directory has been updated through September 2020, and again in April 2021, and is available to all DCFS and private agencies statewide.

**Objective 6:** Address the training needs of DCFS and private agency staff as they relate to domestic violence, as evidenced by 90% positive ratings on evaluations collected at the completion of each DVIP training.
Metric: In collaboration with the DCFS Office of Learning and Professional Development, a training evaluation form will be distributed in all DV trainings to assess quality of trainings.

FY21 Outcome: as noted above, 14 trainings were conducted from April 2020 to March 2021, with 465 DCFS and private agency staff in attendance. In 24 training evaluations submitted by training attendees during this time period, 85.42% of ratings were positive.

For FY22, the objectives for the DVIP will remain the same as those stated above.

LGBTQI+ Youth and Families

The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex Youth/Families Program originated in the Department of Children and Family Services’ Clinical Division in 2010. A program specialist and administrator served as a support for LGBTQI+ youth, families, and caregivers involved with DCFS. The specialist helped ensure child welfare practice comported with the Illinois Human Rights Act, and that there was SOGIE (sexual orientation, gender identity, gender expression) affirming practice and service for children, youth and adults working with DCFS and private agencies. The specialist and administrator cultivated resources, assisted with policy development, supported placements, and served as the Department’s liaisons with community providers and national networks.

DCFS initiated an LGBTQI+ programmatic expansion involving the Department’s Office of Affirmative Action, now known as the Division of Diversity, Equity, and Inclusion (DDEI). This was initiated in April 2020. The Clinical Division continues to manage referrals regarding LGBTQI+ youth and families. They complete staffings and consultations regarding LGBTQI+ youth and provide clinical recommendations regarding interventions, resources, and resource linkage. The Associate Deputy of Behavioral Health remains a subject matter contact and leader/consultant for LGBTQI+ matters. The DDEI LGBTQI+ Services team addresses service competency training needs, builds resources for LGBTQI+ youth and families, and helps recruit caregivers for LGBTQI+ youth & children. DDEI continues their role of investigating claims of LGBTQI+ discrimination related to youth and families served by DCFS. A DDEI LGBTQI+ Services Chief was hired in April 2021. The DDEI LGBTQI+ specialist position is currently vacant. The divisions work closely to ensure best practice implementation for children, youth and families.

DCFS policy is to maintain and promote a safe and affirming environment for LGBTQI+ youth and families served by DCFS or private agencies. This involves all children & youth in DCFS care, including children & youth who are in DCFS contracted residential facilities and programs, foster care, and any other substitute care settings. It is important for DCFS and private agency staff, providers, and foster parents to understand when youth explore/express gender or sexual orientation which is different from either the gender assigned at birth or different from a strictly heterosexual orientation, that they are to be supported and respected. Clinical Division staff and Division of Diversity, Equity, and Inclusion staff are key educators regarding these circumstances and can help address bias and misconceptions regarding the LGBTQI+ community.

Children & Youth who are lesbian, gay, bisexual, transgender, and queer/questioning are protected by the Illinois Human Rights Act. They have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These children & youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open about their sexual orientation.
The Clinical Division and the Office of the Guardian work closely to link children & youths requesting transition-related health care with vetted providers. The DCFS Guardian meets in person with children & youth who identify as transgender and are interested in transitioning. This was done virtually early in the pandemic, but the Guardian now has resumed in person contact.

DCFS continues to partner with the Human Rights Campaign (All Children All Families) in FY21 to use their webinars as baseline training for DCFS and private agency staff. The DCFS Office of Learning and Professional Development (OLPD) drafted webinars to be released on their own platform. They have been working with DDEI, additional DCFS staff, community stakeholders, and consultants regarding the webinar content. OLPD and DDEI are also taking steps to create a sustainable in-person training on serving and supporting LGBTQI+ children & youth that contains additional learning points for staff and caregivers.

The combined efforts of DDEI and the Clinical Division during the reporting period have enhanced internal collaborations with the Operations, Monitoring, Guardian, and Licensing divisions. External collaborations continue with LGBTQI+ community advocacy, medical, and service groups throughout the state (for example - Center on Halsted, Howard Brown, Lurie Children's Sex and Gender Clinic, The Phoenix Center, the St. Louis Children's Hospital Gender Clinic). Meetings with the ACLU and the LGBTQ Roundtable were ongoing during the reporting period, but were held by Zoom. DDEI and Clinical staff also collaborate with the Office of the Public Guardian (Cook County), private agencies, the University of Illinois at Urbana-Champaign, and the Human Rights Campaign.

The LGBTQI+ audit of DCFS and private agencies was completed in 2021. DCFS is following up on recommendations provided in the audit.

Updates/Continuing FY22 Goals:

1. The Sexual Orientation, Gender Identity, Gender Expression (SOGIE) workgroup is organized by the DDEI team. Sub-groups have been developed to address research, questions, training, and data management. This SOGIE Workgroup is building on previous work and research and has multiple internal and external stakeholder participation. The first SOGIE goal is to enhance the departments data systems to include the confidential solicitation of SOGIE information through SOGIE specific questions developed for investigations and permanency staff to be asked to our children & youth that are willing to provide it.

2. Revision of client forms to offer clients the opportunity to self-identify by gender and chosen name was initiated and will be an ongoing project to ensure forms stay current. A policy writer from the Office of Child and Family Policy (OCFP) is dedicated to the LGBTQI+ focused work and is a strong partner moving these efforts forward.

3. Updating DCFS rules and procedures to align with the SOGIE language of the Illinois Human Rights Act, current research and best practice, will be ongoing. The work expands beyond the parameters of the previously mentioned R/P. 308 and R. 429. The completion of updates on the Youth Bill of Rights and various rules and procedures including revisions to P. 302, Appendix K (the appendix that addresses practice with LGBTQI+ youths).

4. The Lurie study documenting the experiences of youth in care will continue. Once the number of interviews of youth and workers is complete, the study results will be presented. The lead researcher from the study is also a member of the large SOGIE workgroup.

5. The updating of foster parent PRIDE training is in process and is a priority project with OLPD and DDEI. A clearer curriculum for DCFS and private agencies regarding working
with LGBTQI+ youth in care as well as welcoming the LGBTQI community to fostering will be focal points.

6. The development of professional resources to help ensure transgender youth receive trans-competent behavioral health supports while in substitute care is ongoing. The State of Illinois recently launched managed care for Medicaid services. DCFS staff have been working with the managed care organization (YouthCare) to help build a competent and affirming provider network. This also applies to trans-competent medical care. These efforts are active and do not have a termination date.

7. Media tasks (sharing information with DCFS and private agency staff about the LGBTQI+ community) are ongoing.

The Clinical Division and the Division of Diversity, Equity, and Inclusion maintain enduring goals for serving LGBTQI+ youth. These goals include providing sound and affirming recommendations for interventions, identifying supportive services for both children and adults served by DCFS, and to welcome the LGBTQI+ community to participate in this work. The tasks of the divisions are not static and continue to change as the needs of clients impacted by the child welfare system are known.

**HIV/AIDS Program**

The HIV/AIDS Program provides a statewide system of supportive services to children and families involved with the child welfare system who are dealing with HIV infection. This includes support for families of origin as well as substitute caregivers. The Program Specialist coordinates the efforts of a specialized network of private agency support service providers and foster parents. The Specialist also provides consultation and technical assistance to child welfare professionals with cases involving HIV infection.

A contract is in effect with Core Center (Hektoen) to assist with addressing the needs of the often-complex dynamics that confront the families affected by HIV/AIDS. The Core Center uses a multidisciplinary model of care to provide family-centered integrated comprehensive medical, psychosocial, and social support services co-located in a single facility. This resource is available only in Cook County.

The number of new referrals to the HIV/AIDS Program has declined since the implementation of the program. At the point the program was created, the mortality rate was incredibly high for children and adults who were infected. The response of medical, social service and court personnel to individuals affected by HIV often led to isolation and a limited range of interventions to keep children and adults healthy and families together. The DCFS HIV/AIDS Program was invaluable in securing medical assistance for families and fighting stigma so that social services could be implemented.

Over time, the medical community has offered more health care options, the misconceptions about HIV have mostly disappeared, and there are more services centers for individuals dealing with the infection. These are all positive changes and have resulted in a gradual shift in the job duties of the Program Specialist in the work with families.

The Specialist collaborates with internal stakeholders, including DCFS Investigative and Permanency Staff (Operations), Administrative staff (including but not limited to Central Office, Advocacy Office, Legal Services, and the Guardian’s Office), Licensing, Monitoring, Regional
Clinical, and other Specialty Clinical programs. External collaborations include Core Center, IDPH, private agencies, HIV/AIDS advocacy groups, the Office of the Public Guardian (as needed), and FIMR (Fetal Infant Mortality Review for HIV).

Goals moving forward (2020):

The HIV/AIDS Program continues to focus on education of youth regarding HIV, ensuring they have knowledge regarding HIV prevention and treatment. Expanding this education to youth in foster family settings is an ongoing challenge that is to be addressed during the next reporting period(s). The discussion about how to optimize the resources of the HIV/AIDS program is occurring now, and outcomes regarding this discussion will be provided.

Update 2021:

There were no significant programmatic changes during the 2020-2021 reporting period. The HIV/AIDS Specialist remained the same.

Remote work due to COVID 19 began March 17, 2020. The work of the HIV/AIDS Specialist continued during the pandemic by managing requests for consultation and resources by laptop (email and WebEx) and telephone. Contract monitoring also continued in this manner until it was safer to return to in-person visits. The projected program revisions were paused during the pandemic, because of the challenges connected to the outreach needed to educate individuals. This will resume in 2021. Discussions are ongoing regarding how the Specialist can augment the efforts to provide care for other specialty youth populations.

A significant event that occurred during the reporting period was that notice was given by Core Center (Hektoen) stating they would not be a DCFS contractual provider in FY22. Core Center is a valued service provider, however, the number of DCFS-involved clients served by Core Center diminished over the years. The clinic will continue to be a resource for families in need.

Integrated Assessment Program

Each child placed into foster care has an Integrated Assessment (IA) completed, through the Integrated Assessment Program and will have an IA clinical screener assigned. The IA is designed to look at the medical, social, developmental, behavioral, emotional, and educational domains of the child and of the adults who figure prominently in the child’s life, to include non-custodial fathers, putative fathers and paramours. Child welfare caseworkers and licensed clinicians use a dual-professional model to interview the children and adults, and gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other pertinent case documentation. In addition, the developmental needs of children birth to 6 are assessed by the licensed clinician to ensure timely developmental assessment and service linkage. The IA takes into consideration the experiences of childhood trauma for both children and adults. This information is then integrated into a report that provides an understanding of individuals’ histories, family dynamics, strengths, support systems, and service needs for each child and adult.
The Integrated Assessment Program is a statewide program and is part of the Division of Clinical Practice. The IA program has staff in all regions with one Administrator, who is responsible for the State program. Regional staff consist of the following:

- Cook has 3 intake coordinators, 21 IA clinical screeners, 4 IA clinical lead screeners, 1 clinical director
- Northern Region has 2 intake coordinators, 11 IA clinical screeners, 1.5 IA clinical lead screeners, .5 associate clinical director
- Central Region has 2 intake coordinators, 24 IA clinical screeners, 4.5 IA clinical lead screeners, 1 associate clinical director
- Southern Region has 2 intake coordinators, 11 IA clinical screeners, 1.5 IA clinical lead screeners, .5 associate clinical director.

There is also one clinical director who is responsible for Northern, Central and Southern region IA staff.

Due to the pandemic the following changes have occurred in the IA program: During the last year, all interviews have been occurring virtually either by phone or video conferencing. This has been difficult, at times, as seeing reactions and body language is an important part of completing the process. Engaging children/youth, foster parents and parents has also been challenging at times due to technology gaps, not being familiar with technology and interviewees struggling with the online process. Screeners may have not been able to discuss sensitive information since screeners are not aware of the support system available to the interviewee and if there are others who can hear or see the interview occurring (privacy concerns).

For cases assigned to the IA Program, the permanency worker maintains primary responsibility for engaging the family, actively participating in interviews and for identifying safety, risk, and placement resources to best meet the needs of the children in care. The IA screener and worker should discuss who will take the primary lead in the interviews and the process should be one that is shared. The only cases excluded are intact disruption cases opened longer than 14 days and add on siblings in which there was not an IA screener assigned to the family case at the time of the siblings coming into care.

Upon completion of the draft IA, the IA screener and assigned caseworker meet with the adults that have been interviewed and review their section of the report. The IA screener also participates in a child and family team and is considered a clinical consultant to the team. After the completion and approval of the IA report, it is often shared with providers who are providing services to the family.

Goals new and continuing

Data for 4/1/2020 to 3/31/2021

Assessment demographics
- Birth to 3 years of age: 2,181
- 3 years to 6 years of age: 853
- 6 years to 13: 1,307
- 13 and older: 721
Volume by Region

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It is also important to note the increase in the number of cases that IA has completed over the last four fiscal years:

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FY 17 to FY20: Statewide 31% increase
Cook 46% increase
Northern 43% increase
Central 47% increase
Southern region 39% increase

Even though there was a small decrease in the number of cases during the past year, there is a concern that cases will increase once COVID related precaution measures are no longer needed.

*Early Childhood involvement*

- Continue assessing the developmental needs of children birth-to-6 by the licensed clinician to ensure timely developmental assessment and service linkage using the following screening tools: Devereaux Early Childhood Assessment, Infant-Toddler Symptom Checklist, Denver, Ages and Stages Questionnaire 3, Early Screening Inventory (Preschool and Kindergarten).
  - Met and ongoing – Some tools changed due to screening restraints.
• Expand the use of the Early Childhood database for all IA screeners. – The initial database is no longer in use and all IA screeners are using the web-based database that was developed. With the new database, tools can be added and updated within the program.

• Continue extended IA involvement with Early Childhood Court Team cases and complete identified screening materials and provide clinical consultation to DCFS and private agency case workers for youth and families assessed.
  o Met and ongoing.

• With the IB-3 waiver ending, will work with DCFS Early Childhood staff to develop a statewide early childhood referral form that initiates the referrals for outside services when indicated. Have started the process with Early Childhood and continue developing a statewide early childhood referral form.
  o Continue – Delayed- will be starting the process for developing a statewide referral form with Early childhood.

**Immersion Site Expansion**

• Continue extended IA involvement in the four Immersion Sites (Lake County, St. Clair County, Mt. Vernon and surrounding counties and Rock Island and surrounding counties), use of the Social Difficulties Questionnaire (SDQ) and Social Network Questionnaire (SNQ) as well-being measures to supplement CANS data obtained from the IA screener initial CANS completion.
  o Met and ongoing.

• Continue the expanded IA Program, the assigned IA screener will remain an active member of the Child and Family Team (CFT) for a minimum of 6 months from the date of case opening. The IA screener will be responsible for the completion of the initial IA assessment, participation in the 14-Day CFT meeting (CFTM) and 40-Day CFTM and for the assessment of any new case members or case members who become available after the initial assessment during this 6-month period. In addition, the IA screener is available for ongoing clinical consultation during this period.
  o Re-evaluating and determining the best way for IA screener/ clinical involvement with the child and family team With the increase of cases the ability for an IA screener to stay involved for a longer period of time is not possible with the current staffing of the IA program.

• Continue work with the Immersion sites to reinforce the dual professional model of the assigned caseworker and the IA screener working together.
  o Met and ongoing.

• IA is developing a workshop for workers that will assist them in completing the IA for cases that do not meet criteria. The workshop will be one day of presentation and one day of coaching approximately 30 days after the presentation so that workers can work with IA staff individually on a report.
  o Met and ongoing; There have been 4 workshops for casework staff to develop more skills in completing an IA for cases that do not meet criteria. There has been difficulty scheduling the follow up meeting.
• Continue to support CANS validation and inter-rater reliability in conjunction with work being done with DCFS and private agency caseworkers and supervisors by the Office of Learning and Professional Development on the meaningful use of CANS.
  o Met and ongoing.

**IM-CANS**

• All screeners must be trained and recertified once a plan is developed for DCFS.
  o Delayed will continue the plan to move IA screeners to the IM-CANS.

**Specialized Assessments (egregious acts of abuse cases)**

• Continue work to clarify which cases should receive the Specialized Clinical IA. Once further defined, updated training will be provided.
  o Continue- preliminary meetings have occurred and follow up meetings need to be scheduled. Currently cases with unknown perpetrators no longer meet the criteria for specialized assessment.

• Provide enhanced assessments of caregivers who engage in egregious acts of abuse that may require an alternative permanency goal other than return home and to integrate additional screening tools and actuarial assessments into the assessment process. These include, but are not limited to, Child Abuse Potential Inventory, HCR-20, Empathy Scales and Narcissism Scale
  o Met and ongoing – for cases that met the criteria, the enhanced assessments are completed. There has been some difficulty in the process of determining alternative permanency goals due to legal issues and court hearings.

**Quality Improvement**

• Continue making changes to the IA template to achieve goals of streamlining information contained in the report and reducing redundancy and duplication.
  o Met – A committee was developed to review the IA report and process. There are no changes recommended at this time as the committee advised that the current IA process and report meets the needs of the families.

• Continue to work with partners in ACR and Quality Enhancement to look at outcomes around timely implementation of assessment recommendations, assessment prognosis and permanency achievement
  o Ongoing – IA has been receiving ACR feedback reports and will schedule a meeting with ACR/Quality Enhancement to look at tracking IA recommendations, prognosis and permanency achievement.

• Continue to provide high quality and timely child and family assessments with focus on service needs and clear information to support reunification or alternative permanency planning.
  o Ongoing – see data above concerning the volume of cases that are completed by the IA program. Each report contains recommendations to support reunification or alternative permanency planning.

• Continue to reinforce the dual professional model of the child welfare caseworker and licensed clinician completing the interviews.
  o Ongoing – The Workgroup committee has reinforced the importance of the dual professional model
• Develop another tracking/database system once MARS/CYCIS is phased out. The current database provides information for monitoring reviews of the contractors and information needed for federal reimbursement.
  o Ongoing – there has been a delay in developing a new tracking system due to the pandemic.

_Evolution of IA screener duties_
• Ability for IA program to approve referrals for further assessment by a psychologist.
  This provides a timelier referral for the family by eliminating another process for the field.

Ongoing- The IA program has completed four referrals for psychological testing.

_Psychology and Psychiatry Services_
The Clinical Division’s Psychology & Psychiatry Program’s Consulting Psychologists are Licensed Clinical Psychologists with extensive child welfare experience and trauma training that provide Statewide consulting support to the DCFS and private agency staff, inclusive of investigative, casework and post-adoption staff and supervisors, as well as other mental health providers. The Program also assists in facilitating and monitoring evidence-based programs of treatment. Currently there are 20 Consulting Psychologists statewide. Five new consultants have started this fiscal year, filling vacancies in Cook, Northern and Central Regions.

The Program provides support surrounding assessments, treatment needs and placement decisions of youth in care and their family members by providing one-on-one consultation and, as needed, on-site presence. The Consultants provide clinical input in staffings from a trauma-informed psychological perspective to assist with:

• Treatment and placement decisions for children age 10 and under discharged from psychiatric hospitals
• Child & Family Team Meetings (CFTM)
• Clinical Staffings
• Clinical Intervention for Placement Preservation (CIPP) Staffings

Consulting Psychologists also:

• Provide clinical input for high-profile case review for Quality Assurance
• Complete urgent assessments of youth referred for secure care facilities in other states
• Complete Neurosequential Model of Therapeutics (NMT) assessments of youth who have experienced complex trauma and have not responded to prior interventions
• Provide immediate response for crisis and urgent situations within the Department and private agencies
• Respond to concerning situations in residential facilities
• Consult on program development and revising Department policies and procedures

The Consultants participate in various departmental workgroups; participate in gatekeeping services for program specialty therapy contracts; liaison with other programs within the division;
and provide regionally based presentations to advance the knowledge and skill base of existing staff, new hires, supervisors, foster parents, and birth parents.

The Consulting Psychologists provide reviews for Psychological and Neuropsychological Evaluations, Parenting Capacity Assessments, and Parenting Assessment Team (PAT) Evaluations. The PAT Program evaluates the parenting capabilities of mentally ill parents who are alleged perpetrators of child abuse or neglect in answering questions related to child permanency and placement as well as questions related to needed treatment services for parent and child. The reviews assure that the evaluations are necessary and appropriate, and that the appropriate referral questions are asked. The Program manages the application and credentialing process for approximately 115 approved providers Statewide and maintains files on current license and malpractice insurance.

With UIC Department of Psychiatry and the Clinical Services in Psychopharmacology Program, the training webinar: Procedure for Consent of Psychotropic Meds for Youth in Care Ages 5 & Under, has been completed. This training is for casework staff and is available in the On-Demand section of the DCFS Virtual Training Center.

Psychologists who are completing Bruce Perry’s: Child Trauma Academy Phase II, Neurosequential Model of Therapeutics (NMT) Train the Trainer Training, will be able to utilize that knowledge to train other psychologists and private agency therapists. It will be extremely helpful to complete Neurosequential Brain Maps of youth with complex trauma who have not responded to prior interventions.

The Psychology & Psychiatry Program Administrator worked closely with the DCFS HIPAA Officer and DCFS Guardian’s Office to support DCFS’ transition to telehealth services for therapy and testing providers in the face of the COVID 19 crisis and mandatory stay at home order in Illinois. This work included writing information transmittals and supporting the process of writing new procedures and consent documents. In February 2021, the Program Administrator, along with DCFS Medical Director conducted a presentation on Telehealth to the Illinois Judicial College.

During FY21, the work as consultants has not been disrupted due to the global pandemic. In March 2020, this program was able to successfully transition to remote work and has continued to provide the aforementioned services to the Department.

Goals for the coming year

Goals for FY20:

- Psychologists to participate in Train the Trainer for Bruce Perry’s: Child Trauma Academy Phase II, Neurosequential Model of Therapeutics (NMT).
  - Progress: Consultants have completed Phase II of NMT training and are available to provide trainings and consultations, as needed. Full assessments have been provided as appropriate and necessary
  - Update for FY 21: Staffing changes (roles, leaving department, new responsibilities) have made the training program untenable. There is now only one Consulting Psychologist who is trained in Phase II. She is available for case consultation and full assessments as necessary.
  - Goals for FY22: Continue to provide NMT based consultation and assessments, as appropriate.
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- Evaluate utilization data to identify staffing patterns, identify trends and psychological testing requests from child welfare workers to ensure the needs identified can be met.
  - Progress: Since transitioning into this role, the current Program Administrator has begun the process of collecting provider utilization data and enhancing the internal quality improvement activities.

- Develop a pilot program, Creating Resiliency, to address the inevitable impact of secondary traumatic stress (STS) on professionals who work within the child welfare system. The goal is to improve outcomes for youth and families by reducing staff turnover and improving job performance. This program will include instruction and follow up on Reflective Consultation for Supervisors as well as staff presentations.
  - Progress: Consultants have continued to provide reflective consultation and psychoeducation on the signs and impact of secondary traumatic stress. An initial proposal for the Office of Staff Well-Being has been submitted to the Acting Director. The goal of the Office is to improve the quality of service provision to the families and youth in the care of DCFS by integrating a program to address staff well-being into the fabric of the organization.
  - Update for FY 21: The full proposal and budget for the Office of Staff Well-Being has been submitted to the Chief Deputy Director and Acting Director. Continue staff support activities (reflective consultation, psychoeducation, crisis support) (Continuing)
  - Goals for FY22
    - Continue staff support activities (reflective consultation, psychoeducation, crisis support)
    - Upon engagement from Chief Deputy Director and Acting Director, resume planning activities for Office of Staff Well-Being.

- Restructure the testing payment rate to have a focused Psychological Evaluation and a comprehensive Psychological Evaluation. This more equitable system should result in a savings to the Department. Also, to continue discussion as to how Psychological Evaluation providers can provide service in a manner which would allow for Medicaid reimbursement.
  - Progress: The current Program Administrator has submitted a proposal for a rate increase for Psychological and Neuropsychological Evaluations and Parenting Capacity Assessments. This was deemed necessary to increase the number of quality providers of assessments for DCFS involved children and families.
  - Update for FY 21:
    - Research and determine utility of providing a separate payment rate for focused Psychological Evaluations (Not Met)
      - Update: This will be addressed in FY22
    - Enhance quality improvement efforts to ensure providers are in compliance with assessment and report writing expectations (Met)
      - Update: QI Program is in place
    - Increase accountability of approved providers and discontinue relationship with providers who are deemed problematic (Continuing)
      - Update: QI Program, which includes consultant review and feedback has enabled Psychology & Psychiatry Program Administrator and QI Manager to have more targeted discussions and decision-making around our relationships with providers.
  - Goals for FY22

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- Research and determine utility of separate payment rate for focused Psychological Evaluations
- Continue to utilize QI program to ensure accountability of approved providers.

- Continue development of two brochures, which will increase the Clinical Division’s visibility and referrals. The first is a brochure of the services provided by the Psychology & Psychiatry Program and the second is a brochure of the Clinical Division. These brochures will detail the many ways staff are available to provide support and service to the Department, private agencies, and involved families, as well as information on how to access the services and the documentation needed.
  
  o **Progress:** The current Program Administrator was unaware of this goal, however, upon transitioning into the role, the Program Administrator has created a presentation that has been utilized to highlight the training, expertise and work of the team of consultants. This has facilitated relationship building and expanded opportunities to consult with professionals within the Clinical Division, across the Department and with external partners and institutions. The program has also facilitated increased visibility of the Clinical Division by establishing and maintaining relationships with leadership across DCFS Divisions as well as leaders in university and community-based organizations.
  
  o **Update for FY 21:** As the needs of DCFS and the Division of Clinical and Child Services evolve, there is ongoing consultation with the current Chief Deputy Director and Deputy Director of Clinical Services to determine the most effective way to increase the Clinical Division’s visibility, given our current realities and increased reliance on technology. DCFS will increasingly utilize the expertise of the Psychology and Psychiatry Program Consultants to support the Clinical Division in its efforts to support high acuity, high-need youth in care, as well as provide evidence-based, trauma-informed and culturally competent consultation and treatment planning. This is accomplished by participation in staff meetings, team meetings, workgroups, and program development.
  
  - **Goals for FY22**
    - Create Brochure for Psychology & Psychiatry Program
    - Utilize DNet as repository for Psychology & Psychiatry Program Information
    - Continue participation in consultation, program development, and various DCFS workgroups

- Together with UIC Department of Psychiatry, the Clinical Services in Psychopharmacology Program, continue to develop a second training webinar: Psychotropic Medications for Youth in Care. This webinar will provide definitions of childhood diagnoses, first, second, and third lines of treatment, and information on medication management.
  
  o **Update for FY 21:** Upon outreach to the UIC Department of Psychiatry, it was determined that this project has been discontinued.

**Goals for FY 21:**

- Review utilization data on a monthly basis, increase communication with testing providers based on trends and DCFS needs, review provider licensure status annually. (continuing)
  
  o **Update for FY 21:** Administrative Assistant has been providing monthly billing reports, which are reviewed during supervision. Administrative Assistant and Program Administrator have been in regular contact with providers as billing and payment issues arise. Our annual licensure review will be completed by June 2021.
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- Regular clinical and quality improvement (QI) reviews of completed evaluations. (continuing)
  - Update for FY 21: We have streamlined our procedure for review of completed evaluations. Our Consulting Psychologists regularly review and provide feedback sessions to caseworkers to support their understanding of the evaluation results and recommendations. In the event there are quality issues with the evaluation, consultants provide verbal and/or written feedback to providers.
- Utilize DCFS Service Provider Identification & Exploration Resource (SPIDER) to list all approved testing providers (continuing)
  - Update for FY 21: Program Administrator has been in touch with the SPIDER Project Coordinator, who is in the process of working with his team to gather provider information.
- Increase the number of Parenting Assessment Team (PAT) providers across the state (outside of Cook County) (Not Met)
  - Update: This goal was impacted by the global pandemic. Parenting Assessment Team evaluations have an in-person parent-child observation component. PAT evaluations were not conducted for much of the year. Engaging new providers will not be appropriate, given the limitations imposed by COVID-19. Once the COVID-19 crisis has abated, we will begin to engage new providers.
- Identify additional locations for CCCs in the Northern and Southern regions. (Not Met)
  - Update: This goal was impacted by the global pandemic and YouthCare rollout. Once the COVID-19 crisis has abated, we will begin to engage new providers. Will need to determine impact of YouthCare and DCFS ongoing need for additional CCC clinics

Goals for FY 22
- Continue monthly review of completed evaluations
- Recruit new testing providers
- Continue Quality Improvement Reviews
- List approved testing providers in SPIDER
- Increase number of PAT providers outside of Cook County
- Understand impact of YouthCare on need for additional CCC Clinics. Increase number of CCC clinics, if necessary and appropriate.
Sub-Chapter 4D - Title IV-B Subpart 1 and 2 Services

Title IV-B – Federal Fiscal Year (FFY) 2020; First Half of FFY 2021

Title IV-B, Subpart 1 Services: DCFS provides child welfare case management services to open child and family cases where the child is the subject of a founded (indicated) abuse and/or neglect allegation. Title IV-B, subpart 1 funds are used to fund eligible case management and counseling activities performed by DCFS and private agency caseworkers. Eligible activities are determined based on Random Moment Time Studies (RMTSs). The DCFS and private agency RMTSs are conducted quarterly in accordance with methods described in the DCFS’ Public Assistance Cost Allocation Plan approved by the federal government. Eligible services claimed under title IV-B, subpart 1 exclude those eligible activities claimed under title IV-E or TANF-Emergency Assistance. As in previous years, eligible expenses under the title IV-B, subpart 1 program are expected to exceed authorized federal spending for that program for Federal fiscal year (FFY) 2020. This situation is expected to continue through FFY 2021.

Title IV-B, Subpart 2 Services: DCFS provides services under the Promoting Safe and Stable Families (PSSF) Program’s four services categories: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion and Support Services. A general description of each service category is provided below. As in previous years, eligible expenditures under title IV-B, subpart 2 program are expected to exceed federal spending authority for that program for FFY 2020. This situation is expected to continue through FFY 2021.

DCFS continues its efforts to improve and maintain its contacts with children in placement and engage those families and children through necessary and purposeful contact. DCFS expects that each of the federal outcomes related to caseworker visitation will be monitored to ensure the benchmark requirements for caseworker visitation are met during FFY 2020. See Monthly Caseworker Visit Formula Grants in Chapter 7.

Family Preservation Services

Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse and/or neglect report to remain safely with their families. In FFY 2020, $49,103,272 (FFY 2019, $38,622,403) was expended on IFS cases assigned to contracted private agencies. Services were provided to 7,909 families (FFY 2019, 6,727 families) at an average cost of $6,209 ($5,316.23) per family.

Family Support Services

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

Extended Family Support Services (EFSS) are designed to divert relative caretakers from the child welfare system when caring for a relative’s child for more than 14 days. In these instances, neither the children nor their families have open cases with DCFS. The services offered include assistance with obtaining guardianship in the local probate court; assistance with obtaining a child only grant, subsidized day care and other entitlements; assistance with enrolling children in the school district where the relative caregiver resides; and cash assistance for items needed to care for the child.
EFSS programs have operated successfully with few changes for several years. As a result, these services will continue to be provided through FY 2021. These services are claimed to and funded from federal PSSF in Cook County; downstate they are paid from state Foster Care funds. In Cook County $872,738 was expended in FY 2020 ($1,003,527 was expended in FY 2019.)

Habilitation Services promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placements, promote family reunification, stabilize foster care placements, and facilitate youth development. Habilitation services are provided to parents or other caregivers in order to maintain or reunify the family. These services are typically delivered in the client's home and assist in strengthening the ability of parents or caregivers to provide adequate childcare and improve their parenting skills. Services are furnished on a statewide basis for DCFS managed cases through a network of providers using a standardized program plan. Eligible expenses for Habilitation Services are claimed under title IV-B, subpart 2 up to the amount authorized. In FY 2020, $612,255 (FY 2019, $578,358) was expended on these services for 468 clients (486 clients) at $1,308 per client ($1,109 per client.)

Family Advocacy Centers services are provided at no cost to the family. In FY 2020, $7,142,379 (FY 2019, $5,419,469) was expended for these services.

Time-Limited Family Reunification

Time-Limited Family Reunification programs offer services prior to reunification and prepare families for a youth's return and aftercare services support families after reunification has occurred. DCFS also offers time-limited reunification services associated with discharge from institutional residential treatment programs and group homes. These services relate most closely to the goal to "Improve the timeliness of permanency achievement for children placed in out-of-home care."

Under the program, 60 families (74 families in FY2019) received Pre-Reunification Support services in FY2020 with a total expenditure of $36,050 with an average of $601 per family (FY 2019 $29,725 with an average of $661 per family). During the same year, $6,283,902 ($5,562,104) was expended for post-reunification services provided to 2,123 (2,083) children returned home from foster care. The annual average cost of these services per child was $2,960 ($2,713). Expenditures for these services are not claimed under title IV-B, subpart 2. Time-Limited Family Reunification will continue to be provided during the remainder of FY 2021.

Adoption Promotion and Support Services

Adoptive families can experience unique challenges as family members adjust. The Adoption Promotion and Guardianship Support Services Program provides help to all adoptive families, including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS adoption preservation services are provided statewide by contracting with nonprofit agencies that serve a specific region. The preservation services providers' main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit. The provision of post adoption and post guardianship services to adoptive families in need continues to be a critical part of the service provision of DCFS’ Post Adoption Unit. In FY 2020, $12,496,434 (FY 2019, $11,316,603) was expended serving approximately 2,503 (1,995) unique adoptive families for an average of about $4,993 ($5,672) per family.
Sub-Chapter 4E
John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

On March 16, 2020 the State of Illinois entered into a Stay-at-Home order in response to the COVID-19 pandemic crisis. DCFS issued guidance on the specific protocols regarding in-person Child Welfare practice including the frequency of video and audio client contacts and also the CDC recommendations for preventing the spread of COVID-19.

DCFS issued a policy action transmittal on February 26, 2021, and an updated transmittal on July 15, 2021, allowing older youth expected to age-out during the COVID-19 pandemic crisis the option to shelter in place and remain in their DCFS approved placement. The policy action transmittal also extended emergency cash assistance to youth who had aged-out six months prior to the COVID-19 pandemic crisis and reinforced available community resources for alumni through the DCFS funded family advocacy services.

DCFS Office of Education and Transition Services (OETS) required each private agency contracted to provide older youth services to submit in writing a plan addressing how services will be impacted due to the COVID 19 pandemic and the Governor’s Shelter In Place Order. The plan should be consistent with guidance from the CDC and IDPH and include: details on the impact on daily agency operations, client notification of service changes, emergency contact information for DCFS and clients, and information describing emergency planning, client outreach and service delivery.

The Department issued an Action Transmittal on February 26, 2021 (updated version on July 15, 2021) announcing expanded and extended options for assistance to older youth during the pandemic. Youth who qualify are those who are approaching age 21 or are former youth in care whose cases have closed since April 1, 2020 (an updated Action Transmittal released on July 15, 20201 changing this date to January 27, 2020). These additional funds are designated to provide extended care and placement options for youth turning age 21 who wish to remain in care (see option 1 below), a $312 monthly payment under the Re-Entry Alternative Contract for eligible youth seeking to “re-enter” care (see Option 2 below), fund an increase to the Employment Incentive Program monthly payment, ensure housing continuation through expanded eligibility for Department housing cash assistance and advocacy programs (see Option 4 below), and supports for alumni youth (see option 5 below). This assistance is possible through and in accordance with the Supporting Foster Youth and Families through the Pandemic Act Division X of the federal Consolidated Appropriations Act of 2021 which became law on December 27, 2020 and the Illinois Gubernatorial Executive Order 2020.22 issued on April 7, 2020. Additionally, this Action Transmittal issued new procedures for the temporary DCFS Re-Entry Alternative Contract (RAC) Program.

The expanded and extended options for assistance to older youth include:
A. OPTION 1: REMAIN IN CARE
Youth who will turn 21 through September 30, 2021 may elect to stay in their DCFS paid placement [Independent Living (ILO), Transitional Living Program (TLP), Foster Home Specialized (FHS), Therapeutic Foster Home (TFH), Foster Home Boarding DCFS (FHB), Foster Home Private Agency (FHP), Institution Private Agency (IPA), Group Home (GRH), Home of Relative (HMR), Home of Fictive Kin (HFK)] or in a private agency-managed placement through September 30, 2021 unless extended by Illinois Gubernatorial Executive Order or Supporting
B. OPTION 2: RE-ENTRY ALTERNATIVE CONTRACT (RAC). This option is for youth over the age of 21 whose case has closed since January 27, 2020 and who have not yet turned 22 or age out prior to September 30, 2021. Eligible youth receive up to 12 months of payments of $312, until their 22nd birthday, whichever occurs first. Youth participate in virtual RAC meetings to update their transition plan and re-engage with DCFS Supports. Upon request youth will be referred to community resources, healthcare services, and housing /advocacy. The Department sent letters to all youth who aged out of since January 27, 2020 to notify them of the option to return to care under this RAC option. This differs from the Supporting Emancipated Youth Services Program (SEYS) in which youth are brought back into care and have a caseworker assigned. The SEYS program continues to be available to all youth whose case closes between ages 18 and 21 and wish to re-enter care during that time frame. The youth’s case is reopened and is assigned to a DCFS caseworker.

C. OPTION 3: APPLY FOR SERVICES AVAILABLE TO FORMER YOUTH IN CARE
Discuss other options available to youth formerly in care and consider the pandemic-related flexibilities and expansions for the Employment, Job Training, Apprenticeship Incentive Program (EJTAIP) and the Education and Training Voucher Program (ETV).

The Department receives weekly lists from Think of Us of Illinois youth who responded to a national survey they conducted to gather input from youth on their pandemic related needs. The latest list had 114 youth on it. In response to the list, the following has been completed:

- DCFS Housing Program staff followed up with youth seeking assistance in following categories: homeless, food, HUD voucher, rent, utilities.
- Youth in care and their caseworker in Cook county seeking employment assistance were sent information for Cook employment programs, Added Chance and My Time, via email.
- Youth in care seeking assistance obtaining a high school diploma were emailed information on the DCFS Education Advocacy Project's intervention, advocacy and support, as well as the process to enroll in a GED program and provided a DCFS Education Specialist's information to contact with any questions.
- Youth over age 21 were sent information regarding the Family Advocacy Centers, the services they could provide, and how to locate the closest FAC to them.
- Email sent to caseworkers of youth in care notifying them of the assistance youth are requesting.
- Emails sent to youth requesting assistance enrolling in college of programs/assistance they are eligible for.
- Youth listed on spreadsheet in timeframe to be eligible for RAC payment looked up on system, one youth is eligible and not receiving RAC. One-page flyer regarding RAC assistance emailed to him.
- Email sent to youth not eligible for pandemic funds due to being adopted or guardianship, explaining this, and giving them information for the Tuition and Fee Waiver Program, if it could benefit them.
- Emails sent to the youth on the spreadsheet requesting assistance who are in the Youth In College placement to see what their current issues are to see if assistance can be provided.

D. OPTION 4: YOUTH HOUSING ASSISTANCE PROGRAM (YHAP):
Youth between the age of 21 and not yet 27 remain eligible for all services provided by YHAP as described in DCFS Procedures 302-Appendix M regardless of whether their case is open or closed until October 1, 2021:

Benefits:
• Youth Housing Advocacy Program—provides a housing advocate who works with the youth to obtain and maintain adequate housing.
• Youth Cash Assistance Program—provides funding to purchase items needed to obtain or maintain adequate housing such as security deposits, rent and utility arrears, furniture and basic household items.
• Youth Housing Subsidy—provides up to $500 to the agency or person from whom the youth rents an apartment each month, until October 1, 2021, after the youth pays 30% of their income on housing (rent and utilities). The youth will work with their housing advocate and the Youth Housing Assistance Program Coordinator to determine the amount of the monthly subsidy.

E. OPTION 5: FAMILY ADVOCACY CENTER (FAC) ALUMNI SERVICES
FAC’s are available to assist former youth in care up to age 30.

Services:
• Help youth get a copy of important documents, including birth certificate, Social Security card and medical records;
• Help youth get a state identification card or a driver’s license;
• Help with transportation when youth start a job or training program;
• Help youth connect to community-based adult services to receive needed support; and
• Help with housing referrals and application.

The Department issued an Action Transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Employment/Job Training/Apprenticeship Incentive Program (EJTAIP). These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.

The temporary changes below assist in meeting the need for increased financial support to EJTAIP-eligible youth during the pandemic and take into consideration that there are pandemic-related obstacles to meeting usual program requirements.
• Reduction of the minimum work requirement to 10 hours per week or 40 hours per month retroactive to July 1, 2020 and through September 30, 2021. This requirement will revert back to the 20 hours per week or 80 hours per month on October 1, 2021.
• The monthly payment under the EJTAIP is increased from $158 to $300 for the period July 1, 2020 through September 30, 2021. Retroactive payments will be calculated based on youth eligibility for the entire period or portion of the period that youth meet program requirements under the new criteria, as determined by the Office of Education and Transition Services.

The Department issued an Action Transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Education and Training Voucher Program. These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.

The changes below assist in meeting the need for increased financial support to ETV-eligible youth during the pandemic and take into consideration that there are pandemic-related obstacles to meeting usual program requirements.
• The maximum annual ETV award per youth is increased from $5,000 to $12,000 for the period of October 1, 2020 through September 30, 2022.
• The enrollment and satisfactory academic progress requirements (SAP) for the ETV programs are waived for young people who are unable to meet them due to the pandemic until September 30, 2021.
• ETV funds can be used for maintaining training and postsecondary education, including less than full-time matriculation costs or other expenses that are not part of the cost of attendance but would help support youth in remaining enrolled until September 30, 2021.
• The age of ETV eligibility is expanded up to age 27 until September 30, 2021.

DCFS issued pandemic payments to ETV eligible students of $750 per term for the fall 2020 and spring 2021 academic terms and $500 for the summer 2020 term. A $1500 pandemic payment will be paid to ETV eligible students for the fall 2021 term. In addition, the Department is awarding students up to the $12,000 expanded limit to meet their financial needs to help ensure academic success.

To date, and may increase before State FY 21 closes, under the ETV pandemic expansions:
• 124 youth received pandemic funds for FA 20 and SP 21 terms ($750/term)
• 19 youth received pandemic funds for FA 20 term
• 10 youth received pandemic funds for SP 21 term
• 28 youth received pandemic funds for SU 21 term ($500)
• 61 youth have received ETV funds in excess of the pre-pandemic expansion limit of $5,000; they have received between $5,001 - $12,000.

**Agency Administering the Chafee Program (section 477 (b)(2) of the Act)**

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

**Description of the Chafee Program Design and Delivery**

*Describe how the state designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years (section 477(b)(2)(A) of the Act). Indicate how these activities and any identified goals align with the state’s vision and support those developed as part of the CFSP/CFSR PIP.*

The philosophy and values of Empowerment and Responsibility are the driving force for the provision of education, training, mentoring and financial support to youth that can be instrumental in paving the ways for their successful transition to adulthood. Chafee is providing funding for the resources needed to offer programs to better support youth in care and former youth in care
facilitating their transition to adulthood. The primary focus of the Chafee Program includes achievement of the following outcomes for youth who have experienced foster care at age 14 or older:

- Increase Level of Educational Attainment;
- Increase Employment Opportunities & Number of Youth Working;
- Achieve meaningful, permanent connections with caring adults;
- Engagement in age or developmentally-appropriate activities;
- Reduce at-risk behavior;
- Provide pregnancy prevention education;
- Reduce incarceration; and
- Reduce homelessness.

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

- Continue the Countdown to 21 Program, a DCFS initiative aimed at improving outcomes for youth leaving care that embeds improved youth driven transition planning activities at age 19 and continuing until the youth’s 21st birthday. The model of practice for Countdown to 21 supports youth through the following activities:
  - Facilitated transition planning meetings aka Countdown to 21 (C21) Meetings at age 19 & 20.75.
  - Financial literacy classes for all youth prior to leaving care.
    - 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. Establishment of eligibility requirements for the availability of youth to receive one-time financial assistance when they leave care.
  - During the COVID 19 Shelter in Place order, IDPH Pandemic Phases II, III, & IV all C21 Meetings were and continue to be conducted virtually and financial literacy classes are being provided online.
- 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. DCFS offers life skills programs that require an interactive, hands-on teaching curriculum and minimize the use of classroom instruction.
  - Life skills providers across the state are continuing to provide life skills training to youth through GoTo Meeting, Zoom video conferences, or other social media platforms, as youth are comfortable with doing so. This is determined on a case-by-case basis.
- 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 DCFS' post-adoption search and reunion services. At the time of case closure, he or she shall also be provided, at no cost, a copy of his or her health and education records. The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:

- Identification card;
- Social Security card;
- Driver’s license and/or state ID;
- Medical records and documentation to include, but not be limited to:
  - Health Passport;
  - Dental Reports;
  - Immunization Records;
  - Name and contact information for Primary Care Physician, and any Specialists working with the youth;
  - Name and contact information for OB/GYN, when applicable;
  - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- Certified copy of birth certificate;
- Documents and information on the youth’s religious background;
- U.S. documentation of immigration, citizenship, or naturalization;
- Death certificate(s) of parent(s), if deceased;
- Medicaid card or other health eligibility documentation;
- Life book or compilation of personal history and photographs;
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
- Copy of Court Order for Case Closure;
- Resume;
- List of schools attended, previous placements, clinics used;
- Educational records, such as high school diploma or general equivalency diploma; and
- List of community resources with self-referral information, including The Midwest Adoption Center, Phone: 1-847-298-9096 or info@macadopt.org.

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 and private agency 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 age 19 and 20.75 C21 meetings.

Continue to offer and expand relevant services to pregnant/parenting youth in the downstate Regions of the State.

- During the COVID 19 Shelter-In-Place order, IDPH Pandemic Phases II, III, & IV all essential services were provided to DCFS pregnant and parenting youth via phone contact or other remote communication applications and in-person services phased in using health screening & COVID precaution measures.

Continue efforts to ensure every pregnancy is reported in a timely manner so services are started/offered as soon as possible for the pregnant youth and to allow for the birth of a healthy baby.

Continue in-home post-partum services provided to youth in the State who are determined “high-risk” pregnancies or delivery.

The Teen Parent Service Network (TPSN) will continue to integrate the New Birth Assessment statewide and uses the Edinburgh Postnatal Depression Scale (EPDS), Adolescent-Adult Parenting Inventory (AAPI), Ages and Stages Questionnaire (ASQ), Child and Adolescent Needs and Strengths Assessment (CANS) and analyze the aggregate results of the Assessment which is summarized annually in the TPSN year-end review.

Provide additional resources to caregivers via the DCFS website, Foster Parent Training Institutes, newsletters and resource libraries on how to support independent living needs of older youth.

DCFS state website, newsletters and resource libraries updated.

The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). In FY 21, the Northern Illinois University Access Project Program Plan was modified, and the Education Advisors resumed the role and responsibility to provide all education intervention, support and resources to Youth in Care enrolled or eligible for enrollment in K-12 school. The NIU Education Advisor will document efforts to support the student in the system, and continue to work with the student, caseworker, foster parents, school personnel to ensure the student receives services necessary for academic success.

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

In FY 2021, the Family Advocacy Centers continued to develop the DCFS Alumni Drop In Center Program which was initiated to help alleviate homelessness among DCFS Alumni who have aged out of care and are 30 years of age and younger. The program provides social services and some hard services such as bus passes and money to cover the fees for Identification Cards, Medical Records, school registrations fees and costs related to new employment or employment retention. These services are meant to stabilize the living situation of alumni youth. Alumni youth are eligible to receive any services offered by the Family Advocacy Center closest to their geographical location. Outreach efforts continue with letters going out to youth about to age out of care and through clinical staffings that prepare youth for becoming independent.

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During the current COVID19 pandemic, the FACs in conjunction with other DCFS Divisions have made concerted outreach efforts to the DCFS Alumni who have recently aged out of care around the state by performing well being checks on these youth working closely with Youth Housing Programs and Youth Cash Assistance offered by DCFS. Other DCFS Divisions are working together and utilizing the Department of Human Services Medicaid Data Base to obtain the most recent contact information for these youth. Family Advocacy Center staff have participated in various discussions with DCFS management about ways to deliver services during the ongoing pandemic and the best ways to get the word out regarding Alumni Services and other services available to Alumni through DCFS.

During the report period Family Advocacy Centers, along with DCFS and other partners throughout the state, have begun using video conferencing platforms to provide services to clients, as well as internally, for staff supervision, meetings and training. This has become an important source of service delivery as in person contacts must be kept to a minimum.

Since October 1, 2020 Family Advocacy Centers have worked with 287 DCFS Alumni from the community and reach out to youth aging out of care on a monthly basis with assistance from FAC Program Monitors. Family Advocacy Centers also worked with 184 DCFS Alumni with children currently involved with the Department.

In 2021, 96 Family Advocacy Center, DCFS and Crisis Nursery Center staff were trained in the NFSN Standards of Quality for Family Strengthening and Support practice. The standards are based on the researched and evidence informed principles of family support practice and strengthening families protective factors giving the Centers a common language and tools for evaluation. A Trainer of Training Institute is planned for June 2021 where staff from DCFS, FACs and Crisis Nursery Staff will become certified trainers. This will enable the Department to schedule Certification Training for the remaining staff. It also adds sustainability for the program and ability for evaluation over the long term.

- The Illinois DCFS Statewide Youth Advisory Board is an official state board. On an ongoing basis, the commissioned board shall:
  - Provide DCFS 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 DCFS on proposed legislation concerning youth in foster care;
  - Make recommendations to DCFS 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; and
  - During the COVID 19 pandemic, the Regional and Statewide Youth Advisory Boards are meeting virtually via the Zoom application.

The DCFS Statewide Youth Advisory Board (SYAB) authored and submitted a “Supporting Youth During COVID-19” position paper to DCFS. The paper included a summary of youth voice/lived experiences and recommendations for DCFS on quarantine measures, mental health, and education. The youth voice/lived experiences highlighted concerns about isolation, unemployment, and a lack of access to resources. Early in the pandemic youth...
concerns about family and caseworker contact were shared with recommendations for improved assistance in arranging virtual family visits and for scheduling/coordinating of visits. During the shelter in place order, youth expressed concerns about quarantine rules, feeling isolated, confusion on managing changing guidelines, and offered recommendations that included a request for DCFS to issue uniform guidelines, improved communication with youth, and to address the challenges for youth in congregate care. The SYAB raised concerns for youth enrolled in secondary and post-secondary education as it related to online learning, technology concerns, and financial aid. Again, an emphasis on improved communication with agency & school personnel was encouraged, as well support with access to WI-FI and computers for youth in care. Youth also requested alternatives to graduation celebrations that included virtual celebrations and mailing congratulation cards to graduates. Upon review of these recommendations, DCFS embedded many action items in subsequent policy transmittals, and all 2020 secondary and post-secondary graduates received a letter of congratulations from the DCFS Director and a $100.00 graduation incentive payment.

The programs available below via contracts with community-based providers deliver education, employment, pregnant and parenting teen support, life skills, and financial literacy instruction to youth in care to assist in the preparation of young adults to be successful as independent adults post DCFS care. The Department is committed to the long-term stability of older youth in care and after they age out of the Department’s care.

Program Client Utilization Data for the OETS through the 3rd Quarter of SFY 21

<table>
<thead>
<tr>
<th>Educational Programs</th>
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<tbody>
<tr>
<td><strong>Program Name</strong></td>
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<td>Project STRIVE-Youth Guidance</td>
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<td>Project STRIVE-Metropolitan Family Services</td>
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<tr>
<td>ASN/Fostering Learning Program (FLP)</td>
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<td>UCAN Residential School</td>
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<tr>
<td>Lawrence Hall Residential School</td>
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<tr>
<td>Thresholds Residential School</td>
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<tr>
<td>UCAN Educational Mentoring</td>
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<td>CYC-Education Support</td>
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<td>Breakthrough Urban Ministries</td>
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<td>Major Adams Community Committee</td>
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<td>Loyola-First Star</td>
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<tr>
<td><strong>STATEWIDE</strong></td>
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<tr>
<td>NIU – Education Access Project</td>
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<tr>
<td>Kaleidoscope-Find Your Future</td>
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### Alternative Schools Network-YS3

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<tr>
<th>Monthly Capacity-200 Students</th>
<th># of Youth Served</th>
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<td>July</td>
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<tr>
<td>August</td>
<td>160</td>
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<tr>
<td>September</td>
<td>193</td>
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<td>October</td>
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<td>November</td>
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<td>December</td>
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<td>January</td>
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<td>February</td>
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<td>March</td>
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### Employment Programs

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<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>COOK COUNTY</td>
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</tr>
<tr>
<td>LUV Institute</td>
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<tr>
<td>ASN/Added Chance</td>
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<td>MY TIME/LH</td>
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<tr>
<td>Building Futures – SIUE/East St. Louis</td>
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### Community Service and Support Programs

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<td>Q1</td>
<td>Q2</td>
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<td>Be Strong Families</td>
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<tr>
<td>Youth Service Network – Life Skills Training</td>
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</tr>
<tr>
<td>It’s Our Little Story – Life Skills Training</td>
<td>50</td>
<td>15</td>
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Southern Illinois Collegiate Common Market – Life Skills Training 170 16 completed 40 completed 23 completed
Illinois Interagency Athletic Assn – Recreation for Residential Youth 1,000 112 222

Pregnant and Parenting Teen Programs

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<tr>
<th>Program Name</th>
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<td></td>
<td>Q1</td>
<td>Q2</td>
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<tr>
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<td>Metropolitan Family Srvcs 53</td>
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<td>Springfield Urban League 10</td>
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<td>Cunningham Children’s Home 10</td>
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<td>Chestnut Health Systems 35</td>
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<td>Hoyleton 20</td>
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Financial Literacy

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<tr>
<td>Southern Illinois Collegiate Common Market 10</td>
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<tr>
<td>It’s Our Little Story 50</td>
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<td>2</td>
</tr>
<tr>
<td>Youth Service Network 50</td>
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</table>

Total Statewide Youth in College/Vocational Training (YIC/VT) Youth in Pay Status as of 4/2/2021: 139; 65 are 21+ years old

Total DCFS Scholarship Recipients in Pay Status as of 4/2/2021: 182; 94 are 21+ years old

Total Youth in Care to access the Employment, Job Training, Apprenticeship Incentive Program as of 4/23/2021: 147

Help youth receive the education, training and services necessary to obtain employment through the following strategies:

- Make ETV funds available to youth who attend an accredited Career and Technical Education Program.
- Explore the possibility of expanding programs that offer statewide job coaches who will provide pre-employment workshops, job placement (both subsidized and un-subsidized
employment), work experience, monitoring and tracking, especially for youth who are unlikely to attend college or qualify for ETV funds.

- The ETV program will continue to be offered to youth in care, youth who were discharged from care at age 18 or older, and youth who went to an adoption or guardianship placement at age 16 or older who are interested in attending an accredited school or institution, such as a community college, 4-year college or university, or career and technical education program.

- The Employment, Job Training, Apprenticeship 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 can be referred to any of the three DCFS funded employment programs (ASN-Added Chance, Lawrence Hall-MY TIME, LUV Institute) to promote the pursuit of other workforce training and obtaining the high school diploma or GED.

  - The EIP program was expanded in January 2020 to provide an apprenticeship stipend to eligible youth covering costs associated with entering and sustaining through completion an apprenticeship. Eligible youth include youth in care, youth who aged out of care at 18 or older, and youth who went to adoption or guardianship from the Department’s care. The program name was changed to Employment, Job Training, Apprenticeship Incentive Program (EJTAIP).
  - In response to the COVID 19 pandemic, the EJTAIP was revised February 26, 2021. The work hour requirement was reduced to 10 hours per week or 40 hours per month and the monthly grant was increased to $300. The revisions are retroactive to July 1, 2020 and in effect through September 30, 2021.

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

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

- Collaborate with the IDES and IDCEO to explore apprenticeship programs and opportunities for youth in care and former youth in care ages 18-21.

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

  - The contracted employment agencies in Cook County are still providing services to youth in care during the COVID 19 pandemic.
  - The Alternative Schools Network (ASN) Added Chance program provides employment assistance to youth in care in Cook County. The Added Chance staff
have implemented a virtual Pre-Employment Workshop for youth in care. The virtual Pre-Employment Workshop covers job applications, interviewing skills, appearance, employer and program expectations, occupational and educational goals, experience and information for resume writing. A virtual One on One Counseling session was also implemented for participants. The virtual One on One Counseling session provides assistance with job applications, resumes and interviewing.

- The Lawrence Hall (LH) Mentoring Youth to Inspire Meaningful Employment (MY TIME) program is considered an essential service and continues to provide assistance and support to youth in care in order to help prepare them for independence and self-sufficiency. The MY TIME program had to adapt its program and services because of the COVID 19 pandemic.
- The MY TIME staff developed a virtual Career Readiness Training (CRT). The virtual CRT is accessed through Zoom. The CRT components include Resume Writing, Financial Literacy, Workshop Etiquette, Mock Interviews and Job Placement.

- 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.

The Love Unity and Value Institute (LUV) is designed to cultivate youth development; to deliver intensive employment training and other supportive services to help youth (ages 16-20) to be job-ready for entry level employment. During Phase I, the first four weeks, youth participate in orientation, soft-skills training and career-readiness workshops. The training is designed to help participants learn proactive, positive ways to rebuild and maintain peaceful relationships, and create an atmosphere in which integrity and connectedness can be restored when there are upsetting behaviors. The workshops are comprised of face-to-face and/or online modules, using Zoom and G Suite, that address workplace etiquette, hygiene, conflict resolution, financial literacy, resume and cover letter writing, job search and interviewing techniques, job retention methodologies as well as workplace safety (OSHA). Participants receive a stipend upon completing a minimum of 25 hours during Phase I. During Phase II LUV provides workplace internship placements and supports participants throughout the duration of their six-week workplace internship. As a virtual alternative, LUV will work with ecommerce companies to provide virtual workplace internship placements for participants, and support participants throughout the duration of their six-week internship. Participants receive a stipend every two weeks during Phase II. A minimum of 50 hours is required to complete Phase II.

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

- Continue to develop and expand on-going educational training for youth who are graduating from high school, to provide assistance with college and scholarship application process, accessing financial aid and DCFS post-secondary programs.
- The Postsecondary Education Support (PSE) Program for Youth in Care is a partnership between the Illinois Department of Children and Family Services (IDCFS) and the University of Illinois at Urbana Champaign (UIUC)-School of Social Work to implement a strategic plan with the aim of increasing college enrollment and graduation rates among youth in IDCFS care. The partnership includes two Post-Secondary Education Specialists that work directly with youth in care to prepare them for and support them during post-secondary education enrollment.
• Provide youth with a letter documenting the youth’s prior relationship with the DCFS 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.
  o The Office of Education and Transition Services (OETS) had a BSW Intern for the Spring 2021 term. She created a school contact sheet for various Illinois public and private universities/colleges detailing where on campus certain services/offices are located as well as providing emails, phone numbers, and contact persons on that sheet. Youth who need certain questions or concerns addressed can utilize this resource sheet to find out who they need to contact and where on campus they need to go.
• Maintain and continue access to Education Advisors for timely educational advocacy and support for youth in care in grades K-12.
• Expand outreach and support offered to youth in care engaged in post-secondary education programs.
  o The OETS established virtual office hours with the Post-Secondary Education Specialists for two hours on two days each week.
• Continue orientations for DCFS & private agency direct service staff in each region to explain the educational services that are available to DCFS youth. Additionally, information will be provided on other State and federal financial resources and how to effectively apply for such programs.
• Identify a point person at the post-secondary institutions to provide supportive services to DCFS youth and advertise/communicate this information to the youth and caseworkers.
• Encourage each DCFS Field Office to have a “specialist” on available services and programs for transitioning youth.
• Direct youth to education specific websites so they can compare schools before enrolling.
• Continue to partner with the private sector in offering an array of educational services to promote educational well-being and increase the percentage of youth in care successfully graduating from high school. For some youth, services will begin in elementary grades to ensure successful educational transition to high school. Services included: mentoring, counseling, educational advocacy, family support, post-secondary education services (college tours, college application, financial aid, scholarships applications, etc.), tutoring and educational and cultural enrichment opportunities. Services are intended to reduce truancy and contact with the legal system, improve academic performance and encourage post-secondary education or vocational training, all of which assist youth in gaining skills and confidence to reach their full potential.
• Adequate funding for education and training, and the lack of knowledge on how to obtain it, has been a significant barrier to youth who are attending a post-secondary education program. Other non-Chafee funding, including Federal financial aid, may only cover a portion of the cost of tuition. Effective 1/1/19, youth in care, youth who aged out of care at age 18+, and youth who went to guardianship or adoption who attend an Illinois public university or in-district community college are eligible to receive a tuition and mandatory fee waiver. Eligible youth must submit a FAFSA annually and the school may apply the student’s MAP and Pell grant awards to their charges first.

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Because of the increased cost of all post-secondary education including public universities, most youth attending 4-year colleges or universities must take out loans to cover what is not covered with federal, state, department related funding, or the tuition and fee waiver. A very big concern is the amount of debt our youth are incurring to either pay for the increased costs or because of not understanding the long-term consequences of signing for student loans. In addition to educating youth about how to access FAFSA related financial aid, youth will be given information during the Financial Literacy training on how loans can impact future credit rating and borrowing ability. Youth will be encouraged to consider attending their local community college to first obtain a transferable associates degree or to seek outside scholarships to lower the amount of loan debt taken while pursuing a degree.

The monthly board payment for youth in the Department’s Youth in College placement/program and recipients of the Department’s Scholarship was increased from $537 to $1235 effective 7/1/2020. This substantial increase hopes to make post-secondary education more affordable for youth in care, allow them to focus on academic success, and to ensure they graduate from their post-secondary program with the least about of debt as possible.

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

- The Clinical Intervention for Placement Preservation (CIPP) model continues to be used with a strong emphasis on the youth’s adult connections/relationships and their role in stabilizing placements and improving well-being.

As a part of DCFS’ Lifetime Approach in providing services, the broad goal of CIPP model is to improve the quality of life of children and youth in DCFS’ 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.

- DCFS will continue to support the Placement Alternative Contract program for youth, over 18 years of age, who are unable to accept a traditional placement option. The PAC Program provides the youth the opportunity to choose their own placement, if the youth has selected a safe dwelling within the State of Illinois for their self, and their children, if any; establish written goals that promote the youth’s ability to achieve economic self-sufficiency; and identify an advocate who will assist the youth in achieving their 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.

- DCFS believes that mentoring is very critical to the long-term stability and success of youth in foster care. DCFS will continue to explore the possibility of expanding mentoring services to youth statewide.
  - OETS will initiate a contract with Foster Progress, effective 7/1/2021, to inspire and equip 30 youth who have experienced foster care to pursue education programs after high school through a one-on-one mentoring program. The program also includes opportunities for therapeutic travel, college visits, service learning, and group college preparedness training.

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

- The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis, the commissioned board shall:
  - Provide DCFS 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 DCFS on proposed legislation concerning youth in foster care;
  - Make recommendations to DCFS on policies and guidelines as it relates to foster care youth;
  - Engage youth in positive leadership development.
  - Continue to develop recruitment and retention strategies of board members

- The Statewide Youth Advisory Board did not specifically contribute to the development of this Plan, but the input gathered from youth at regional and statewide meetings is always considered when developing new, and working to improve existing, older youth services and programs.

- The Statewide and Regional Youth Advisory Boards continue to meet during the COVID 19 pandemic virtually through the Zoom application.

**Describe how the state is incorporating principles of Positive Youth Development (PYD) in its Chafee program.**

Positive Youth Development, or PYD, is based on research suggesting that certain “protective factors,” or positive influences, can help young people succeed and be better prepared for a successful transition to adulthood. Some of the elements that can protect current and former youth in care and promote success include connections with caring adults, positive peer groups, a strong sense of self and self-esteem, and involvement at school and in the community.

- Illinois DCFS encourages and supports PYD programming. The examples below will be continued and additional opportunities to strengthen PYD or implement it in new programs will be explored.
- The Illinois DCFS Youth Advisory Boards engage youth in positive leadership development, positive peer groups, link them with caring adults, and help build self-esteem.
- Continue the Countdown to 21 Program, a DCFS initiative aimed at improving outcomes for youth leaving care that embeds improved youth driven transition planning activities at age 19 and continuing until the youth’s 21st birthday. It brings the voice of the youth,
caregiver, youth’s adult relationships and worker toward a collaborative effort in developing a plan going forward.

- Expand outreach and support offered to youth in care engaged in post-secondary education programs, including encouraging / supporting youth to build relationship on their campus or with school advisors.
- Maintain an interactive life skills program via individual instruction with hands-on, interactive learning.
- DCFS will continue to explore the possibility of expanding mentoring services to youth statewide.
  - OETS will initiate a contract with Foster Progress, effective 7/1/2021, to inspire and equip 30 youth who have experienced foster care to pursue education programs after high school through a one-on-one mentoring program. The program also includes opportunities for therapeutic travel, college visits, service learning, and group college preparedness training.
- DCFS’ LifeSet Pilot Program is an integration of the LifeSet program model from Youth Villages with DCFS’ ILO/TLP programming model. The pilot program began in FY2020 and will run for three years. It is being piloted with three current ILO/TLP program providers, two in the Cook County region and one in the southern region. The LifeSet pilot program aims to teach young people the skills necessary to gain self-sufficiency, assist them in attaining their educational (secondary/post-secondary or vocation) and employment goals, maintain stable housing, gain independent living skills, establish/reestablish relationships and/or permanent connections with committed adults, and preparing the young people for independence prior to aging out of DCFS care. The integration of these models will increase the likelihood of positive outcomes for young people aging out of the DCFS’ care through the provision of intensive and comprehensive case management, youth-driven service planning, utilization of evidence-based interventions, and additional support and training provided to staff working directly with transition-age young people.
- We have officially begun to rollout LifeSet at all 3 program providers. We are implementing 4 LifeSet teams in Cook county and 1 in the southern region. Each LifeSet team has the capacity to serve 30 youth at a time in the LifeSet pilot program.

Description of the state’s process for sharing the results of NYTD data collection with families, children, and youth; tribes, courts, and other partners; independent living coordinators; service providers and the public. Describe how the state, in consultation with youth and other stakeholders, is using these data and any other available data to improve service delivery.

DCFS has information posted on the internal D-Net site about the history of NYTD, definitions of all relevant terms, and a power point training presentation on NYTD independent living services and survey response reporting in the SACWIS system. An on-demand training for caseworkers is available via DCFS' Virtual Training Center.

DCFS shares data from the independent living services reporting and surveys with Chapin Hall for research purposes.

Illinois is not currently using NYTD data to improve service delivery. Illinois received it’s NYTD Review Final Report on January 27, 2021. An Initial Improvement Plan was submitted to the Children’s Bureau on March 23, 2021. The plan states that Illinois is in the process of developing a new SACWIS, to be known as CCWIS, system. The goal is capture independent living services
provided by the state more efficiently and in more totality. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

Provide information of the state’s plan to continue to collect high-quality data through NYTD over the next five years.

DCFS 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.

DCFS participated in its Federal NYTD Review on June 25-29, 2019. Illinois received it’s NYTD Review Final Report on January 27, 2021. An Initial Improvement Plan was submitted to the Children’s Bureau on March 23, 2021. The IIP states that DCFS will strive to improve the reporting of independent living services, increase survey participation by out of care youth, and utilize the NYTD data for the improvement of service delivery. In addition, a $25 e-gift card for participation by all youth, in care and out of care, in a NYTD survey will be implemented 10/1/2021. The Department posts NYTD data reports generated from the NYTD portal on the internal website that is available to DCFS and private agency staff. At this time, the Department has not shared NYTD data with external stakeholders in any other manner.

Serving Youth Across the State

Describe how the state has ensured and will continue to ensure that all political subdivisions in the State are served by the program, though not necessarily in a uniform manner (section 477(b)(2)(B) of the Act).

DCFS’ Youth in College/Vocational Program (YIC), Employment, Job Training, Apprenticeship Incentive Program (EJTAIP), Education and Training Voucher (ETV) Program, Scholarship Program, and Tuition and Fee Waiver Program are available to youth regardless of where they reside in the State, if they meet the eligibility requirements for the program. The availability of contracted services is more concentrated in the Chicago/Cook County region of the State as historically that is where the majority of the population has been. Recent trends show 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.

The Department’s OETS will initiate a contract with Foster Progress, effective 7/1/2021, to inspire and equip 30 youth who have experienced foster care to pursue education programs after high school through a one-on-one mentoring program. The program also includes opportunities for therapeutic travel, college visits, service learning, and group college preparedness training. Foster Progress has historically operated in the Cook County region of the state, but 5 of the 30 slots will be designated for youth in the downstate regions of Illinois.

The DCFS Educational Access Project provides Education Advisors across the state for education issues related to students in grades K-12. The DCFS Post-Secondary Education Specialists provide assistance and guidance across the state as requested.
Provide relevant data from NYTD or other sources that addresses how services vary by region or county.

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

**Serving Youth of Various Ages and States of Achieving Independence (section 477(b)(2)(C) of the Act).**

Describe how Youth of Various Ages and at Various Stages of Achieving Independence are to be Served. For states that extended or plan to extend title IV-E foster care assistance to youth people ages 18 – 21, address how implementation of this program option has changed or will change the way in which Chafee services are targeted to support the successful transition to adulthood. The state must provide available data on participation and discuss how it affects or may drive continuous quality improvement in the delivery of Chafee services.

For states that have elected or plan to extended Chafee services to age 23, provide a description of the services offered or to be offered to youth ages 21 – 22 (up through 23rd birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners were or will be informed of the change.

Illinois has allowed youth to remain in care until age 21 since 1992.

1. **Services Offered to Foster Youth Ages 14 – 16:**

The following are all services DCFS offers to youth in this age range.

- Life Skills Assessment: All youth in care are required to participate in the Casey Life Skills Assessment, which should become the basis for the transitional service planning for the youth. A well-developed case (service) plan should include clear and concise objectives for all youth in care ages 14 – 21. These objectives should address specific areas for development and timeframes for task completion, person responsible, desired outcomes and progress evaluations. Peer-to-peer mentoring is encouraged along with participative, community-based field trips which facilitate experiential learning.
- Tutoring services
- Mentoring services
- Educational advocacy and support services through Education Specialists and Advisors
- Pregnant and Parenting Teen services, if applicable.
- Obtaining a state identification card
- Membership on Regional and/or Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment resources as well as community-based resources
  - DCFS is exploring other options to provide information to youth in care ages 14-21 in lieu of an in-person Youth Summit for June 2021, due to the COVID 19 pandemic.
- 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.

2. Services Offered to Foster Youth Ages 16 – 18:

The following are all services DCFS offers to youth in this age range.

- Development of Youth Driven Transition Plan at age 17
- Education regarding a Healthcare Power of Attorney and opportunity to complete one at age 18
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance in completing referral application to Youth in College/Vocational Training program
- Assistance in completing the Education & Training Voucher application
- Assistance in accessing the Tuition and Fee Waiver application
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Life skills classes that utilize “hands on” instruction and real-life experiences
- Membership on Regional and Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community-based resources.
  - DCFS is exploring other options to provide information to youth in care ages 14-21 in lieu of an in-person Youth Summit for June 2021, due to the COVID 19 pandemic.
- 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, Job Training, Apprenticeship Incentive Program
- TLP placement (if youth meets eligibility criteria)
- Assistance with obtaining a State ID.
- Educational advocacy and support services through Education Specialists, Education Advisors and Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting, the student’s academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun.

3. Services Offered to Foster Youth Ages 18 through 20:

The following are all services DCFS offers to youth in this age range.
- 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 DCFS funded services; during the “step down” phase, ensure youth are acquiring sufficient cash savings for emergencies that will arise after emancipation
- Assist with career planning and follow through with youth
- Assist with comparing and calculating actual costs of various post-secondary education programs
- Membership on Regional and Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community-based resources.
  ◦ DCFS is exploring other options to provide information to youth in care ages 14-21 in lieu of an in-person Youth Summit for June 2021, due to the COVID 19 pandemic.
- 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 Tuition and Fee Waiver Program
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Referral for Employment programs and follow-up to ensure youth engages in the program
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establishes on his/her own.
- Assistance with connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing Employment, Job Training, Apprenticeship Incentive Program
- TLP or ILO placement (if eligible)
- Placement Alternative Contract living arrangement
- Educational advocacy and support services through Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Participation in a Discharge – Clinical Intervention for Placement Preservation (DCIPP) staffing at age 19 and 20.9.
- Per DCFS Policy, at the time of case closure, youth shall also be provided, at no cost, a copy of their health and education records. The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:
  ◦ Identification card;
  ◦ Social Security card;
  ◦ Driver’s license and/or state ID;
  ◦ Medical records and documentation to include, but not be limited to:
    - Dental Reports;
    - Immunization Records;
• Name and contact information for Primary Care Physician, and any Specialists working with the youth;
• Name and contact information for OB/GYN, when applicable;
• Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
  o Certified copy of birth certificate;
  o Documents and information on the youth’s religious background;
  o U.S. documentation of immigration, citizenship, or naturalization;
  o Death certificate(s) of parent(s), if deceased;
  o Medicaid card or other health eligibility documentation;
  o Life book or compilation of personal history and photographs
  o List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
  o Copy of Court Order for Case Closure;
  o Resume;
  o List of schools attended, previous placements, clinics used;
  o Educational records, such as high school diploma or general equivalency diploma; and
  o List of community resources with self-referral information, including The Midwest Adoption Center, Phone: 1-847-298-9096 or info@macadopt.org.

• In addition to foster home placements, the following placements are available to youth ages 18-20:

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

TLP’s will offer a mix of services and resources wholly dependent on the needs and capabilities of the youth 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 use disorder 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.

**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 their own placement, provided the youth has:

- selected a safe dwelling within the State of Illinois for their self, and their 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 their 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”.

- **Youth in College / Vocational Training Placement**
  Youth in care who are enrolled and attending an accredited post-secondary program at full time status are eligible for the YIC/VT placement. The youth receives a monthly board payment which increased from $537 to $1235 effective 7/1/2020, a $200 start-up payment, and financial assistance with books and supplies not covered by financial aid grant funds. Youth in the program at age 21/case closure can remain in the program through age 25 or completion of their post-secondary program.

4. **Services Offered to Former Foster Youth Ages 18 through 20:**

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

**Education**
DCFS will continue to offer the Scholarship program to former foster care recipients. There are 53 scholarships awarded each year. The Scholarship includes a tuition and fee waiver for an Illinois public university or community college, a monthly grant payment, and the Illinois medical card.

Youth who are participating in the DCFS’ Youth in College/Vocational (YIC/VT) Program at age 21 and case closure are eligible to remain in the program through the semester they turn 25 years old if they continue to meet the eligibility requirements. The youth must maintain full time status in their post-secondary program with a minimum 2.0 GPA and submit their program schedule confirming enrollment and grades each semester to the Office of Education and Transition Services. Participation in the YIC/VT program provides them with a $1,235 monthly grant and financial assistance with required books and supplies that financial aid does not cover.

DCFS increased the YIC/VT monthly grant to $1,235 effective July 1st, 2020. The Office of Education and Transition Services (OETS) has conducted well-being checks since the beginning of the pandemic to confirm youth have a secure place to live, if they can afford to continue living independently, and they are in good health. The well-being checks will continue as long as the pandemic is still active, and the youth are participating in the YIC/VT program.

Youth who aged out of care at age 18 or older, and youth who went to guardianship or adoption from DCFS’ care are eligible for a tuition and fee waiver at an Illinois public university or community college. Eligible applicants must access it prior to age 26 and can access it for up to 5 consecutive years.
DCFS will continue to make the Education and Training Voucher Program available to former foster care youth enrolled in an accredited post-secondary program until 26 years of age. The Department has expanded the eligible age up to 27 through September 30, 2021.

**Housing, Financial Assistance, and Counseling**  
The goal of DCFS is to provide financial and housing services to youth in care and former foster care youth who need it, between their 17.5 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 youth in care, starting six months prior to aging out of care through emancipation. DCFS will make exceptions to this rule for youth that need to locate housing prior to six months before they age out of care (for example, they are part of the Youth in College program and are seeking an apartment off campus). Advocacy agencies will help youth in care 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 in care and to former youth in care who age out of care until their 21st birthday. Although most youth are referred to a housing advocate when they are within six months of aging out of care, last year DCFS expanded eligibility to serve youth with an open case at any time the youth or caseworker requests the assistance after their 17th birthday. As stated above, this will also be available to youth who move to adoption or guardianship after age 14, if they wish to access it.

Youth who are within six months of aging out of care may receive up to $2,000 per year ($4,000 lifetime) based on a needs assessment, from Youth Housing Assistance and Transition Cash Assistance to facilitate independence. This cash assistance will cover such expenses as security deposits and necessities that many youth may not have upon leaving foster care. They will be awarded cash assistance only when the youth budget can show that they likely can meet their monthly expenses in the future. Last year, we expanded the cash assistance program to serve youth in the Youth in College, Placement Alternative Contract or who otherwise have an authorized placement but need cash assistance to obtain stable housing or to stabilize their current housing. Funding through Youth Housing Assistance and Crisis Cash Assistance will also be available to help former youth in care 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 per 12 months, with a lifetime limit of $4,000. The youth must demonstrate that they will likely be able to afford their expenses in the future.

If an emancipated youth, who is not yet 21 years of age, has housing costs that exceed 30% of her or his income, DCFS can provide a partial housing subsidy of up to $500 per month until their 21st birthday. To prepare the youth for a time when they will not need the subsidy, DCFS will reduce the subsidy $100 every six months. This assistance is not part of the $2,000 twelve month or $4,000 lifetime limit.
DCFS received approval to use Chafee funding to provide housing advocacy services and cash assistance through the Youth Housing Assistance Program until the youth turns 23 years of age. Unless DCFS provides an exception, DCFS will only provide these services to youth who receive a Family Unification Program (FUP) or Fostering Youth to Independence (FYI) Housing Choice Voucher (also known as Section 8). FUP provides a housing choice voucher to DCFS involved families in inadequate housing and youth who are aging out of, or have aged out of, DCFS care and are homeless or at risk of becoming homeless. FYI is similar to FUP but only serves youth who age out of care. DCFS has relationships with eleven housing authorities in Illinois who will provide FUP vouchers to youth.

DCFS worked with the Peoria Housing Authority and the Housing Authority of Champaign to successfully apply for non-competitive FYI vouchers. Neither of those housing authorities administered FUP. The Chicago Housing Authority (CHA) does administer FUP. Still, DCFS and CHA understood the enormous need for more vouchers. Together they applied for 75 competitive FYI vouchers. CHA and DCFS are currently working on an application for up to 25 non-competitive FYI vouchers. DCFS has already identified 25 youth to refer for these vouchers. DCFS is currently working with the Housing Authority of Cook County, the Jackson County Housing Authority and the Mt. Vernon Housing Authority to apply for these vouchers. Every youth identified by DCFS for an FYI voucher will receive assistance through the Chafee funded Youth Housing Advocacy and Youth Cash Assistance Programs.

To better assist youth during the COVID 19 pandemic, DCFS is providing Youth Housing Advocacy and Youth Cash Assistance to persons who aged out of care and have not yet turned 27. Normally we don’t assist youth on or after their 21st birthday unless they receive a federal housing subsidy meant for youth aging out of care. DCFS has also relaxed the $2,000 limit to provide more cash assistance to youth who need it. DCFS has met with the contracted Youth Housing Advocacy Providers and with the local homeless Continuums of Care in an attempt to locate youth who aged out of care, have not yet turned 27 and need assistance obtaining or maintaining appropriate housing.

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**
DCFS’ 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 private agency staff.

In addition, DCFS will explore the possibility of DCEO providing bi-annual Orientations to DCFS and private agency 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. DCEO 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 contracted employment agencies in Cook County are still providing services to youth in care during the COVID 19 pandemic.
- The Alternative Schools Network (ASN) Added Chance program provides employment assistance to youth in care in Cook County. The Added Chance staff have implemented a virtual Pre-Employment Workshop for youth in care. The virtual Pre-Employment Workshop covers job applications, interviewing skills, appearance, employer and program expectations, occupational and educational goals, experience and information for resume writing. A virtual One-on-One Counseling session was also implemented for participants. The One-on-One Counseling session provides assistance with job applications, resumes and interviewing.
- The Lawrence Hall (LH) Mentoring Youth to Inspire Meaningful Employment (MY TIME) program is considered an essential service and continues to provide assistance and support to youth in care in order to help prepare them for independence and self-sufficiency. The MY TIME program had to adapt its program and services because of the COVID 19 pandemic.
- The MY TIME staff developed a virtual Career Readiness Training (CRT). The virtual CRT is accessed through Zoom. The CRT components include Resume Writing, Financial Literacy, Workshop Etiquette, Mock Interviews and Job Placement.

DCFS 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.

DCFS 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 DCFS 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 their 21st birthday. The youth would then be eligible for all services listed under “Services Offered to Foster Youth Ages 18 through 20”.

*Identify any assessments or other tools the state uses to determine the individualized needs of youth and to evaluate young peoples’ state of development and how these assessments inform the provision of services.*

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Life Skills Assessment
Illinois has selected age 14 as the eligible starting point for Chafee services. Research has shown that the likelihood for youth to attain permanency declines 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 the Casey Life Skills Assessment at age 14, age 16, and 6 months prior to case closure. The results from the assessment are used to develop an individualized learning plan for youth based on the identified service needs. DCFS is exploring the feasibility of linking the life skills learning plan with the youth’s case (service) plan in SACWIS, where the identified needs and services from the learning plan would automatically populate the youth’s service plan.

Pregnant/ Parenting Teen Services

Anointed Youth Services covers the Northern region to provide a New Birth Assessment for parenting youth in care (males and females). Each agency also includes the non-youth in care parent if the youth desires to participate in the New Birth Assessment.

The purpose of the new birth assessment is to:
- Evaluate the current level of parent-child interaction
- Screen for depression and related emotional issues impacting the new parent
- Provide education to the teen parent about parenting and child development
- Provide linkages to community resources;
- Identify any concrete needs of parent and child;
- Note any current safety/risk factors and how they impact parenting;
- Make recommendations for follow-up.

Each agency continues to reach out to the youth via Facetime, Zoom, Duo, and phone insuring that the youth have what they need during the CoVID-19 pandemic.

Anointed Youth Services continues to reach out to the youth on a weekly basis for parenting. The staff use the nurturing program model to educate the parenting teen. The staff follow up with the youth and also link them to services and provide coaching and support for the parenting teens during this pandemic. As the transmission risk decreases, staff meets with youth and their children in person.

Catholic Charities Parenting Adolescent Support Services (PASS) continues to provide services to pregnant and parenting teens in Cook county during this pandemic. The staff reach out to the youth at least weekly via phone calls, texts, facetime, duo and zoom. As the transmission risks decrease, staff have occasionally met youth and their children in person. They are utilizing WebEx and Zoom for family team and Countdown to 21 meetings. The staff have also delivered supplies such as diapers and formula as necessary.

Metropolitan Family Services Mentor Mom’s Program also serves pregnant and parenting teens in Cook county. The staff reaches out weekly to pregnant and parenting youth via texts, phone
calls and duo. As the transmission risks decrease, staff have occasionally met youth and their children in person. They continue to link youth to services and provide support during this pandemic.

**Substance Abuse**

- DCFS 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 Clinical Intervention for Placement Preservation, 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 A, 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 DCFS provides alcohol and other drug abuse services to families with an open case or subjects of a child abuse and neglect investigation; or to children for whom DCFS 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 DCFS-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 Use Prevention and Recovery and are available statewide.

**Mental Health**

- An Integrated Assessment is completed at the beginning of each new. The Integrated Assessment provides a comprehensive clinical understanding of each child at the start of care to develop a case (service) plan directly related to the findings of the Integrated Assessment (also see bullet point above under Substance Abuse).
- Integrated Assessments are conducted as a dual professional model by the caseworker and a Clinical Assessment Screener, who are dedicated to addressing the mental health needs of children in care.
- Downstate Pregnant/Parenting Youth services are now provided by DCFS contracted providers. DCFS and private agency caseworkers are to provide Pregnant/Parenting service providers with referral documentation that include assessments, services plans, safety assessments consistent with the Child Endangerment Risk Assessment Protocol (CERAP), 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 caseworker, in addition to the Casey supplements and postpartum depression screens. Pregnant/Parenting Teen Service providers are required to notify 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 and the Teen Parent Service Network offer trainings for Pregnant/Parenting service providers that
enhance 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). 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**

- There is a collaborative process between DCFS and the Department of Human Services' Division of Developmental Disabilities (DMSDD) designed to meet the needs of youth in care with developmental disabilities.
- Community based Pre-Admission Screening (PAS) agencies work to ensure all proper assessments are completed on the youth, required documents are in order, and the referral process has been coordinated on behalf of the youth.
- Recommended levels of care traditionally include Community Integrated Living Arrangements (CILA) and Home-Based Services.
- The DCFS or private agency assigned caseworker remains involved throughout this process.

**Collaboration with Other Private and Public Agencies**

*Discuss How the State Involves the Public and Private Sectors in Helping Youth in Foster Care Achieve Independence*

The State of Illinois is continuing to use a variety of means to involve the public and private sector stakeholders in helping adolescents in foster care achieve independence. DCFS has ongoing coordination efforts with a variety of public and private groups. DCFS takes all major policy development and implementation issues to its Child Welfare Advisory Committee, which is made up of private sector stakeholders.

DCFS 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. DCFS convenes Advisory Councils consisting of foster parents and adoptive parents. In addition, there are advisory groups for African-Americans and Latinos. All DCFS Rule changes go through a public approval process with the Joint Committee on Administrative Rules (JCAR), which allows the public to comment. DCFS staff are members of community action teams across the state to address the issue of racial disproportionality in foster care.

DCFS 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, DCFS maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority and the Chicago Public Schools.
DCFS contracts with private agencies for the delivery of job coaching, mentoring, financial literacy training, Regional and State Youth Advisory Board coordination, and tutoring to help prepare youth for the successful transition to independence. In addition, Illinois contracts with public and private agencies statewide for the delivery of life skills classes, trainings, and experiential activities for youth to participate in where they can learn and practice the skills necessary to make a successful transition to self-sufficient adulthood.

DCFS 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 young 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 (SPIDER) 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.

Efforts continue to provide training to the Public Guardian’s Office, Juvenile Justice System, and court systems across the state to help them understand the services that are available to older youth.

For downstate Illinois (defined as all regions outside of Cook County and its five Collar counties), the services provided for Pregnant/Parenting youth are provided by community-based service providers. DCFS contracts directly with 5 local agencies to provide specialized, supportive services for the identified Pregnant/Parenting youth. In counties that do not have a DCFS P/P contract, workers link P/P youth with community-based resources that have different funding, when available. These programs are usually funded by state or federal programs. For example, P/P youth and their children receive medical cards, participate in the WIC program, may be eligible for the Link program for food, use day care services funded by another state agency and many live -in settings funded with federal funds. When needed, DCFS program staff meet with staff from various agencies to look at the eligibility of DCFS P/P youth and the appropriateness of their use of different programs funded with state and federal money.

DCFS has housing advocacy contracts with 17 local community housing agencies located in 23 cities throughout the state. We hope to add two additional providers before the end of the year. These programs maintain contact with statewide subsidized housing programs to assist youth in applying for and accessing appropriate housing. These housing advocacy programs participate in their local Continuum of Care and are knowledgeable of federal, state, and local funded
programs in their area. Some of them have sought funding through other funding sources to assist clients referred by DCFS.

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

DCFS worked with the Peoria Housing Authority and the Housing Authority of Champaign to successfully apply for non-competitive FYI vouchers. DCFS and the Chicago Housing Authority applied for FYI vouchers and are currently awaiting approval. DCFS is currently working with the Housing Authority of Cook County, the Jackson County Housing Authority and the Mt. Vernon Housing Authority to apply for these vouchers.

Understanding the importance that FUP, FYI, local housing authorities and local Continuums of Care play in the lives of youth transition from care, DCFS hired a FUP Liaison in the fall of 2020. The FUP Liaison makes all referrals to local housing authorities who received FUP or FYI funding. DCFS is assigning staff person to attend the meetings of all 19 local homeless Continuums of Care. DCFS also participates in the statewide CoC meeting hosted by Housing Action and the Supportive Housing Providers Association.

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.

DCFS, 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 youth in care. 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 youth in care. In addition, DCFS collaborated with the Department of Healthcare and Family Services to implement the expansion of Medicaid eligibility for former foster youth to age 26.

DCFS began collaboration with the Illinois Department of Human Services, Office of Substance Use Prevention and Recovery (SUPR) in 1986 with the piloting of a federal demonstration program known as Project SAFE. SAFE was an intensive out-patient treatment service providing

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a highly intensive outreach component, parenting training, transportation, childcare, case management, women’s support group, and aftercare. The program was designed to break down barriers that prevented women from succeeding in treatment. SAFE progressed from the original four (4) demonstration sites to a state funded program of twenty-one (21) sites statewide.

The Office of Substance Use Prevention and Recovery (SUPR) and DCFS continued their commitment to develop and implement a community-based system of integrated child welfare and substance abuse services with the establishment, by the Illinois legislature, of the DASA/DCFS Initiative (currently known as the SUPR/Child Welfare Integrated Services Program) in 1995. The “Initiative” was to provide accessible and effective services for DCFS clients with substance abuse problems. The Initiative includes substance abuse screening, assessment and treatment, outreach services, case coordination, aftercare, collaborative administration, and ongoing 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 ongoing efforts, child welfare workers and substance abuse providers work cooperatively to address DCFS clients’ alcohol and other drug abuse (AODA) and its impact on family life, parental functioning, and child safety and development. The Initiative currently includes 52 AODA providers.

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

*Address how the State Uses Objective Criteria to Determine Eligibility for Benefits and Services Under the Chafee and the ETV Programs, and for Ensuring Fair and Equitable 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 potentially up to age 26. 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 older youth in foster care need more supportive services to prepare for self-sufficiency. Evaluation studies have pointed to the fact that youth who leave care without a transition plan end up homeless, incarcerated, unemployed and have low educational achievement.

The process of developing the criteria included the following:

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

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

- Provide services to youth aged 14-21 to help them make the transition from foster care to adulthood: education, vocational and employment training, post-secondary education, daily living skills, substance abuse prevention, PPT prevention and preventive health activities.
• Provide training for foster parents, adoptive parents and workers to address issues confronting older youth.
• Provide services for older youth aged 18-20 who have left foster care but have not reached age 21.
• Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.
• Serve children of various ages at various stages of achieving independence.
• Use a variety of providers to deliver independent living services.
• Serve youth who otherwise meet the eligibility criteria, but who are temporarily residing out of State, and not terminate ongoing assistance solely due to the fact that a youth is temporarily residing out of State.

The eligibility requirements for the ETV services are as follows:
• Provide vouchers of up to $5,000 (five thousand) to youth otherwise eligible for services under the State CFCIP program. The youth must be enrolled and attending an accredited post-secondary education or training program and making satisfactory academic progress toward completion of the program.
• Provide services to youth in care or who left care at age 18 or older;
• Provide services to youth adopted or placed in subsidized guardianship from foster care after attaining age 16.
• Provide services up to age 26.
• The vouchers will cover tuition, fees, books, supplies, equipment, and other education related costs listed as cost of attendance at the school attending.

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

Chafee and other funding will be made available to all youth in care, and former youth in care, by the following:
• Statewide training, including on-site trainings, webinars, program mailers, and email updates, to increase the awareness of available services to include DCFS and private agency staff. Policies and procedures help guide service delivery to ensure the services are equitable.
• Continue to maintain a resource of information regarding services, resources, etc. on the Statewide Provider Identification & Exploration Resource (SPIDER)
• Links to information regarding services and programs for older youth currently exist on the DCFS intranet and internet site. These links will be updated as necessary and made prominent and accessible to youth, caseworkers, caregivers, and others accessing the sites.
• Use of social media to inform youth of programs and how to access
• Offer Chafee services to youth regardless of placement or living arrangement type.
• Conduct regional informational orientations to discuss Chafee services
• Conduct one day “Educational Seminars” for youth in care to educate them on the costs/benefits of community college/public universities vs. proprietary schools to help them make educated post-secondary attendance choices.
• Provide annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community-based resources (suspended in 2020 and 2021 due to COVID 19 restrictions).
• Identify youth likely to be graduating from high school and send information regarding the YIC/VT program, ETV program, and EJTAIP to the youth and their caseworker via email notifications.
• The DCFS Office of Information Technology is working with Microsoft to develop a “Youth Team App”.

Cooperation National Evaluations
DCFS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

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

In addition, OETS staff, including a Transition Manager in each DCFS region and two Post-Secondary Education Specialists, provide on-site and teleconference training to private agency staff on request, participate in Countdown to 21 meetings with older youth in care, and participate in regional management and staff meetings when possible to educate caseworkers and other staff on the available programs and services for older youth. The OETS is committed to strengthening these training efforts in order to reach more staff and provide more technical assistance to ensure all eligible youth are accessing the programs and services designed to prepare them for adulthood.

Finally, DCFS 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 DCFS’ intra and internet web site home pages and, the OETS will continue to update and distribute the Get Goal’d manual. The manual is intended for caseworkers as it includes information on how to access the various programs and services.

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

The Education and Training Vouchers Program (ETV) will provide additional resources specifically to meet the financial needs for educational and training programs of youth aging out of DCFS’ foster care system. The purpose of the Education & Training Vouchers program is to ensure every eligible youth has the opportunity to attend a post-secondary or career and technical education program in order to learn or enhance skills needed to make a smooth transition to self-sufficiency.

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

• Tuition & fees
• 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 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. Students have a maximum of five years or 10 semesters of access to the ETV funding.

The Department issued an Action Transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Education and Training Voucher Program. These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.

The changes below assist in meeting the need for increased financial support to ETV-eligible youth during the pandemic and take into consideration that there are pandemic-related obstacles to meeting usual program requirements.
• The maximum annual ETV award per youth is increased from $5,000 to $12,000 for the period of October 1, 2020 through September 30, 2022.
• The enrollment and satisfactory academic progress requirements (SAP) for the ETV programs are waived for young people who are unable to meet them due to the pandemic until September 30, 2021.
• ETV funds can be used for maintaining training and postsecondary education, including less than full-time matriculation costs or other expenses that are not part of the cost of attendance but would help support youth in remaining enrolled until September 30, 2021.
• The age of ETV eligibility is expanded up to age 27 until September 30, 2021.

The Department issued ETV eligible students $750 per semester to assist with pandemic related technology expenses incurred during the fall 2020 and spring 2021 semesters. If the student attended both the Fall 2020 and Spring 2021 terms, a payment for $1500 was issued. If the student only attended one of these terms, a payment for $750 was issued. The student was not required to submit any additional application to receive the funds or to submit any receipts to document how it was spent. However, the students were told if they did not have a good laptop computer, they could purchase one with these funds and then send the dated, legible receipt to the ETV program and they would be reimbursed for that expense, in addition to the $1500 or $750 payment they received. If they had already purchased one and it was after July 1, 2020, the dated, legible receipt for the computer and any related expenses can also be submitted for reimbursement. In addition to a computer, this can include a printer, paper, ink, headphones, and any other technology the student needed to be able to successfully complete their coursework.

The Department sent emails to students who previously accessed ETV funding and were between the age of 26 and 27 to notify them of extended ETV eligibility. The notification of expanded ETV eligibility and benefits is posted on the Department’s Facebook, Instagram, and Twitter pages and the Department’s website.

The Department held a virtual Townhall style meeting on April 23, 2021 led by the Office of Education and Transition Services’ social work intern. All youth participating in the ETV program were invited to attend. Approximately 10 youth participated. It was an opportunity for youth to learn about expanded ETV funding opportunities, make OETS staff aware of pandemic related needs, and network with their peers. The Department currently does not have additional Townhall
meeting scheduled but will consider planning future ones mid-term and end-of-term as a way to “check in” with post-secondary students and address current issues/concerns.

The Department is pursuing the development of a youth friendly, interactive “Post-Secondary Education APP” that will allow youth to obtain information about the ETV, view FAQs, and apply directly through the app for the ETV program and other Department Post-Secondary Programs.

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

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

**Description of the Methods the State will use to: (1) Ensure that the Total Amount of Educational Assistance to a Youth under this and any other Federal Assistance Program Does Not Exceed the Total Cost of Attendance; and (2) to Avoid Duplication of Benefits Under this and any other Federal or Federally Assisted Benefit Program.**

To ensure that the total amount of education assistance to youth does not exceed total costs of attendance and to avoid duplication of benefits, youth submit application packets each term. This consists of a written application form along with student schedule, grades, and financial aid award information. Once a review of the packet is complete and eligibility established, a letter of intent is sent to the school advising that the funding can only be used for cost of attendance items not covered by other grants or scholarships. The items ETV can cover are listed on the letter of intent. If a youth is already receiving DCFS assistance for housing costs (YIC, PAC, TLP, ILO), only housing costs in excess of the amount received are considered for ETV funds. The school is also told that the ETV funding plus other funding sources cannot exceed cost of attendance. The school must send a student’s detailed student account showing charges and payments to the ETV coordinator for review. When those detailed accounts are received, each line item is reviewed and if there are any questions about exceeding cost of attendance or duplicating benefits, the school is contacted for clarification. Approval letters and payments are only made once it is established that ETV funding plus other funding, including a tuition and fee waiver under DCFS’ Scholarship Program or the tuition waiver program, 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**

DCFS will plan to meet with various constituents and stakeholders over the FFY 2020-2024-time period, specific to ETV, to establish goals and outcomes for the ETV program, in combination with other state resources, and how those goals are to be measured. No meetings have been held to date, and there is none scheduled. The state’s current goal is assisting students adapt to school changes as a result of the COVID-19 pandemic. This activity will be addressed hopefully in late FFY 2021.
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 shared 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. 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.

<table>
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<th>Annual Reporting of State Education &amp; Training Vouchers Awarded</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
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<td>Education and Training Voucher Program (July 1, 2019 – June 30, 2020)</td>
<td>191</td>
<td>98</td>
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<tr>
<td>2019-2020 School Year* (July 1, 2020 – June 30, 2021)</td>
<td>179</td>
<td>82</td>
</tr>
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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 DCFS takes very seriously its responsibilities to serve this population appropriately and effectively. DCFS 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.

In the 2020-2024 CFSP and the subsequent APSRs submitted in response to the CFSP for the past two years, there were references to a contract with the Native American Foster Parent Association. The content was included in error and was not accurate at the time those documents were drafted. That content has been removed from this iteration of the APSR.
While Illinois does not have any federally recognized Tribes within its state borders, the Department works collaboratively with many Tribes to identify and provide services to our Indian youth in care. The Department will continue to strengthen its relationship with Tribes in the state that border Illinois.

IDCFS Indian Child Welfare Advocacy Program’s ICWA Specialists will be working very closely with the Illinois ICWA Advisory Council to identify and develop resources that will be available to the Indian youth and families we serve.

The IDCFS Resource and Recruitment staff will be advised by ICWA Specialists of Native American events to jointly recruit foster parents for placement of Indian children in care.

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.”

DCFS 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, DCFS, 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 DCFS 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, DCFS determines at intake if a child has any Indian lineage. When choosing an out-of-home placement, DCFS 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 or authorized by a 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 Indian child’s needs.

The Indian child’s tribe may establish a different order of preference by resolution, in which case DCFS will make efforts to place the child according to these priorities so long as the placement is the least restrictive setting appropriate to the particular needs of the child.
Chapter 5 – Program Support

Office of Learning and Professional Development

The Office of Learning and Professional Development (OLPD) strives to provide the learning and growth experiences for child welfare staff that will provide them with the necessary skills to best serve the children and families in Illinois. Trainings will be evaluated to provide continuous quality improvement and innovation based on research and data analysis.

Pre-Service Training

The Office of Learning and Professional Development will continue to conduct the initial pre-service training required for new DCF and private agency intact caseworkers, child protection workers, placement caseworkers, and their supervisors. Pre-service training will also be provided for adoption workers and staff at the State Central Register (SCR/Hotline). DCFS will continue to provide Foster PRIDE pre-service training for prospective foster parents and Adoption/Guardianship Certification training for foster parents adopting a child or youth in placement.

Update: Status Completed as agreed and ongoing - Pre-service has been provided to the populations listed above. In FY20, there was an increase of pre-service courses for staff due to increased hiring by DCFS of investigative and intact staff. Hiring by DCFS opens up positions in the private sector resulting in an increase in training for permanency staff as well. This trend continued through FY20 and into FY21, especially in the second and third quarters of FY21. Due to increased recruitment efforts, there was also an uptake in foster caregiver pre-service participants prior to March 2020. At the end of March 2020, OLPD moved all training to virtual or e-learning platforms in order to mitigate the safety risks associated with in-person gatherings during the CoVID-19 global health pandemic. Until further notice all Foundations, and examinations continue to use this format. At the end of March 2020, Foundation classes for Intact or Placement were transitioned from the traditional 20 day format to the 10 day streamlined format that had been piloted during the preceding fiscal years. This was done in an effort to reduce wait time for staff in the field. Individuals in the piloted streamlined Foundations course get all of the same information and licenses needed, in a shorter period of time. The same material is condensed into 10 days and it includes a greater number of self-directed course work activities that would otherwise be included in the traditional Foundations format. In the second quarter of FY21, as the field began seeing an influx in recruiting and hiring employees without social work vocational experience, and from degrees other than social work, the request was made of OLPD to bring the traditional Foundations for Placement and Intact specialties back as an option. OLPD thus resumed offering traditional cohorts for Placement and Intact Foundations and agencies could choose which version of Foundations training to register their new hire staff based upon their assessment of the staff’s vocational and educational experience. It was not until the fourth quarter of FY21, that any consistency was noted in agencies choosing to utilize this option. The first several months saw minimal to no selection for many of the traditional Foundations cohorts scheduled. By the fourth quarter of FY21, each traditional cohort has been receiving between 1 and 10 registrants. OLPD has the capacity to pivot between the number of traditional vs streamlined Foundations for Placement and for Intact being offered as the demand dictates.
In 2020, as a response to the impact of COVID-19 health pandemic on the statewide staffing needs, OLPD developed two truncated versions of the Intact and Placement Foundations pre-service course. These truncated courses provided professional development to prepare child welfare professionals transitioning between Placement or Intact specialties in order to assist with cases. This course responded to the Department’s concern of a potential staffing shortage and an immediate need to train existing staff to manage cases in other specialties. The Department issued an Action Transmittal allowing such cross-specialty case coverage with the use of these truncated courses. One course is a single “Refresher Course” for those who hold a specific specialty license but had not managed those types of cases in the past five years. The other course is a three-day Conversion Training for those staff who hold a CWEL but have never managed the specific specialty type of cases (intact or placement) to which they will be transitioning. The Conversion Training allows for a temporary certification process for that specific specialty (initially until 12/31/2020, but then at the close of December 2020, IDCFS extended the Action Transmittal into calendar year 2021). If staff choose, they can register and sit for that specific specialty exam which if they pass the exam, then certification in that specialty can extend beyond the Action Transmittal. The two courses were announced to the field through IDCFS’ Action Transmittal 2020.06 which expired on 12/31/2020. Pursuant to Action Transmittal 2020.14, which extended the use of the courses into 2021, the Conversion courses restarted in February 2021. The program offered the Conversion training initially twice a month and then has continued to offer courses once a month thereafter. By the third quarter of FY21, OLPD continues to see a very minimal but consistent use of these truncated courses.

To assess for efficacy during 3rd quarter of FY20, Pre-Service and In-Service collected and analyzed statewide Survey Monkey data capturing the adult learner’s reaction towards deliverables and trainer effectiveness. Focusing attention on survey questions 3 and 7 for the most frequently delivered classroom trainings (Pre- Service and In-Service traditional course), and questions 3 and 8 for the Pilot Pre-Service course during the third quarter of FY20. The Pre-Service and In-Service Program took 113 random sample surveys. The surveys represent a 5.0 scale with weighted average responses from questions 3 (curriculum delivery) in order to develop an understanding as to if the training objectives were clear, if the program held interest, if training was well-paced, and if the participant had an opportunity to apply the skills learned. According to the results the trainings effectively deliver the learning content to the participants. This information is shared with the Learning and Development team after each debriefing on the efficacy of the curriculum for continuous quality improvement. Weighted average responses are also assessed for question 7 and 8, which focused on trainer facilitation skills as to if the trainer was knowledgeable, well prepared, held interest and facilitated learning. According to the results the trainers are effectively able to facilitate the delivery of the training and are knowledgeable and well prepared. This information is used for Staff Development to prepare each trainer in building their facilitation skills. In the 4th Quarter of FY20, the same survey results were collected and monitored. When compared to pre-CoVID-19 survey data (FY19), the results noted increases in participant ratings. With the rating for trainer being knowledgeable increasing from an combined average of 4.34 to 4.70 during CoVID-19 remote learning, for the trainer being well prepared increasing from 4.25 to 4.47, for the trainer holding participant interest increasing from 4.05 to 4.46, for the trainer being clearly understood increasing from 3.97 to 4.54, and for the trainer skill in facilitating learning increasing from 4.12 to 4.59. In the same way these measures were compared again in the third quarter FY21 through continuing and consistent surveys. The average combined ratings further improved from previous levels to the following: trainer was knowledgeable (4.95), trainer was well prepared (4.95), trainer held participant interest (4.93), trainer was clearly understood (4.95), and the trainer was skilled in facilitating learning (4.95). These participant survey samples, when compared at the pre-CoVID-19 level, during CoVID-19,
and most current level, demonstrate an increasing participant satisfaction to the trainer capacity and skill.

Ongoing Staff Training

The State will enhance its offerings of staff learning and development training programs that provide ongoing training for staff, addressing the skills and knowledge needed to carry out their duties regarding the services included in the CFSR and State law, and the Children and Family Services Act. Inclusive of the Core Practice Model, and Employee Licensure.

The Illinois Core Practice Model: The Illinois Core Practice Model has three components: Family-centered, Trauma-informed, and Strength-based (FTS) Practice, Model of Supervisory Practice (MoSP), and the Child and Family Team Meetings (CFTM). The Core Practice: FTS training was fully incorporated into Foundations training for Permanency and Intact staff in January 2018. An abbreviated online version will remain available for non-direct service staff and community partners. An expanded online version for direct service staff who are not new hires will be offered.

Update: Status Completed as agreed and ongoing - This has been accessed by staff and external stakeholders through the immersion sites and to all new staff that have taken Child Welfare Fundamentals. It is also a thread that ties the pre-service and in-service curricula together. Over 1200 staff and stakeholders have completed the online version within FY20.

The MoSP includes two days of classroom for each of the four modules (once a month), with an individual coaching session occurring approximately two weeks after each module for all participants. Beginning in September 2018 and running through August 2019, at the request of the then Acting Director of IDCFS, a streamlined version of MoSP Boot Camp (4 days) was being offered once a month and rotating each month between the four Illinois regions (Northern, Cook, Central, and Southern). June – August MoSP Boot Camp offerings were focused on DCFS Area Administrators and private sector program managers. After August 2019, the MoSP Boot Camp was discontinued as it was intended to be a time limited offering. The standard MoSP will be the focus for FY20. An Executive Overview of MoSP will be offered every four months at the beginning of each full version cohort to explain how administrators and executives can support their supervisors in the MoSP.

Update: Status Completed as agreed and ongoing - Since the statewide rollout of the MOSP in 2018 there have been 634 DCFS and POS supervisors who have completed all four modules (217 DCFS, 145 POS). Of these, 443 have been DCP, Placement, or Intact supervisors. While a significant number of the total completed to date occurred within the last two quarters of FY20 and first two quarters of FY21, MoSP will continue to be offered with cohorts meeting monthly to accommodate any remaining supervisory staff as well as any newly hired supervisory staff.

Beginning in the second quarter of FY21, the professional development of supervisors was expanded with the launch of the Foundations for Supervisors. Foundations for supervisors is part of a Supervisory Enhancement Series which expands upon the existing offering of MoSP. The target will be to launch a specialty module for the Foundations for Supervisors in FY22 as the final part of this series. There will be a specialty module for a targeted 7 different unique child welfare rolls inclusive of each of the direct service specialties. Since the launch of the Foundations for Supervisors which consists of 5 stand-alone full day modules (later streamlined to 4 days in the third quarter of FY21), there have been an average of 70 participants for each of the stand-alone day modules. Participants are expected to complete all stand-alone day modules in order to achieve completion of the Foundation for Supervisors course. While the course is targeted currently to all direct service supervisors, the eventual goal is to incorporate it into the pre-service
schedule for direct service supervisors within FY22. This course would be completed following the supervisor’s completion of the specialty Foundations training.

Field Implementation Support Program staff offered Supervisory Skill Labs to supervisors who completed MOSP beginning in the 3rd Quarter of FY20. The multi-module Supervisory Skill Lab cohorts were scheduled to conclude in the 4th Quarter of FY20. Skill Labs are designed to reinforce MOSP training components, augment the transfer of learning and enhance supervisory practice overall. The Supervisory Skill Lab uses peer group discussion techniques, and application exercises to reinforce the learning content from previous supervisory development training such as the MOSP. As with all other trainings after 3/16/20, the Supervisory Skill Labs have been transitioned into a virtual video conference format until Illinois Child Welfare staff return to normal office working environments.

The CFTM three-day classroom training is the foundation for the onsite coaching with live cases that occurs to approve staff as “facilitators,” “coaches” (supervisors are targeted to become coaches for their assigned teams), and “master coaches” or “advanced master coaches.” Advanced Master Coaches and Master Coaches will be FISP (Field Implementation Support Program) staff and select regional staff to support the sustainability of the new CFTM model. OLPD will Support DCFS rollout strategy for Core Practice Model through the provision of contracted trainers and mentors using a “train the trainers” approach to equip trained caseworker facilitators, supervisory coaches and agency mentors for both DCFS and private agencies.

_Update_: Status Completed as agreed and ongoing; amid the growing concerns for the health and safety of all during the health pandemic that arose at the close of the 3rd Quarter, FISP has created and implemented a contingency plan to continue to be able to provide training and coaching to the field. Training and coaching was transitioned in mid-March 2020 to being facilitated via multiple platforms which includes both video conferencing and teleconference. FISP staff have received training on usage of the various audio/video conferencing platforms and how to navigate them. FISP has also worked diligently to make adjustments to all training curriculums to make them conducive to being delivered through these alternative methods.

Child Welfare Service Employee Licensing

Illinois Administrative Rule 412 requires all DCFS and private agency direct service caseworkers, investigators, and foster-home licensing workers to hold a Child Welfare Employee License (CWEL). To meet the requirements for licensure, the individual must meet the following requirements:

1) One must have applied in writing on the prescribed form and not provided false information;
2) One must complete a background check completed in accordance with 89 Ill. Adm. Code 385 (Background Checks), have no pending or indicated reports of child abuse or neglect, and no pending or conviction on a criminal charge that is a bar to employment under Section 4.2 of the Child Care Act. Any other conviction or pending criminal action will be assessed according to Section 4.2 of the Child Care Act and 89 Ill. Adm. Code 385;
3) One must be a graduate of an accredited college or university with a minimum of a bachelor’s degree or provide documentation of foreign equivalency, as determined by the Council for Higher Education Accreditation, One DuPont Circle NW, Suite 510, Washington DC 20036, of a minimum of a bachelor’s degree from a college or university outside of the United States;
4) One must have completed a prescribed Department pre-service training prior to the prescribed licensing examination;
5) One must have passed the examination to practice as a direct child welfare service employee as authorized by the Department (a score of at least 70% is required to pass the examination);
6) One must not be delinquent in paying a child support order as specified in Section 10-65 of the Illinois Administrative Procedure Act;
7) One must not be in default of an educational loan in accordance with the Educational Loan Default Act;
8) One must not pose a possible danger to State resources or clients;
9) One must be engaged in conduct as described in Section 412.50;
10) One must not have relinquished his or her license during a licensure investigation or after the commencement of a licensure hearing or had his or her license revoked after the commencement of a licensure hearing. An applicant who has had his or her license revoked or relinquished under these circumstances must first go through the reinstatement process and shall file a new application and comply with other qualifications in this subsection (b); and,
11) One must hold a valid driver's license and have not been convicted of two or more moving traffic violations under the Illinois Motor Vehicle Code [625 ILCS 5], and not been convicted of driving under the influence of alcohol or other drugs within the year prior to application for licensure. Under Rule 412, CWELs may be suspended or revoked for a violation of the Rule. OLPD will continue to provide administrative support for the processing of CWEL application, the issuance of licensure, and the coordination of the CWEL Board to hear and respond to licensure complaints.

Update: Implemented as agreed – The CWEL Office staff managed the CWEL Board process and prepared all required packets; scheduled and conducted all CWEL Board meetings and teleconferences; prepared meeting agenda along with communication to the Board members and DCFS administrative staff; prepared meeting minutes and kept official records of Board action; maintained Board member information, recruitment and recommendations to DCFS for Board member appointments; supported CWEL board members at the scheduled quarterly board meetings; and approved and issued Child Welfare Employee Licensure certificates. 647 new Child Welfare Employee Licensure certificates approved and issued for varied job classifications during the first, second and third quarters of FY20.

Foster Parent Training

The Office of Learning and Professional Development will review and enhance the training program for prospective and currently serving foster parents, including both classroom and online options to better meet the needs of those willing to perform this vital role in the child welfare system. PRIDE (Parent Resources for Information, Development, and Education) trainings compose the base from which our foster and adoptive parents can continue their learning and growth for the wellbeing of the youth in their care.

*Update:* Status Implemented as agreed - In tracking deliverables, a comparison was made between 3rd Quarter FY20 deliverables and deliverables from 3rd Quarter FY19. Statewide, during 3rd quarter of FY20, there were 438 scheduled classroom deliverables with 4,934 participants enrolled and, due to the worldwide pandemic and the Illinois stay at home order, 67 of the 438 classroom trainings scheduled were cancelled reducing the number of deliverables for the quarter to 371 with 699 participants needing to be rescheduled. Of the 699 participants enrolled in
classroom trainings after the stay at home order was implemented, 55% were rescheduled (387) to either on-demand online training (245) or virtual zoom video conferencing (142) and the remaining 45% were either inaccessible or opted to wait for classroom trainings to resume.

During Q2 of FY20, a vendor was hired and joined the PRIDE workgroup and began contracted work on the redesign and development of PRIDE curricula, producing the following deliverables:

- Completed the HMR Pre/Post Orientation Survey
- Began drafting the Home of Relative (HMR) Orientation course
- Organizing and designing enhancements to the instructor-led, classroom PRIDE In-Service/Pre-Service courses for use as Control Group curriculum for the National Training and Development Curriculum (NTDC) Pilot.
- Began revising the PRIDE Knowledge Checks for PRIDE In-Service/Pre-Service courses.
- Began redesign work on the PRIDE In-Service/Pre-Service courses.

At the beginning of the 4th quarter in FY20, the learning and development completed the PRIDE Knowledge Checks for PRIDE In-Service/Pre-Service courses. Current redesign and deliverables for the 4th quarter FY20 include:

- Complete redesign of the PRIDE In-service courses using Articulate 360 and roll out the Pre-service courses by the end of fourth quarter in FY20;
- Complete the Home of Relative (HMR) Orientation course.

From the fourth quarter of FY20 through the third quarter of FY21, OLPD experienced an almost complete turnover within the curriculum design team. This level of turnover impacted the targeted launch and completion dates of certain curriculum projects. Using available staffing resources, during this period of staff transition, OLPD prioritized efforts to ensure the Department’s priorities were kept. As a result, the PRIDE redesign efforts were delayed from original target dates and are now on track to be launched in FY22.

University Partnerships

University Partnerships and Internship Program: The Office of Learning and Professional Development has established partnerships with 13 undergraduate and/or graduate schools of Social Work or schools of Family and Consumer Sciences in Illinois. Through these partnerships, the universities offer the DCFS Foundations for Placement course as part of their child welfare curriculum. The students in these undergraduate and graduate programs are highly recommended to complete all requirements for the Child Welfare Employee License while they are students at the university, including taking required exams. Upon graduation, completion of the coursework, and testing, those students who have met all the requirements are eligible to receive the Child Welfare Employee License (CWEL) as long as they successfully complete the necessary steps to send the needed information to the CWEL Division. OLPD will work with DCFS and the private sector partners to design and implement a plan to expand the partnerships with Schools of Social Work to develop a pipeline of recruitment for both private agency and DCFS caseworkers.

This program benefits DCFS and private agencies in that it creates a pool of licensed candidates for employment who are job ready, thus saving the employer the time and expense of sending the new employee to training. It benefits the student in that, obtaining a CWEL, they become a more attractive candidate for employment. Finally, it benefits the universities by making them more attractive to students interested in the field of child welfare.
The universities offering Foundations for Placement in their curriculum are as follows:
Aurora University - Dominican University - Governors State University - Illinois State University
Lewis University - Loyola University - Northeastern Illinois University - Northern Illinois University
St. Augustine University - St. Francis University - University of Illinois at Chicago
University of Illinois at Springfield - University of Illinois at Urbana-Champaign

The goal for the program is to create more opportunities for students seeking to obtain a career in child welfare by partnering with other universities and colleges to implement the program. Also, the program is striving to find a way to create alignment with those who successfully complete the program who are interested in working for DCFS.

Update: Implemented as agreed – The number of students enrolled in University Partnership (UP) courses in the first three quarters of FY21 were 262 unique students. This is compared to the 225 unique students enrolled in FY20. In FY21, the number of schools that are involved in the program has increased to 22 educational institutions. There are 13 of these schools actively teaching courses as part of the program, 4 set to launch in the first quarter of FY22, 1 targeted to launch in the third quarter of FY22, and 4 in development of their courses with launch dates yet to be identified.

To begin measuring the efficacy of the UP program in transitioning former UP students into professional Child Welfare positions within DCFS or private agencies, efforts began in FY2020 to begin tracking UP graduates who follow through with direct-service employment. In FY2020 there were 31 transcript reviews conducted for new hires who have come out of the UP program representing 8 different universities, with 25 additional students entering child welfare within the first three quarters to date for FY21 from 9 different universities.

In FY20, 36 applications resulted in actual internships that were completed in 23 different DCFS offices throughout the State of Illinois. Those interns each served in one of 5 different specialties—DCP, Placement/Permanency, Legal, Clinical, and Administration. FY20 there were a total of 239 applications. These applications originated from 56 different universities. During the third Quarter of FY20, DCFS moved to telework protocols for most staff in response to the pandemic health crisis. During the third quarter there were no finalized internship placements for Summer 2020 semester due to COVID-19, except for internal employees of DCFS.

In FY21, as academic internships for non-DCFS employees were resumed, within the first three quarters of the fiscal year, 322 applications have been received with 69 internship placements approved so far for FY21 (57 new applicants not including internships that started in FY20 and ended in FY21). Each of the first three quarters of FY21 saw internship applicants received from a range of 28 to 33 unique schools.
Research Partners

The Child Welfare Research Collaborative (CWRC)
Jane Addams College of Social Work
University of Illinois at Chicago

This section describes the research activities that the Child Welfare Research Collaborative (CWRC) at the Jane Addams College of Social Work at the University of Illinois at Chicago will conduct for the Illinois Department of Children and Family Services in FY 2021. This 2nd year of a 3-year contract will continue to address evaluation needs of programs serving youth at high risk for placement instability and youth expected to emancipate from care. It includes interrelated projects focused on service needs and support of effective services for children and adolescents with complex behavioral needs. As in the past, these projects will be designed based on an active collaboration model. CWRC staff will provide research expertise while DCFS administration specifies specific areas of research evaluation need, meets with CWRC staff on a regular basis, and provides direction regarding specific research questions and data collection methods. This process produces evaluation results that are targeted to address questions that are most relevant to the Department and program staff’s needs.

PLACEMENT STABILITY AND SERVICES:

CWRC will support DCFS’s goal to provide appropriate, effective services to adolescents in foster care with complex needs to better support placement stability and permanency. In the next fiscal year, this support will include completion of a follow up D-CIPP study focused on increasing understanding of youth wellbeing at the time of exiting care and service needs (Youth Wellbeing and Needs After Exiting Foster Care).

Youth Wellbeing and Needs After Exiting Foster Care. This study will provide follow up data on the wellbeing and needs of youth after their exit from foster care at age 21. Previous CWRC studies conducted with the D-CIPP program from 2018-2020 with over 700 individuals participating in a D-CIPP meeting have provided an understanding of the potential impact of D-CIPP on goal completion, service delivery, and youth outcomes 2-3 months after the D-CIPP. Satisfaction with the D-CIPP meeting process is high, with most of the youth, caseworkers, and other participants reporting that the meeting process is youth-directed and helpful in planning for exiting from care. In the second study that included data collection for 144 youth, information was gained on barriers and supports to successful independence after exiting care, with a focus on educational needs. In these studies, youth report a high level of confidence in their ability to manage after leaving care, and caseworkers generally reported that youth were placed in housing prior to exiting care where they could remain after their exit.

While these findings are encouraging, study findings do not provide information on how youth fare after exiting care and whether plans made prior to exit were adequate. The extent that identified support systems were available for needs after exiting is unknown, as is the extent that housing, educational, and childcare plans were maintained. Gaining an understanding of the extent that natural supports (family members, friends, and community groups) and formal supports (agency services and public programs) met youth needs or were less accessible than anticipated would provide critically needed information on aspects of the planning process that are working well, as well as aspects that need enhancement. Our earlier study suggests that 25-30% of youth fail to
make any progress toward identified goals following their D-CIPP meeting, but the implications of this assessment are unclear. Understanding the specific factors related to both positive and negative case outcomes, particularly gaps in the service system and follow-through supports, is critical to building a responsive, effective service system for youth with a range of needs.

This project will address these questions through post-exit survey data of youth. This study will provide information on 1) youth wellbeing in critical areas (employment, housing stability, needed services access, childcare adequacy and parenting needs, mental health and physical wellness) and (2) perceived support and service system strengths and needs. Data collection is planned at 4-5 months post exit. All data will be analyzed by UIC and results will be reported through a written report and presentations.

Tasks will include survey and database creation, expert consultation, IRB preparation and submission, data collection from youth, technical support, administrative data collection, multivariate analyses, and completion of a report, brief publication, and presentation of results. Analyses will include description of youth outcomes after exit, factors supporting or undermining positive youth outcomes, service attainment, and identification of service/program gaps. Recommendations based on findings will be presented.

FY21 Activities and Deliverables
- Final report upon completion of the study in FY21
- Preparation of results to DCFS
- Preparation of summaries, publications, and other materials as needed for distribution to staff

Chapin Hall Center for Children at the University of Chicago

There are 19 projects anticipated in FY22; among these are 16 continuations from existing years and projects. Projects include research, evaluation, and implementation support that rely upon complex longitudinal datasets and analysis. Projects support State initiatives, Federal requirements, and consent decree obligations.

Description of Services:

1. Immersion Sites Evaluation

Chapin Hall conducts the evaluation of the DCFS implementation of a Core Practice Model via Immersion Sites. The Core Practice Model utilizes a Family-Centered, Trauma-Informed, Strengths-Based (FTS) curriculum that includes a Model of Supervision (MoSP) and training and coaching in child and family team meeting facilitation. Front-line staff across the state have or will be retrained using this curriculum and supervisors have or will be taught how to manage, coach, and evaluate regional front-line staff in their daily engagement and decision-making with children and their families. In addition, DCFS partners with its contracted providers to broaden the array of services that are available to children and their families at the selected immersion sites. The Chapin Hall evaluation of Immersion Sites is a cohort study.

FY22 proposed Activities and Deliverables:
- Attend and participate in project meetings
- Develop and revise the logic model, process study plan, outcome study plan, and other program evaluation documents, as necessary
- Obtain and revise project permissions, as necessary
- Conduct, write up, and present analyses for monthly meetings, triannual reports to the Court as required by the B.H. consent decree, and ad hoc reports, as necessary

2. Therapeutic Foster Care Evaluation (TFC)

The evaluation measures the congruence of the program to the core values and guiding principles articulated as best practice. Chapin Hall is evaluating the therapeutic foster care programs using a cohort study to evaluate its effectiveness in deflecting youth from higher end care or moving youth from higher end care into the community. The evaluation includes proximal outcomes such as decreased percentages of entries and re-entries into residential care, increased placement stability and increased clinical functioning; and distal outcomes, including increased safety, improved permanency, and improved wellbeing outcomes. Chapin Hall will also begin evaluation of LSSI’s Families Together Model, which includes Keeping Foster and Kin Parents Supported and Trained (KEEP), Parent Management Training – the Oregon Model (PMTO) and will begin in FY22.

FY22 proposed Activities and Deliverables:
- Attend and participate in monthly project meetings and ad hoc meetings with DCFS. Monthly project meetings are in-person or by WebEx in Chicago, IL. Ad hoc meetings are in person in Chicago, IL or by WebEx, depending on meeting details.
- Develop and revise the logic model, process study plan, outcome study plan, and other program evaluation documents, as required to keep documents aligned with changes to the implementation or evaluation plans.
- Obtain and revise project permissions with the University IRB and DCFS Research Review Committee, as required to keep permissions aligned with changes to the implementation or evaluation plans.
- Conduct, write up, and present analyses for monthly meetings, triannual reports to the Court as required by the B.H. consent decree, and ad hoc reports, as necessary. Presentations are made in-person or by WebEx, depending on meeting details.
- Conduct and write up analyses for the evaluation required by Public Act 099-0350

3. Residential Monitoring Evaluation (TRPMI)

Chapin Hall conducts the evaluation of the Residential Monitoring Program. The provision of Therapeutic Residential treatment occurs in a complex environment that precludes a causal attribution related to monitoring. Chapin Hall developed an evaluation design that can detect differences between historical trends in practice and adherence to new protocols, known as an interrupted time series study. This requires documentation of baseline practice using existing monitoring tools as well as building upon these tools to provide mechanisms for capturing data on adherence to evolving performance expectations. The evaluation also incorporates components that assess organizational
culture in residential facilities. In this way, the evaluation may inform DCFS of the likely impact of Residential Monitoring on both the quality of care and on child and youth outcomes.

FY22 proposed Activities and Deliverables:

- Attend and participate in bi-weekly project meetings and ad hoc meetings with DCFS. Every other bi-weekly project meeting is in-person in Chicago, IL, or by WebEx depending on meeting details. Alternate meetings are by WebEx. Ad hoc meetings are in person in Chicago, IL or by WebEx, depending on meeting details.
- Develop and revise the logic model, process study plan, outcome study plan, and other program evaluation documents, as required to keep documents aligned with changes to the implementation or evaluation plans.
- Obtain and revise project permissions with the University IRB and DCFS Research Review Committee, as required to keep permissions aligned with changes to the implementation or evaluation plans.
- Conduct, write up, and present analyses for monthly meetings, triannual reports to the Court as required by the B.H. consent decree, and ad hoc reports, as necessary. Presentations are made in-person or by WebEx, depending on meeting details.

4. Regenerations/RUR (Release Upon Request) Evaluation

Chapin Hall conducts the evaluation of the Regenerations/RUR Program for DCFS youth in temporary detention. DCFS, in cooperation with its partners – the Cook County Juvenile Temporary Detention Center, Cook County Juvenile Probation, Cook County Juvenile Court, Lutheran Child and Family Services (LCFS), Youth Advocacy Programs (YAP), and the University of Illinois-Chicago have implemented a program project aimed at reducing the number of days youth are detained in the Juvenile Temporary Detention Center beyond their release date and minimizing the need for residential care by providing intensive wraparound services to youth in a home based setting. The target population includes new youth in care that were not in DCFS care when they were placed in detention and current youth in care without a placement.

The evaluation of the Regenerations program includes two components: an implementation study and an outcomes study. The implementation study examines the characteristics of the youth being served and the way in which services are being delivered, assessing fidelity to the Regenerations model, exploring perceptions of the program by those involved, and identifying implementation barriers, via interview, survey, and program and administrative data. The outcomes study examines whether the benchmarks defined by DCFS and its partners are being achieved. Benchmarks include outcomes related to placements and discharge as well as satisfaction, via survey program, and administrative data. Additional outcomes include family connections, education, and employment.

FY22 proposed Activities and Deliverables:

- Attend and participate in monthly project meetings and ad hoc meetings with DCFS. Monthly project meetings are in-person in Chicago, IL. Ad hoc meetings are in person in Chicago, IL or by WebEx, depending on meeting details.
- Develop and revise the logic model, process study plan, outcome study plan, and
other program evaluation documents, as required to keep documents aligned with changes to the implementation or evaluation plans.

- Obtain and revise project permissions with the University IRB and DCFS Research Review Committee, as required to keep permissions aligned with changes to the implementation or evaluation plans.
- Conduct, write up, and present analyses for monthly meetings, triannual reports to the Court as required by the B.H. consent decree, and ad hoc reports, as necessary. Presentations are made in-person or by WebEx, depending on meeting details.

5. Residential Care Research

Chapin Hall will support the implementation of a new approach to the administration of out-of-home care including residential care, by engaging in data analysis to examine changing utilization patterns over time, inform placement decision-making, and the development of home-based alternatives to congregate care for youth in or at-risk of entering out-of-home and residential care. The focus of this work will be to continue analytic procedures to inform the development of metrics to monitor and guide performance as well as to inform the implementation of various initiatives aimed at reducing the use of congregate care. These analyses will guide recommendations that can allow the Department to implement practice changes around development of community-based resources as alternative placements for youth in need of intensive services and supervision and early identification of youth in need of high-end care. It will also help the Department prepare for and implement changes required by FFPSA.

FY22 proposed Activities and Deliverables:

- Attend and participate in monthly project meetings and ad hoc meetings with DCFS. Monthly project meetings and ad hoc meetings are in-person in Chicago, IL or by WebEx, depending on meeting details.
- Conduct, write up, and present analyses for monthly and ad hoc meetings, as necessary. Write-ups of analyses are delivered as requested to the Chief Deputy Director or their designee. Presentations are made in-person or by WebEx, depending on meeting details.
- Analyses will examine trends and changes in trends of the utilization of residential care or youth at risk of placement in residential care, continue to develop and refine predictive analytic models for residential entry, re-entries, disruptions from residential step-down placements, and lateral moves from one to another residential center, describe Family First target population characteristics and risks for congregate care, and examine other issues related to the use of residential care and/or alternatives to residential care as requested by the Chief Deputy Director or their designee.
- Conduct review of existing literature to place Illinois performance and results of predictive models in appropriate context.
- Identify new or revised child welfare policies as needed to support Family First implementation.
- Conduct analysis from a variety of data sources to identify service availability and gaps.
6. **Strategic Implementation Support**

Chapin Hall provides targeted strategic consultation to the Department to help leadership meet their strategic objectives. With the release of the Report of the B.H. Expert Panel (Dr. Mark Testa, UNC and Marci White, MSW), joint filing of the B.H. Plan, and subsequent judicial and legislative mandates, there are requirements of the Department that represent opportunities for innovation and improvement if implemented soundly and in a manner consistent with research evidence. Some of the targeted strategic consultation activities focus on providing support for B.H.-related work such as incorporating evaluation considerations into implementation plans and providing data-informed guidance on implementation planning decisions, so that the implementation of new initiatives reflects the most up-to-date research knowledge about the characteristics and needs of the population served by the Department, and ensuring the initiatives can be rigorously evaluated.

**FY22 proposed Activities and Deliverables:**
- Targeted consultation to help DCFS meet its strategic objectives
- Conduct systematic reviews of existing literature regarding topics of strategic importance to the Department
- Implementation Support for DCFS strategic initiatives, including B.H. projects, Federal PIP plans, Federal CFSR reviews, plans for targeted youth in care and selection and implementation of evidence-based practices
- Attend monthly B.H. Special master meetings with DCFS and the expert panel. Meetings are in person in Chicago, IL or by WebEx, depending on meeting details. Participate on workgroups and in planning calls as needs and circumstances arise.
- Utilize, on behalf of DCFS, statistical methodological consultation to answer complex research questions.
- Provide feedback on the application of metrics and indicators to make policy and practice decisions.
- Present research findings relevant to strategic goals.
- Support the Department’s efforts to implement the Family First Prevention Services Act (FFPSA) and implement its PIP.

7. **Continuous Quality Improvement Framework and Learning Collaborative**

Chapin Hall provides support to DCFS to develop an enhanced statewide quality improvement process involving both DCFS and private agency stakeholders and ensure that identified outcomes and benchmarks are aligned with Federal reporting requirements, court mandated system improvements, and DCFS strategic objectives.

**FY22 proposed Activities and Deliverables:**
- Support the Department’s efforts to develop and refine an enhanced CQI process for DCFS and its contracted private agencies.
- Provide consultation and coaching for the implementation of enhanced CQI through learning collaboratives and other strategies.
- Prepare and revise CQI trainings as needed/requested.
- Train and coach DCFS and private agency staff on the CQI curriculum.
• Prepare Permanency Enhancement Project (PEP) reports on a quarterly basis.
• Serve as a member of the Permanency Enhancement Project Collaborative.
• Conduct ACR/Aristotle P. validation and fidelity review.

8. Early Childhood Court Team (ECCT) Evaluation

The Early Childhood Court Team (ECCT) is a therapeutic dependency court that utilizes judicial leadership informed by the developmental needs of infants and toddlers. The therapeutic court model was initiated in Miami, Florida and later adopted by Zero-to-Three (ZTT) as the Safe Babies Court Teams (SBCT; Zero to Three, 2014). SBCTs seek to minimize the inherently adversarial nature of court processes through increased communication, knowledge of child development, and mediation and coordination that prioritizes the urgency of this developmental period and expedites permanency.

Evaluation of the Illinois ECCT Project includes process and outcomes studies. Collected information includes (but is not limited to): knowledge enhancement among professionals working in or with the system, collaboration among providers working with the child welfare system and services and outcomes for children and families. Some of the basic data that should be captured include (but are not limited to): number of children enrolled, demographics of children enrolled, type(s) of maltreatment, number and names of developmental screenings utilized, number and names of trauma screenings completed, length of time from removal to reunification, length of time from removal to permanency, reunification/permanency type (e.g., parents, permanent guardianship, adoption), number and reasons for disruption of placement, number of children with another confirmed allegation within 6 months of reunification, number of visits/contacts with parents, types of referrals made and services provided, number of children who "caught up" if developmentally delayed, and caregiver progress on parenting skills. Specific timelines for deliverables will be collaboratively developed.

Additionally, as the ECCT contemplates expansion, there is interest in bringing a sharper continuous improvement lens to both the program implementation and the evaluation. For this purpose, we will apply the outcome, process, quality, and capacity framework with the standard PDSA cycle. We will focus on changes in exit rates and how those changes relate to targeted theories of change that sharpen the ECCT strategies. The aim is to enhance the probability that the ECCT in both Cook and future ECCT expansion counties will have their intended impact on permanency rates. In addition, we will add a fiscal impact analysis to the evaluation so that the cost of ECCT is compared to the benefit.

FY22 proposed Activities and Deliverables:
• Develop evaluation plan and timeline, update as necessary.
• Collect data for study including demographic, service receipt and outcomes as specified above.
• Participate in project implementation meetings at the frequency requested by the Department. Meetings are convened in Chicago, IL or by WebEx.
• Conduct initial interim analyses.
• Provide preliminary results to inform next steps in implementation when interim data analysis is complete.
• Develop a theory of change that links the ECCT model to specific exit rate
probabilities in both Cook and to the 2nd ECCT site to TBD.

- Increase feedback and develop fiscal model for cost/benefit analysis.

9. Home Visiting Evaluation

DCFS is requesting an evaluation waiver for the two home visiting interventions, Healthy Families America (HFA) and Parents as Teachers (PAT), which are both listed as "well-supported" on the Title IV-E Prevention Services Clearinghouse. Chapin Hall at the University of Chicago will be responsible for implementing the Continuous Quality Improvement (CQI) plan for both home visiting interventions to monitor fidelity to the HFA and PAT models, to ensure that results of that monitoring will be used to improve practices, and to measure the outcomes that are achieved.

FY22 proposed Activities and Deliverables:
- Participate in bi-monthly in person and WebEx steering committee meetings.
- Analyze DCFS administrative data for the intact families and pregnant and parenting youth in care referred for and receiving home visiting services.
- Analyze data collected by the Home Visiting Specialists and the Illinois Pregnant and Parenting Youth in Care Home Visiting Coordinator (IPPYC-HV) Coordinator.
- Analyze DCFS billing records on what services parents received.
- Collect survey and/or interview data from (1) families receiving home visiting services; (2) home visitors and home visiting supervisors from HFA and PAT programs; and (3) DCFS Early Childhood Project Home Visiting Specialists, DCFS and private agency Intact Families Services case managers and DCFS and private agency Intact Families Services supervisors.
- Prepare a written year end interim report.

10. Youth Empowerment Survey Support

The Illinois State Legislature enacted SB1743 (P.A. 101-166) which requires the Department "to develop and process a standardized survey to gather feedback from children who are aging out of foster care and from children who have transitioned out of the foster care system" in coordination with the Foster Care Alumni of America Illinois Chapter, the School of Social Work at the University of Illinois at Urbana-Champaign, and the Department's Statewide Youth Advisory Board. According to the legislation, the survey should include questions about "the children's experience with and opinion of State foster care services, the children's recommendations for improvement of such services, the amount of time the children spent in the foster care system, and any other information deemed relevant by the Department." The Department is required to administer the survey to "all youth participating in transitional living programs, independent living programs, or Youth in College and to all youth receiving scholarships or tuition waivers under the DCFS Scholarship Program" every 5 years and submit a report based on the survey results to the Governor and the General Assembly. The first report is due no later than December 1, 2021. Chapin Hall has already provided the Department with feedback on the content of the survey. The Department has asked Chapin Hall to provide guidance on a plan to administer the survey, analyze the survey data, and prepare the report.

FY22 proposed Activities and Deliverables:
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- Advise the Department on Youth Empowerment Survey (YES) survey administration.
- Conduct preliminary analysis of the YES survey data.
- Prepare a written report on YES survey.
- Assist DCFS in responding to findings of the federal NYTD review.

11. Intact Family Services

Building upon FY21 work to provide analytic support for program refinements including Unsuccessful Case Closures, CWS referrals, and Child and Family Team Meetings, in FY22 Chapin Hall proposes to guide efforts to measure fidelity, promote accountability, and understand the impact of program improvements. The Chapin Hall evaluation of Intact Family Services proposes to focus on understanding the process and outcomes for in-home service delivery. Examining practice and outcomes at key junctures (e.g. post-investigation determination, referral to providers, service delivery, ongoing monitoring), the evaluation proposes to measure both fidelities to prescribed business processes and outcomes among children and families who receive them.

FY22 proposed Activities and Deliverables:
- Implementation of strategies for fidelity monitoring to established business processes.
- Inventory of data holdings for outcome evaluation and ongoing monitoring.
- Refinement of the preventive service array based on latent class analysis findings.
- Application of intersystem human service data for understanding risk among families receiving in-home services.
- Oversight and monitoring of new protocols, including Unsuccessful Case Closures, CWS Service Referrals, and Child and Family Team meetings.
- Implementation support for DCFS strategic initiatives regarding critical incidents and intact family service.

12. Center for State Foster Care and Adoption Data (FCDA)

As part of its membership to Chapin Hall’s Center for State Child Welfare Data, DCFS provides Chapin Hall electronic foster care records. Chapin Hall transforms those records into a longitudinal file that is uploaded to a web-based analytic interface that allows authorized users to answer mission-critical questions about trajectories and outcomes for children in foster care. The tool enables analysis at the state, county and child level as well as comparisons to other jurisdictions.

FY22 proposed Activities and Deliverables:
- Provide DCFS with a basic subscription to the Multistate Foster Care Date Archive (FCDA), which allows comparisons at the state, county, and child level.
- Generate a state specific file; develop programs to regularly update the agency file.
- Provide technical assistance and support to web tool users.
- Upon request, further develop a state-customized longitudinal file and upload it to the web-based interface. This will permit intra-Illinois analyses using state-
customized definitions. For example, in the state-customized file, the state may choose to add variables that classify cases by region, field office, or judicial circuit.

- Upon request, further develop a private agency-based longitudinal file and upload it to a parallel web-based interface. This will permit comparisons at the provider agency level. Together with this work, Chapin Hall will work with the State to develop a plan for providing private agencies access to the agency-based web tool.

13. Data Support

Chapin Hall maintains an Integrated Database that is based on DCFS administrative data. Chapin Hall maintains the Integrated Database to have an available and supported file of DCFS data by which it can complete rigorous research, analyses, data integration, and evaluations for DCFS on an ongoing basis. The Integrated Database is also the primary information source for the other projects specified in this contract, although additional data sets, e.g., Chicago Public Schools, IL Department of Human Services, and other state agency data are often leveraged and linked to DCFS data to deepen and enrich analyses. Further, at the request of DCFS leadership, Chapin Hall provides prepared datasets derived from the Integrated Database to the University of Illinois at Urbana-Champaign, Child and Family Research Center; the University of Illinois at Chicago, College of Social Work; and others to support work those institutions conduct for and on behalf of the Illinois child welfare system.

FY22 proposed Activities and Deliverables:

- Clean and link data elements in data files, reformat and document DCFS data on as needed basis.
- Support all other tasks in this Contract and other DCFS-related research that requires up-to-date state and administrative data.
- Continue to conduct quality control on data that is provided to Chapin Hall from DCFS and provide DCFS with specific information on the quality of data items.
- Geo-code all DCFS data so that geographic data can be included, and spatial analysis can be conducted when needed.
- Combine administrative data with data that is collected in each of the Programs in this contract as appropriate.
- Chapin Hall to produce a cohesive set of state administrative data.
- A secondary outcome is to combine this data with other data being collected by researchers and determine how it might become a regular part of the overall database.

14. CERAP Review

In FY22 Chapin Hall proposes to assist IDCFS in implementing recommendations to improve front-end safety assessment, based on the FY20 review of the Child Endangerment Risk Assessment Protocol (CERAP). Activities may include implementation planning as well as support for changes to business processes that may include guidance for training, IT, and policy refinement. The Chapin team may also develop plans for continuous quality improvement of new safety assessment strategies, including plans for ongoing monitoring and the development of metrics and indicators.
Given changes to intake trends that are likely to follow from COVID19 restrictions, the Chapin team will provide analytic support to right-size capacity to meet changing needs.

When implemented, the Child Endangerment Risk Assessment Protocol (CERAP) was intended to standardize safety and risk assessment in order to improve the consistency and accuracy of front-end decision-making. As foster care entries declined in the late 1990's, the tool was credited with removing discretionary bias from removal decision-making such that increased numbers of urban, minority youth could remain with their families following investigations. Today, DCFS is interested in understanding the consistency and efficacy of CERAP for making safety determinations and informing removal decisions. An examination of the tool, business processes for its use, and best practice exemplars in front-end safety assessment will yield valuable information to inform the Department’s future direction for training the workforce and implementing reliable and valid decision-making support tools.

FY22 proposed Activities and Deliverables:
- Work plan for implementation of new Safety Assessment strategy to include milestones and actions for IT, Training, and Policy.
- Incorporation of front-end safety assessment metrics into existing CQI structures and processes.
- Development of targets based on FY20 trend analyses of CERAP data.
- Implementation support for business process changes along with implications for training, IT and policy.

15. Family First

Chapin Hall began working with Illinois in FY20 to plan for the implementation of services, interventions and strategies to meet upcoming federal requirements around the Family First Prevention Services Act, in both the areas of family preventive services and community-based alternatives to congregate care for youth in care. That work continues in FY22 as the state implements the prevention plan along with shifts to reduce reliance on congregate care.

FY22 proposed Activities and Deliverables:
- Provide analytic guidance to DCFS to plan for implementation of Family First
- Develop and help execute work plans for Family First implementation
- Support development and integration of IT systems to document imminent risk, child specific prevention plans, and referral to and receipt of evidence-based interventions.
- Explore the viability and assist with implementation of a technological solution for an integrated platform for provider accountability and documentation of preventive service delivery. Participate in steering and subcommittee meetings, which are held regularly both in person and via WebEx. Conduct weekly planning phone calls with DCFS leadership designated by the Director.

16. LifeSet Evaluation

DCFS is implementing the LifeSet program from Youth Villages by integrating LifeSet
programming with ILO and TLP programming at select ILO and TLP providers. DCFS is contracting with Chapin Hall to conduct an evaluation of this new program. The evaluation will include a process study and an outcome study. DCFS will work with Youth Villages to ensure that the LifeSet model is being implemented with fidelity. Information collected by DCFS and Youth Villages for that purpose will be shared with Chapin Hall for use in the process study. In addition to documenting implementation fidelity, the process study will describe how ILO and TLP services with LifeSet programming differ from ILO and TLP services without LifeSet programming and examine ILO and TLP provider and youth experience with the LifeSet program. For the outcome study, Chapin Hall will identify a population of youth like the youth receiving ILO and TLP services and LifeSet programming who received ILO and TLP services that did not include LifeSet programming. The LifeSet transition age pilot program evaluation will begin in State Fiscal Year 2021 and end in State Fiscal Year 2024. Evaluation plan(s) will be developed collaboratively with Youth Villages and the Youth Villages Evaluation and Research Advisory Committee.

FY22 proposed Activities and Deliverables:
- Develop an evaluation plan for the entire project period.
- Develop an evaluation design that takes into consideration the integration of the LifeSet program model with the ILO and TLP program.
- Data collection and analysis method.
- Qualitative and/or quantitative analysis.
- Quarterly evaluation reports.
- Attend evaluation meetings.
- Identify what proximal and distal outcomes in domains such as education, employment, housing, and criminal justice involvement to track.

17. Motivational Interviewing (MI) Evaluation

DCFS is implementing Motivational Interviewing (MI) as a prevention service under the Family First Prevention Services Act (FFPSA). Because MI has been rated as Well-supported by the Title IV-E Clearinghouse, the evaluation will be conducted under an evaluation waiver and be called a CQI plan. The evaluation will include a process study and an outcome study. DCFS will work to implement MI with fidelity. Information collected by DCFS for that purpose will be shared with the Evaluator for use in the process study. In addition to documenting implementation fidelity, the process study will describe staff experiences with MI. For the outcome study, the Evaluator will describe outcomes for children and families assigned to MI-trained caseworkers in comparison to children and families assigned to caseworkers who have not been trained.

FY22 proposed Activities and Deliverables:
- Develop an evaluation plan including data collection and analysis method.
- Revise evaluation plan as necessary given implementation changes.
- Qualitative and/or quantitative analysis.
- Quarterly evaluation reports.
- Attend evaluation and implementation planning meetings.

18. Multisystemic Therapy (MST) Evaluation

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DCFS and selected private agencies are implementing Multisystemic Therapy (MST) as a prevention service under the Family First Prevention Services Act (FFPSA). Because MST has been rated as Well-supported by the Title IV-E Clearinghouse, the evaluation will be conducted under an evaluation waiver and be called a CQI plan. The evaluation will include a process study and an outcome study. DCFS and selected private agencies will work to implement MST with fidelity. Information collected by DCFS and selected private agencies for that purpose will be shared with the Evaluator for use in the process study. In addition to documenting implementation fidelity, the process study will describe child, family, and staff experiences with MST. For the outcome study, the Evaluator will describe outcomes for children and families assigned receiving MST in comparison to similar children and families.

FY22 proposed Activities and Deliverables:
- Develop an evaluation plan including data collection and analysis method.
- Revise evaluation plan as necessary given implementation changes.
- Qualitative and/or quantitative analysis.
- Quarterly evaluation reports.
- Attend evaluation and implementation planning meetings.

19. Trauma-focused Cognitive Behavioral Therapy (TF-CBT) Evaluation

DCFS and selected private agencies are implementing Trauma-focused Cognitive Behavioral Therapy (TF-CBT) as a prevention service under the Family First Prevention Services Act (FFPSA). The evaluation will include a process study and an outcome study. DCFS and selected private agencies will work to implement TF-CBT with fidelity. Information collected by DCFS and selected private agencies for that purpose will be shared with the Evaluator for use in the process study. In addition to documenting implementation fidelity, the process study will describe child, family, and staff experiences with TF-CBT. For the outcome study, the Evaluator will describe outcomes for children and families assigned receiving TF-CBT in comparison to similar children and families.

FY22 proposed Activities and Deliverables:
- Develop an evaluation plan including data collection and analysis method.
- Revise evaluation plan as necessary given implementation changes.
- Qualitative and/or quantitative analysis.
- Quarterly evaluation reports.
- Attend evaluation and implementation planning meetings.

Child & Family Research Center
University of Illinois at Urbana-Champaign
School of Social Work

The Children and Family Research Center (CFRC) per the B.H. Consent Decree, acts as an independent monitor of the Department of Children Family Services. In partnership with DCFS, the Children and Family Research Center (CFRC) establishes the deliverables that are directly...
related to the Department’s monitoring and evaluation needs under different legislative and court mandates.

The Children and Family Research Center (CFRC) conducts research, evaluation, and practical support to inform child welfare policy and improve child welfare practice in the State of Illinois. To support the Department’s efforts, the Center proposes to engage in the following activities in FY2022:

**Child Endangerment Risk Assessment Protocol (CERAP) Evaluation**

**Project Description:** Public Act 88-614 mandates that the Illinois Department of Children and Family Services “submit an annual evaluation report to the Illinois General Assembly, which includes an examination of the reliability and validity” of the Child Endangerment Risk Assessment Protocol (CERAP). Since 1997, researchers at the Children and Family Research Center have fulfilled this requirement for an annual CERAP evaluation by conducting a program of research that has focused on three areas:

1. The implementation and use of the CERAP by investigators and caseworkers in the field (i.e., implementation evaluation)
2. The impact of the CERAP on child safety outcomes (outcome evaluation)
3. The relationship between how workers use the CERAP and child safety outcomes

Additional research has examined the child, family, and maltreatment characteristics associated with maltreatment recurrence. Current and future safety research builds on this long-standing program to further increase our understanding of both the effects of safety assessment on child safety (i.e., maltreatment recurrence) as well as other child protection services (CPS) dynamics and their relationship to child safety.

**FY2022 Activities:** The CFRC proposes to work with the Department and the statewide CERAP advisory committee to prioritize the research questions for the evaluation of the CERAP and its impact on child safety. Once the evaluation plan has been finalized, researchers from CFRC will design the study, collect and analyze the data, and write the final report. This report, which is the primary deliverable for this project, will be delivered to the Department and the CERAP statewide advisory committee in the fourth quarter of FY2022.

**FY2022 proposed Deliverables:**

1. Participation in statewide CERAP Advisory Committee meetings.
2. CERAP Annual Report.
3. Presentation to CERAP Advisory Committee, Department administrators, or other relevant parties as requested
4. Department Research brief (2-3-page summary of research).

**Illinois Child Death Review Teams Annual Evaluation**

**Project Description:** The death of a single child due to preventable causes serves as a powerful reminder that there is much to be done to protect children from harm. According to data from the Child Death Review Team database, there were 1,487 total child deaths in Illinois in 2016. Many of these deaths were preventable. Nine regional Child Death Review Teams (CDRTs) were
established by Illinois statute in 1994 and implemented throughout the state in 1995 to better understand the reasons for child deaths. In 1999, the CDRT produced its first annual report summarizing team findings and presenting recommendations for reducing preventable child deaths. The CDRT annual report is presented to the Governor, the Illinois Legislature, and other interested parties in a continued effort to understand and reduce preventable child deaths in Illinois.

Since the implementation of the child death review process, individuals and agencies responding to child deaths have come to understand the importance of a coordinated, multi-agency response. Recommendations from the CDRTs have helped to develop, streamline, and implement better practices regarding child safety. Since FY2003, the Children and Family Research Center has collaborated with the Department and the CDRT Executive Council to analyze information on child deaths in Illinois and write the CDRT annual report.

FY2022 proposed Activities: During FY2022, the Center will continue this collaboration, analyze data contained in the DCFS Child Death Review Team database, and compile a report on child deaths that occurred in Illinois during calendar year 2019. Like previous years, two sets of analyses will be completed (1) an examination of all child deaths reported to DCFS and (2) an examination of those child deaths that were mandated for review by the CDRT. Child death review is required for all child deaths in which there was prior family involvement with DCFS within the year prior to the child’s death. Each group will be examined by child gender, age, and race, as well as the manner and cause of death. The recommendations made by the CDRTs to DCFS to prevent child deaths will also be included in the report.

FY2022 proposed Deliverables:

1. The primary deliverable for this project will be the CDRT Annual Report that is sent to the Illinois General Assembly, the Governor, and other interested parties.

A subset of the above project is the Special Review of High-Profile Cases.

Project Description: This program works closely with the DCFS Divisions of Quality Enhancement and Clinical Practice to conduct in-depth clinical assessments and case reviews of special high-profile cases.

FY2022 proposed Activities: For each identified case review, the CFRC staff will review all case related documentation, conduct interviews as needed, consult with other DCFS Divisions, synthesize the collected information, and identify issues and trends to make recommendations for policy, training, and/or practice changes in a time-sensitive manner. The case review staff will also debrief the DCFS Director and other Department administrators, provide training as needed to DCFS staff regarding the findings of the case reviews, and track the recommendations and associated practice and procedure changes. CFRC staff assigned to this project will also collect data on additional child welfare issues and programs as needed and report findings to the Department.

FY2022 proposed Deliverables:
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1. Collect information on high profile cases selected by the Department; this data collection can include in-depth case reviews, interviews, and reporting.

2. Analyze and compile the collected information to make recommendations for procedure changes and practice improvements when needed.

3. Debrief DCFS administrators as needed following the conclusion of the review.

4. Provide training and support updates of curricula for DCFS and contractual staff following the reviews.

5. Participate in child welfare reviews and projects to disseminate findings related to trends in practice identified in high profile cases.

6. Conduct reviews on other child welfare cases, programs, and service provisions as needed.

**B.H. Monitoring Report and Data Analysis**

**Project Description:** As specified in the 1996 *B.H. et al. vs. McDonald Joint Memorandum in Support of Agreed Supplemental Order*, the CFRC is “responsible for evaluating and issuing public reports on the performance of the child welfare service system operated by DCFS and its agents.”

**FY2022 proposed Activities:** Each year since 1997, the CFRC has produced an annual report that describes the Department’s performance in several key areas including child safety, continuity and stability of family relationships, legal permanence, and child and family well-being. To produce these monitoring reports, the CFRC has been given access to DCFS administrative data and has developed, in consultation with the Department and counsel for the plaintiff class, a set of outcome indicators that provide quantitative measures of progress toward meeting the goals that are set forth in the consent decree: “The Research Center will develop technologies and methods for collecting data to accurately report and analyze these outcome indicators. The Research Center may revise these outcome indicators after consultation with the Department and counsel for the plaintiff class to the extent necessary to improve the Center’s ability to measure progress toward meeting the outcome goals” (Joint Memorandum, p. 4).

In FY2022, the CFRC proposes to work in consultation with the Department and the plaintiff counsel to develop a comprehensive set of outcome indicators that adequately measure the Department’s progress in meeting the goals set forth in the *B.H.* consent decree and other state and federal reporting mechanisms. The CFRC will use DCFS administrative data to track the Department’s performance on these indicators at regular intervals (annually at minimum).

In addition, the CFRC will respond quickly to requests for data analysis, statistical consultation, and data reporting from the B.H. plaintiff and defendant attorneys.

**FY2022 proposed Deliverables:**

1. B.H. outcome monitoring report(s).
2. Presentation of results to Department staff and other child welfare stakeholders as requested.
3. Data analysis, statistical consultation, and data reporting on topics related to the B.H. consent decree, as requested.
4. Special studies related to the B.H. consent decree, as requested.

**Illinois Child Welfare Outcomes Data Center**

**Project Description:** Each of the indicators found in the *B.H.* Monitoring Report is available on the Center’s website in the “Data Center.” In the Data Center, users can look at data for each indicator for the state of Illinois, or by various geographical subgroups. Indicators can also be examined by child demographic characteristics (age, race or gender). Breaking the data out in this manner allows for any interested party to look at the data for a community, and to see its impact across both demographic and geographic domains. In addition to the indicator data, the Data Center includes a “Population Data” section which focuses on more general statistics regarding the child welfare population of Illinois, including child reports, family investigations, and breakouts of allegation types.

**FY2022 proposed Activities and Deliverables:**

1. Update the indicators with new data each quarter.
2. Present the Data Center in person to potential users (the Department, the School) to incorporate feedback and increase awareness.

**Case Practice Reviews**

**Project Description:** Case Practice Review is a practice-improvement approach designed to assess current outcomes and system performance by gathering information directly from families, children and service team members. Illinois will use an individualized review instrument that includes the Federal on-site review instrument and may also include supplemental quality focused questions. Case review is part of the larger process for the examination of the Family-centered, Trauma-informed, Strength-based model of practice that includes a Model of Supervision and effective utilization of Child and Family Team meetings.

The Illinois design for what is being called Outcome Enhancement Review (OER) is a complete process of weighted sampling, documentation review, interview and supervisor/caseworker debriefing. The Quality Service Review includes a continuous review process. A dedicated Case practice reviewer will be assigned two to four OER case reviews and interviews to be completed per quarter. The Case Practice Reviewer will be responsible for setting up interviews for each case. Interviews may be in person or by phone depending on case specifics. Case Practice Reviewers may be called upon to assist in aggregating findings, analysis of findings and presentation of findings as appropriate. In some instances, an abbreviated OER may be utilized. Case Practice Reviewers may be utilized as Team Leaders to a case review process and as a Quality Control component for ensuring validity to a review process.

As Case Practice Reviewers develop expertise in the OER review process, they may be asked to provide training and mentorship to those new to the process of case review. The Case Practice
Reviewer’s primary responsibilities include case review but are not limited to OER. Case Practice Reviewers may continue to utilize the QSR process as well as other case review processes that the Department deems necessary to improve practice and outcomes.

**FY2022 proposed Activities and Deliverables:**

1. Case Practice Reviewers will participate in DCFS trainings on the Family Centered Trauma Informed Strength based (FTS) Model of practice as well as other DCFS trainings deemed necessary to understand and review selected cases for OER.
2. Case Practice Reviewers will actively participate in all requirements of the OER training and on-site reviews; includes scheduling stakeholder interviews, completing written case summaries, if deemed appropriate, debriefing with supervisors, caseworkers, debriefing with consultants and participating in aspects of a quality control process.
3. Case Practice Reviewers provide mentorship of reviews to volunteer reviewers as appropriate.
4. Case Practice Reviewers may be asked to solicit volunteer reviewers to participate in the OER process. Case Practice Reviewers will participate in Private agency/stakeholder meetings and provide information on the OER process.
5. Case practice Reviewers may be required to participate in additional Case review such as QSR and other reviews deemed necessary to improve practice and outcomes.
6. Each quarter Case Practice Reviewers will actively participate in a quarterly presentation of the OER findings.
7. Case Practice Reviewers will actively participate in the CQI process.
8. Collaborative process to support and coach CQI activities as it relates to the OER.

**Foster Care Utilization Review Program**

**Project Description:** The Center’s Foster Care Utilization Review Program (FCURP) is a program contracted by the Illinois Department of Children and Family Services (DCFS) and works in close partnership with DCFS’ Office of Quality Enhancement (OQE) to primarily support Continuous Quality Improvement (CQI) activities.

**FY2022 proposed Activities and Deliverables:** The Foster Care Utilization Review Program (FCURP) will continue to support DCFS and contracted child welfare agencies by:

1. Manage the CFSR 3 PIP Year 2 Review and subsequent annual reviews throughout the PIP Period (for the Federal Illinois Child and Family Services Review [CFSR] Program Improvement Plan [PIP]).
2. Manage DCFS’ ongoing Outcome Enhancement Review (OER) process (other than those reviews conducted as part of #1 above).
3. Develop and deliver: trainings to new Quality Enhancement staff on the CFSR/OER review process, Coach training, and ongoing mini-trainings for all Quality Enhancement staff.
5. Support a statewide CQI process that may include large state, regional, and local CQI team meetings (to be developed and implemented by DCFS).
6. Support the use and application of DCFS’ CFSR Dashboards in Power BI.
7. Conduct targeted/special reviews, as requested by DCFS.
8. Participate in specialized workgroups as requested by DCFS.
Computer Support and Data Archive

FY2022 proposed Project Description: The computer support and data archive team facilitates the research done by CFRC staff by maintaining several multi-user Linux servers. The Linux machines host the CFRC Data Center that contains summary statistics on child welfare measures which can be viewed by various geographic breakdowns as well as child demographic characteristics such as age, race, and gender. One of the Linux servers is dedicated to the analysis of the DCFS SACWIS and CYCIS (Legacy Golden Copy) databases that are downloaded from the DCFS Data Warehouse on a quarterly basis. Updated data are loaded into the servers so that multiple researchers can access it at any time using SAS data analysis software.

The computer support and data archive team have expertise in many areas:

- Linux system administration and programming
- Knowledge and expertise on national standards in the calculation of child welfare outcomes using the Illinois Integrated Database
- Experience and the ability to calculate child welfare outcomes using the DCFS SACWIS and CYCIS/Legacy Golden Copy databases.
- Web development skills and experience with HTML, PHP and JavaScript.
- Database administration, design, and maintenance (Filemaker, PostgreSQL, and MySQL).
- Computer networking
- PC Computer and Linux server security
- Knowledge and experience using statistical software packages (SAS, SPSS, STATA, R Software) and its use in data analysis and web development (charts, statistical graphs, linked html files)

FY2022 proposed Activities and Deliverables: The computer support and data archive team maintains Linux servers and data archives and handles most of the tasks related to Information Management and Technology. These tasks include Linux system administration, network design and maintenance, PC computer support, computer and server security, equipment and software acquisition, database design, data analysis, web design and development, and technical assistance regarding use of the Integrated Database, Legacy Golden Copy Database, and SACWIS. Specific activities that will occur on a quarterly basis to produce the data used for the BH Monitoring report and other DCFS reports based on administrative data include:

1. Download BI-SACWIS and Legacy Golden Copy databases.
2. Create new local staging databases using DDL taken from DCFS servers.
3. Clean the known and unknown data problems, e.g., clean files of escape characters, MSSQL proprietary timestamps, invalid date fields, and invalid time formats.
4. Import CVSs into staging databases.
5. Migrate clean data to production database.

Evaluation of the Simulation Lab Training
Project Description: The Illinois Department of Children and Family Services (DCFS) began providing experiential training to new investigators in 2015 through a partnership with the Child Protection Training Academy (CPTA) at the University of Illinois at Springfield (UIS). New child protection investigators come to a simulation center for a week at the end of their Foundation training to participate in simulations of real-life situations that DCFS investigators encounter. A second simulation center was opened in Chicago in April 2019 and a third site will open in southern Illinois (the exact opening date is unknown at this time). The CFRC has worked with the Department and the CPTA to develop a research agenda related to the simulation training; program evaluation activities to date have examined the design and implementation of the program and have assessed its impact on investigators’ experience of their work and turnover. CPTA also collaborated with CFRC to develop a method to track progress during the simulation training week using a daily standardized trainee self-report measure. Evaluation findings show that the investigators who received the simulation training rated their foundation training higher, reported less difficulty acquiring certain skills on the job, and had lower turnover intention and a higher retention rate within 24 months as compared to those who did not receive simulation training.

FY2022 proposed Activities:

CFRC proposes to engage in program evaluation activities to assess the continuing training of new investigators as well as new trainings for experienced investigators and supervisors. Other evaluation activities include the development of an experiential program evaluation procedure to capture trainee’s ability to think differently when presented with a child protection situation. CFRC will work closely with DCFS and the CPTA to develop and implement data collections and analyses that address emerging program evaluation needs at each of the existing simulation centers.

FY2022 proposed Deliverables:

1. A program evaluation report that presents the methods, results, and recommendations from the evaluation activities.
2. Additional dissemination materials such as research briefs or infographics may also be produced if requested by the Department.

Evaluation of the Conscience Community Network (CCN) Dually Involved Youth Services

Project Description: The Conscience Community Network (CCN) is a network of social service providers in Illinois that was formed to provide community services to youth who are dually involved in both the child welfare and juvenile justice systems and their families. The agencies involved in the CCN are: Youth Outreach Services, Omni Youth Services, SGA Youth and Family Services, UCAN, and One Hope United. The CCN provides services to eligible youth and their families to 1) safely support youth within their communities, 2) prevent future criminal behavior, and 3) help youth transition to adulthood. The CCN is interested in gathering information about their programs in order to 1) describe the characteristics of the youth who were served by the CCN Dually Involved Youth Wraparound Program, 2) describe the services provided to youth and families in the program, 3) determine if services were provided in a manner that was consistent with the principles of wraparound services, 4) describe the outcomes of the youth, caregivers, and providers involved in the CCN program and 5) compare the outcomes of youth
enrolled in the CCN program to a historical comparison group of similar dually-involved youth who did not receive CCN services.

**FY2022 proposed Activities:** CFRC will continue to collect and analyze survey data from youth and their family team members. Additional data collection activities may be added in FY2022, such as qualitative interviews with CCN administrators and other stakeholders. In addition, data analysis of survey data, interview data, and administrative data will occur, and results of the analyses will be included in a program evaluation report that is provided to the Department, CCN administrators, and other interested parties.

**FY2022 proposed Deliverables:**

1. Program evaluation report.

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**Post-Adoption**

**Project Description:** Develop and maintain collaborations with appropriate state and local community officials for applied research, analysis and technical assistance activities that improve outcomes for children and families served by public child welfare systems. Provide technical assistance to IDCFS and agency staff to facilitate coordination of post permanency services. Review monthly/quarterly reports of Maintaining Adoption Connections programs as well as of statewide Adoption Preservation and Respite programs, review provider requests for extension of services, review fiscal reports, enter metrics into DCFS Reconciliation system, and prepare vouchering documents.

**FY2022 proposed Activities and Deliverables:**

1. Facilitate the on-going operation of the statewide Adoption Preservation and Respite programs, MAC (Maintaining Adoption Connections) programs, the Recruitment and Kin Connection Project federal grant, as well as all other post adoption programs of the IDCFS including preparation of contractual and on-line documents required for their renewal each fiscal year.
2. Collect and analyze statistical reporting forms and other data collected on services provided through the Adoption Preservation, Respite, and MAC programs; receive fiscal reports and prepare vouchering documents in a timely manner.
3. Provide technical assistance to IDCFS staff, adoptive and subsidized guardianship parents and youth and all agencies providing post adoption services, including but not limited to Adoption Preservation, Respite, the Adoption Listing Services program, as well as other specialty post adoption related services, and MAC programs.
4. Provide leadership for on-going program development, including the development of new post adoption programming initiatives, and statewide coordination of services.
5. Maintain on-going fiscal, contractual and programmatic monitoring of all Adoption Preservation, Respite, and MAC programs including at least 1 on site monitoring visit per fiscal year.
6. Assist with the organization and facilitation of various statewide post adoption meetings.
7. Provide linkage and coordination with other adoption and post adoption organizations as requested.
8. Assist in determining the post adoptive service needs within the State of Illinois.
9. Reconcile new adoption and KinGap invoices done by attorneys statewide.
10. Manage & monitor the income of clients and financials in relation to the contractual needs.
11. Make assessments for the necessity of new contracts.
Chapter 6 – Consultation and Coordination Between States and Tribes

Consultation and Coordination Between States and Tribes
...states are expected to consult, collaborate and coordinate with all federally recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2020-2024 CFSP. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with tribes. States must then report on the outcomes of these discussions. These issues include state compliance with ICWA; the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee program. States without federally-recognized tribes within their borders should still consult with tribal representatives and document such consultations.

IDCFS Indian Child Welfare Advocacy Program

IDCFS Indian Child Welfare Advocacy Program (ICWAP) is now under the new Division of Diversity, Equity and Inclusion, formerly known as the Office of Affirmative Action and was developed to serve Native American/Alaskan Native children, and their immediate and extended family members to ensure compliance with the Indian Child Welfare Act (ICWA) in child welfare.

The Mission of the ICWA Program is to enhance services and facilitate communication between the Illinois child welfare system and communities and Tribes involved with Native American/Alaskan Indian Native children and families; and identify and advocate for Native American/Alaskan Indian Native children and families that have come into the child welfare system.

In the 2020-2024 CFSP, states must address the following:

Describe the process used to gather input from tribes for the development of the 2020-2024 CFSP, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the name of tribes and tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).

The ICWA Program provides guidance, support and advocacy to help the Department meet its obligations to provide child welfare services in a manner consistent with ICWA requirements. Although Illinois currently does not have any federally recognized Tribes within its borders, the ICWA Program communicates with all federally recognized Tribes as identified by our youth in care and their families. The ICWA Program will maintain communication with the child’s confirmed Tribe. They will also work with the child’s case management team, which includes Tribal representatives, to review services and participate in case planning for the child and the child’s family. This collaborative work helps ensure that the federally required “active efforts are made, consistent with ICWA, to prevent further disruption of the family and/or facilitate reunification of the child with his or her family.” In all cases, Illinois recognizes its obligation to maintain the child’s cultural heritage and family ties. The Tribe’s participation is extremely important in our active efforts.
In 2015, Illinois developed an ICWA Advisory Council that consists of members of the Native American community in Illinois as well as Native American foster parents and child welfare staff members responsible for implementing the Illinois ICWA program. The Council does not involve a single Tribe, it involves active members of the community in Illinois. When our ICWA specialists are hired they will work with the Tribes from the surrounding states for consultation. The Council had been inactive for the last three years. It was reconvened in September 2020 and has been meeting regularly.

*Provide a description of the state’s plan for ongoing coordination and collaboration with tribes in the implementation and assessment of the 2020-2024 CFSP. Describe any barriers to this coordination and the state’s plans to address these barriers.*

**The Plan:**

Once a child has been confirmed to be an Indian Child by authorized Tribal agents, the Illinois child welfare team will provide the following services:

1. Make “active efforts” to prevent the removal of a child from their family.
2. If “active efforts” cannot prevent the removal of the child from the family, the Illinois child welfare team will take into consideration placing the child in a placement that follows the parents’ and/or the Tribe’s placement preference.
3. We will provide services to help the family to address the issues that brought the child into care in a culturally sensitive manner.
4. Contact the Tribe to provide information regarding court hearings, service planning, and staffings.
5. Identify the Tribe’s preferred forms of communication.
6. If the initial placement disrupts, identify potential placements that meet the Tribe’s placement preferences.
7. Obtain input from the Tribe for the permanency goal.
8. Ask the Tribe for assistance to engage the parents to support the permanency goal.
9. When applicable, consult with the Tribe to identify Qualified Expert Witnesses for testimony at court.
10. Ask for assistance to enroll the child as a member of the Tribe.

**Implementation and Assessment of the Plan:**

The Illinois child welfare team will continue to seek the Tribe’s input and assessment of the plan during the pendency of the child’s case.

**Barriers and plan to address the barriers:**

Some barriers to this Plan are:

A few Tribes are unresponsive to DCFS’ inquiries to determine if Youth in Care are members/eligible for membership with their Tribe. As needed, DCFS continues to seek guidance and assistance from the Bureau of Indian Affairs (BIA) to acquire the Tribes’ outstanding ICWA determination letters.

*Provide a description on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children delineated in section 422(b)(8) of the*
Act, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements outlined in section 475(5)(c) and 475A(a) of the Act. (See 45 CFR 1357.15(q).)

If there is a reason to believe that a child is an Indian child, the ICWA Program will actively educate and inform the case management team and help coordinate services to the child's family which will help the case management team to comply with active efforts, consistent with ICWA, including the delivery of services to the family. Illinois is responsible for services and protections for children in foster care including operation of a case review system; preplacement preventive services program for children at risk of entering foster care which is provided through our intact family services; and a service program for children in foster care to facilitate reunification, adoption, legal guardianship, or other planned, permanent living arrangement. There are no formal arrangements with any Tribes. Most services are provided by the state of Illinois.

Provide a description, developed after consultation with tribes, of the specific measures taken by the state to comply with ICWA. (See section 422(b)(9) of the Act.)

There are no federally recognized Tribes in the state of Illinois however when the Youth in Care is confirmed to be a member or eligible for enrollment with a Tribe, the child welfare team takes the steps previously identified in numbers 1 thru 10 as identified above in the Plan.

Provide information regarding discussions with Indian tribes in the state specifically as it relates to the Chafee program. This instruction is further delineated in section D6 of this PI. States may provide this information either in this section or in the Chafee section of the 2020-2024 CFSP but are requested to indicate clearly where the information is provided.

Illinois has no federally recognized Tribes within its state borders and as a result has no agreements with any Tribes as it relates to the Chafee program. Information about tribal consultation on coordination of care for Indian youth in care as it relates to the Chafee program is included in the Chafee section (Chapter 4).

State agencies and tribes must also exchange copies of their 2020-2024 CFSP and their APSRs (45 CFR 1357.15(v)). Describe in detail how the state will meet this requirement for the 2020-2024 CFSP and the plan for exchanging future APSRs.

Illinois has no federally recognized Tribes within its state borders and as a result has not exchanged copies of our CFSPs or our APSRs with any Tribes. In the future, our ICWA Specialists will share the CFSPs and the APSRs with the Tribes that border Illinois.

In carrying out continued collaborations and coordination with tribes on child welfare programs, states should be aware that section 479B of the Act allows federally-recognized tribes, tribal consortia, and tribal organizations to apply to ACF to receive, at tribal option, title IV-E funds directly for foster care, adoption assistance, and for guardianship assistance programs. A tribe may also seek to enter into an agreement with the state to administer all or part of the title IV-E program.
on behalf of Indian children under the authority of the tribe. States are reminded that section 471(a)(32) requires states to negotiate in good faith with any federally recognized tribe, tribal organization or tribal consortium in the state that requests to develop a IV-E agreement with the state. In addition, section 477(j) of the Act creates an option for tribes, with an approved title IV-E plan or a title IV-E tribal/state agreement, to receive directly from ACF a portion of the state’s Chafee and/or ETV allotments to provide services to tribal youth in foster care or formerly in foster care.

The opportunity to operate a title IV-E, Chafee, and/or ETV program is not time limited. A tribe has the discretion to determine whether or when it wants to develop its own title IV-E, Chafee, and/or ETV programs. States remain responsible for serving resident Indian children who are not otherwise being served by an Indian tribe under an agreement with the state or under a direct title IV-E, Chafee, and/or ETV plan (section 301(d)(2) of P.L. 110-351).
Chapter 7 – Monthly Caseworker Visit Formula

Caseworker Visits

Monthly compliance reporting at the caseworker and team level is provided through SACWIS and the Performance Monitoring Data Site. The data site also provides reporting at the agency level and case level, which allows DCFS as well as DCFS and private agency supervisors and managers to identify and monitor the extent of and need for caseworker visit activity.

Please note as a result of the COVID 19 Pandemic and Illinois Governor JB Pritzker’s “Shelter in Place Order,” a March 20, 2020 Memorandum from Illinois DCFS Acting Director Marc Smith referred to as “COVID-19 and Modifications to In-person Contact Requirements” was implemented and aligned with the March 2020 letter from ACYF Children’s Bureau Associate Commissioner Jerry Milner, advising that video-conferencing may be included and counted in the compliance report as an In-person visit. On July 24, 2020 DCFS revised the “Modification” and recommended that a minimum of one visit per month be in person for youth in foster care and additional visits could be video conference. Caseworker visits to youth in congregate care settings continued to be determined by each facility to account for the various circumstances of each facility to ensure the safety of all involved and additional guidance for these facilities was provided by Acting Director Smith in Action Transmittal 2020.15 Comprehensive Visitation Guidance for Congregate Care Settings effective December 30, 2020. For this report, the table column Monthly % Contact reflects that either an in-person or a video conference occurred during the month as allowed by the ACYF Children’s Bureau.

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th># Months IP Visits Occurred</th>
<th># Months Video Visits Occurred</th>
<th># Months IP + Video Visits Occurred</th>
<th># Months Visits Required</th>
<th># Months Visits Occurred in Residence</th>
<th>% Monthly Contact</th>
<th>% Occurred In Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,571</td>
<td>94,888</td>
<td>4,365</td>
<td>99,253</td>
<td>109,086</td>
<td>91,713</td>
<td>91</td>
<td>97</td>
</tr>
</tbody>
</table>

Departmental Procedures 315 (Permanency Planning) addresses caseworker interventions and contacts made during the delivery of child welfare services. Specifically, section 315.110(b)(2) requires that the assigned caseworker shall visit a child in substitute care in the child’s living arrangement at least once every two weeks for the first month immediately following initial placement or change in placement; and at least once every month thereafter, unless the supervisor, based on the assessment, determines and documents in the service plan that the child requires more frequent or less frequent contact.

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

- safety (verbal children must be interviewed outside of the presence of their caretaker),
- progress in care,
- needs being met,
- physical observation of safety and well-being,
school success or daycare provision,
• visitation with parents and siblings if siblings are placed separately, and
• mental and physical health needs.

For FFY 2020, DCFS completed 90% of monthly in person contacts taking place with children between October 1, 2019 and September 30, 2020, missing the 95% requirement. Illinois is likely not the only jurisdiction that experienced a decline in the compliance rate due to the need to quickly transition casework practices for visitation with children in substitute care. Considering the many challenges presented by the pandemic and the lack of universal access to video conferencing technology, the rate of 90% compliance reflects heroic efforts on the part of the front-line staff.

As COVID restrictions are easing, the Department is committed to improving performance through a monthly tracking report provided to both DCFS and private agency administration with a listing of every child where an in-person contact is missing. Feedback from these reports have indicated that, while some visits are missed for varying reasons, it is often due to: a forgotten data entry, a caseworker behind in case notes, and/or caseworker turnover where a caseworker separates from the Agency and does not complete documentation. By providing close to “in real time” data about individual in-person visits each month, data entry is showing improvement.

Grant monies have focused on training caseworkers and tracking caseworker activities in preparation and completion of case contacts with children to improve the quality of case contacts. The Department is utilizing the grant monies specifically in the implementation of Program Improvement Plan (PIP) strategies and activities that coach and support quality contacts through the Child and Family Team meetings, the Model of Supervisory Practice and improving quality contact with children placed in unlicensed relative and fictive kin homes. Last year it was intended that an increase of staff using University Partnership contracts would further support the quality of caseworker visits. Due to the COVID pandemic the focus shifted to supporting and maintaining the front-line staff. As COVID restrictions begin to ease, preparations are underway to add a staff position that will specifically provide and support coaching, monitoring and improvement for both DCFS and private agency caseworkers and supervisors.
Chapter 8 – Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments (AIPP): Prior to FFY14, DCFS had not received an Adoption Incentive Payment since FFY10. The large number of children in placement in the mid-1990s enabled DCFS to achieve a significant number of adoptions in those earlier years and the resulting adoption incentive awards to DCFS were therefore substantial. However, with the decrease in the foster care population to one third the number of children in care during those peak years, even fairly high percentage rates of adoption did not result in recent incentive awards. With a change in regulations, which create a modified program of Adoption and Legal Guardianship Incentive payments, the situation is now different and DCFS may again find encouragement for improved performance through fiscal incentives. For FFY14, half of the incentives were calculated on a 2007 base (prior methodology) and the second half calculated using the new methodology.

DCFS did receive an award for FFY14 performance in FFY15 totaling $2,761,500 (please note that due to some corrections needed to AFCARS data, the final FFY14 award was not actually received until FFY16 but is still labeled as a FFY15 grant award). Beginning in FFY15 and forward, the incentive is calculated based solely on the new methodology. Since FFY14, DCFS has received the following awards:

- FFY15 $  2,761,500
- FFY16 $  1,017,500
- FFY17 $  1,082,000
- FFY18 $  3,598,500
- FFY19 $  4,059,500
- FFY20 $    704,000
Total $13,223,000

Regarding permissible uses of AIPP funds: Title IV-E agencies receiving adoption and legal guardianship incentive awards must spend the funds for services (including post-adoption services) and activities allowable under titles IV-B and IV-E of the Act. Incentive funds expended by the title IV-E agency may not be used as non-federal (i.e., state, local, or tribal) matching funds for federal financial participation. Payments must be used to supplement and not supplant federal or non-federal funds for services under title IV-B or IV-E. DCFS has elected to use the AIPP funds to expand existing adoption preservation and permanency improvement services. Using fiscal year 2014 as a base, DCFS on average increased adoption preservation services expenditures by 24% in fiscal years 2015 to 2018 and increased family preservation services by 10% during that same time period. The additional investment in preservation services amounted to more than $4.8 million more expended in each of those four fiscal years. And, additional future expansion has or is being planned as noted below.

In fiscal years 2019 and 2020 the following increases were made, and these increases have been maintained for fiscal years 2021 and 2022:

- Adoption Support and Preservation (ASAP) has been increased $2.371m.
- Respite programs tied to ASAP have been increased $165,000.
- Training in this area is increasing $244,000.
Adoption listing services, which will also assist families who wish to adopt in the licensing process across the state, increased $310,000. And,
The Family Matters program helps with educational advocacy for adoption and guardianship cases; assists with death and incapacitated subsidy cases to transition back into permanent placements; acts as a liaison with the court system, and other legal matters for adoption and guardianship cases. Total increase is $461,000.

Therapeutic day care services continue to be assessed based on individual youth needs. Any additional funding or contracts based on individual youth needs are added as determined to be appropriate.

After some review of client needs, psychologists and additional therapist were added to a few of the Adoption and Guardianship Support and Preservation contracts (ASAP) in FY’20 to work with higher needs families. These additional investments and ongoing review of additional service needs are planned to be sustained in fiscal years 2021 through 2024.

**Title IV-E Adoption Assistance Program Savings Reporting:** As a Title IV-E agency, DCFS is now required to calculate and report annually the savings from the agency de-linking of Title IV-E adoption assistance eligibility from the Aid to Families with Dependent Children (AFDC) eligibility requirements, the methodology used to calculate the savings, how savings are spent, and on what services. DCFS uses the actual case identification methodology specified by the Secretary of the Department of Health and Human Services. DCFS must spend the savings on Titles IV-B and IV-E programs; 30% of which must be spent on post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% must be spent on post-adoption and post-guardianship services. In addition, DCFS must use the savings to supplement and not supplant any Federal or non-Federal funds used to provide any service under Titles IV-B or IV-E. DCFS calculated $6,050,548 in FFY2020 Applicable Child Savings - Maintenance, and $1,806,016 in Applicable Child Savings – Administration, for a total of $7,856,564. A minimum 20% must be spent on Adoption Preservation Services ($1,571,313) and up to 10% ($785,656) can be spent on post-adoption services, post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care. DCFS met this requirement spending $1,688,657 on Adoption Preservation Services and $707,091 on foster care prevention services. The final report showing the entire $7,856,564 was fully expended in FFY 2020 for qualifying purposes, was submitted by the October 30, 2020 due date. In the FFY20 submission of the CB-496 Part 4 (Annual Adoption Savings Calculation and Accounting Report), DCFS recognized and expended cumulative savings from FFY 15 through FFY 20 of $33,998,908.
Chapter 9 – Child Welfare Demonstration Activities

Illinois is not currently participating in Child Welfare Demonstration Activities.
Chapter 10 – Quality Assurance/Continuous Quality Improvement

Continuous Quality Improvement*

Through the development of the CFSR Program Improvement Plan (PIP), Illinois identified that the principles of CQI as a sustainable process that results in measurable improvement are operating, but require improved coordination, refining and strengthening. A revised model is in development that will utilize the leadership from the Family First Prevention work and the PIP to integrate CQI principles in all programming and initiatives.

Using the principles outlined in the Children’s Bureau issued Information memorandum ACYF-CB-IM 12-07 to assess CQI:

1. Foundational administrative structure

A strategic planning workgroup structure comprised of DCFS and private agency leadership, court leadership and stakeholders that have been active in and leading the Family First Prevention Plan development, will be the overarching entities that provide the coordination, oversight and ongoing evaluation of the CFSP, the data to support the APSR, the PIP implementation and measurement to monitor improvement and need for adjustment. These groups will comprise the “decision-makers” and are intended to be sustainable entities that continue beyond administrative changes. DCFS leadership meet monthly as the Strategic Plan Implementation Communication Exchange (SPICE) committee. Representatives of each of the existing advisory groups meet monthly as the Stakeholder Collaborative Update committee, which includes representatives that bring information back and forth between the SPICE and Stakeholder Collaborative meetings. The Child Welfare Advisory Committee (CWAC) includes private agency and DCFS leadership and is another method of communicating information between stakeholders and DCFS. In addition, formal communication loops previously established will be reinstated to communicate the results of this CQI process throughout the system. The intent is to embed communication in existing meetings involving DCFS, private agencies, Administrative Office of Illinois Courts (AOIC) and other key stakeholders.
2. Quality data collection

An ongoing agenda item of the Data Workgroup is the continual validation of data and improving extraction code. AFCARS II is bringing changes to AFCARS collection that will be implemented through this group along with changes in SACWIS, required data entry and the training of staff for understanding and implementing the required changes.

The Illinois DCFS is preparing to award the System Integrator contract in the very near future. The original requirements were based on requirements gathered across the agency during the Feasibility study. Scoring of the proposals gave more weight to business evaluations than to technical evaluations to ensure that the modules of the proposed solution meet business needs. Illinois DCFS is reorganizing IT and Agency interactions around a Product Management model. The Product Management Model defines Agency Services (Intact Services, Child Protection Services, Financial Services). Each Agency Service is assigned an Agency Product Manager which is assigned a team including IT personnel to implement in coordination with the System Integrator, support, maintain, and enhance those modules to ensure the business is receiving the most valuable capabilities from the solution. The CQI team will work coach and mentor the Product Management team on CQI techniques and responsibilities to ensure quality is front and center.

*See Chapter 2, Item 25 for additional information on the QA System.
3. Case record review data and processes

Case record review is a strength for the Department and utilizes standardized training and protocols for successful case review. There are a number of case record reviews including the PIP Baseline and Measurement reviews that utilize the Federal OSRI, an intact case review instrument that emphasizes a review of quality, the Quality Service Reviews currently in the Immersion sites only as part of BH recommendations, and a review of 1,000 investigations per month to monitor and improve CERAPs/safety plans, face-to-face contact, and supervision.

4. Analysis and dissemination of quality data

Acting Director Smith authorized the creation of a new team reporting to the Senior Advisor for Performance Management and Accountability dedicated to data collection and analysis. These data stewards are on board and assigned to child protection, intact, and foster care, as well as CFSR/CFSP/APSR/PIP, BH, and special/focused case reviews.

5. Feedback to stakeholders and decision-makers and adjustment of programs and process.

While providing feedback to stakeholders has been a continual process, using feedback to adjust programs and measure progress is an area to be strengthened. The strategic planning workgroups will be utilized as a communication loop to identify and inform revision needed to the goals, objectives and interventions for improvement and will then track those changes to evaluate whether improvement has occurred. In addition, the various advisory groups report to the Stakeholder Collaborative Update Committee to strengthen communication loops and responsiveness to recommendations from these groups.

CQI has continued to evolve from a DCFS-exclusive framework and process to one that has expanded to a collaborative process with the private agencies, the Administrative Office of Illinois Courts, stakeholders, and advisory groups. Shared vision and shared ownership are key to this integrated CQI framework and process.

Illinois has a dedicated statewide Division of Quality Enhancement (QE) within the larger Quality Assurance system.

The Division of Quality Enhancement is working on improving communication and identifying the right feedback loops for improvement in its programs and initiatives, data-related activities, and case reviews. This division has led the preparations for the CFSR Round 3, PIP-related stakeholder meetings, Illinois’ CFSR 3 PIP Measurement Plan, and the implementation of the PIP Baseline Case Reviews.

The following summarizes the Quality Enhancement work during this CFSP period.

1. Data Sets and Analysis to Support Decision-making and Monitoring
2. Continuous Quality Improvement Framework Coaching and Support
3. CFSR-PIP Baseline Reviews-Outcome Enhancement Reviews
4. Intact Safety and Practice Reviews
5. Special Case Reviews
6. Quality Service Reviews
7. Child Death Review Team Findings and Recommendations
8. Aristotle P Consent Decree - Sibling Visitation
9. Council on Accreditation

Data Sets and Analysis to Support Decision-making and Monitoring
Quality Assurance staff have access to data reports, scorecards and dashboards and have received training to run reports and use those reports in a CQI process. (A description of scorecards and dashboards can be found in the Quality Assurance Systemic Factor section.)

In addition, case review findings and aggregate reports completed by QE staff include:
- CFSR-PIP Baseline Reviews-Outcome Enhancement Reviews
- Quality Service Review reports
- Intact Safety and Practice case reviews
- Special reviews such as Maltreatment in Foster Care case reviews, Re-entries, Fatality Reviews, Children in the Home of Origin and Services for children as identified as qualified by the Indian Child Welfare Act.

As part of the improvement plan to the Quality Assurance system, leadership of the QA entities will be meeting to exchange data reports and aggregate findings to increase understanding of strengths and areas of improvement.

Chapin Hall CQI Training and Support To bolster and standardize understanding of CQI, University partner, Chapin Hall, has developed and piloted CQI training modules. The training modules emphasize establishing common language, understanding and communicating the PDCA (plan do check act) CQI cycle, and effective data and findings presentations. DCFS leadership participated in the first training presentation with a goal of expanding to private agency leadership and all DCFS and private agency staff at all levels. The training presentation will be accessible through the Virtual Training Center as an on-demand on-line training with 3 different modules/pathways i.e. child protection, intact, and permanency. Each training path includes a practical example of using data to identify a problem moving through the PDCA cycle. CQI staff have completed the course and, along with the VTC availability, are charged with training and coaching the CQI process throughout all levels of DCFS and private agencies.

Intact Safety Reviews
Intact Safety Reviews on Intact Cases began in the second quarter of Fiscal Year 2018. These reviews are conducted by the Quality Enhancement Support Team (QEST) within Quality Enhancement.

QEST initially developed a review tool in collaboration with Intact Administration in FY2018. The focus of the QEST reviews has continued to be on safety of children being serviced by Intact Teams in Illinois. The primary focus of these reviews has been on populations considered to be at higher risk of poor outcomes, such as families with at least one child 0-3, families that have a history of certain child abuse/neglect allegations, the number of times a family has been involved in the child welfare system, as well as other considerations. The QEST teams have also been used to conduct special/focused reviews of certain DCFS and/or private agencies where issues have been raised regarding concerns in practice or where there have been cases that have resulted in poor outcomes. When a safety concern is found during the review process, the QEST
Supervisor sends a written notification to the assigned Supervisor and Caseworker alerting them to the concerns found, and requests that a staffing be scheduled to discuss the case. The QEST Supervisor and reviewer then staff the case with the assigned Supervisor and Caseworker to discuss the concerns and have the Supervisor/Caseworker discuss how they think it is best to address the concerns noted. An action plan is developed as needed, along with timeframes for completion. The QEST reviewer will then re-review the case to ensure that the concerns have been satisfactorily addressed and that safety has been ensured. In instances where there are still concerns, another staffing is held and, if needed, a higher-level administrator is involved in the discussion. The case is followed by the reviewer until all concerns have been adequately addressed.

On February 14, 2019, QEST launched the Intact Case Review System (ICRS), which is the system that houses a variety of information on Intact Cases, as well as allows QEST supervisors/reviewers to assign cases for review, input results from their file reviews, track cases where safety concerns were present/action plans have been developed, and from which data can be captured and reported. When QEST is conducting random reviews of higher priority cases of the 0-3 population, that information is input into the ICRS, and each quarter the data is reported back to providers during the Statewide Intact Provider Meetings. Results of reviews can be provided down to a team level, and Agency/Team supervisors have the ability to request that level of data to use. On reviews conducted on specific agencies, that data is shared with APT, Intact Administration, and various levels of staff from within the Agency. Data reports as well as a summary of positive practice and areas for improvement are presented and discussed.

During FY2020 QEST reviewed 2212 intact cases and for the first 3 Quarters of FY2021, QEST staff have completed 704 reviews in the ICRS. Since FY2019, practice has shown improvement in certain areas of practice, including:

- Frequency of contacts with parents/caretakers/children showing concerted efforts by the worker to support the family towards achieving case goals, decreasing the gaps in contacts, and the ongoing assessment and identification of safety threats;
- Contacts, observations and discussion with parents/caretakers and children were sufficient to assess the quality of relationships/current functioning of the family, parental protective factors, child vulnerabilities, desired changes in behavior and current family stressors/challenges;
- Safety assessments supporting the safety decision based on relevant information gathered;
- Intact worker actively engaging the children/family in discussions around service and safety needs;
- Supervision following up on direction provided during a prior supervision.

Since reviews began in FY2018, there has been a steady and consistent decline in the number of safety concerns identified during the review.
CFSR 3 PIP Monitoring Reviews

Illinois’ Child and Family Services Review (CFSR) 3 Program Improvement Plan (PIP) Baseline was collected from June 2019 – November 2019. It was finalized in the Spring of 2020, and the Children’s Bureau established our PIP Goals based on that Baseline. Between June 2020 – November 2020, the state completed its Year 1 CFSR PIP Monitoring Reviews (finalized in March 2021). As with the Baseline, the state utilized the Federal On-site Review Instrument (OSRI) as the case review instrument and the Federal On-line Monitoring System (OMS) as the database.

Year 2 CFSR PIP Monitoring Reviews will occur from June 2021 – November 2021.

Sixty-five (65) cases are reviewed over the course of a 6-month PIP Monitoring Review: 40 foster care, 19 Intact Family Service, 5 Investigation, and 1 Extended Family Support Program (EFSP) case. These 65 cases are randomly selected according to the strict CFSR 3 sampling criteria. A case from every sub-region is reviewed every month.

| PIP BASELINE & PIP MONITORING REVIEWS |
| SCHEDULE OVERVIEW: |

<table>
<thead>
<tr>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022 TBD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CFSR 3 PIP Monitoring is a very intensive, qualitative, systemic case review process that involves assessing a case based on the documentation and based on in-depth interviews with key stakeholders (parents, children/youth, caseworkers, foster parents, and others as needed). The completion of the OSRI for each case follows strict and rigid guidelines, definitions, and instructions. Each case reviewed is further assessed for inter-rater reliability and adherence to the interpretation directions of the tool and undergoes a minimum of two levels of quality assurance to ensure accuracy of the data. These levels of quality assurance are conducted by DCFS Office of Quality Enhancement and UIUC/FCURP staff. Once the internal levels of quality assurance are complete, federal partners from the Region V office and the CFSR Unit of the Children's Bureau provide a third level of oversight on a randomly selected sample of the cases reviewed and provide the state with feedback that guides continual training on implementation and accuracy of the data being collected. Following the finalization of each case review, a meeting is held with the assigned caseworker and supervisor to review and discuss the findings (termed the “Feedback Conference;” this meeting is unique to Illinois). If a serious risk or safety concern is noted during the course of a review, a formal Notification of Concern is completed and communicated to assigned staff and their up-chain for an immediate response and action.

Aggregate data from each review is communicated to DCFS leadership for broader dissemination.

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Agency Performance Monitoring & Execution Team

Agency Performance Monitoring & Execution Team is the new title for Agency Performance Monitoring (APT) as it encompasses our new way of supporting all agencies. The Agency Performance Monitoring & Execution Team is undergoing changes and improvements that align with Acting Director Smith’s commitment to hold DCFS and private agency practice to the same high standards. The Agency Performance Monitoring & Execution Team has now been moved under the Division of Permanency Services.

The four-level monitoring system has been implemented with the following:

- **Dashboard Performance Data** – There are three Dashboards, each with similar measures that are factored into an agency’s monitoring level. The Foster Care Dashboard, the Intact Dashboard, and the Specialized Care Dashboard. There is an additional intact dashboard that agencies use to monitor their own performance on subcategories of this larger dashboard. Below is a sample of the Specialized Dashboard:

  **Foster Care (Spec) Agency Scorecard (Sample) – FY21, Data reflecting March 2021.**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Goal</th>
<th>Agency</th>
<th>Statewide</th>
<th>Agency</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>% of Children Achieving Legal Permanency (PM, MN,MID Cases)</td>
<td>25%</td>
<td>36.84</td>
<td>20.53</td>
<td>44.44</td>
<td>18.82</td>
</tr>
<tr>
<td>1b1</td>
<td>% of Children Reunified</td>
<td>25%</td>
<td>5.26</td>
<td>5.03</td>
<td>0.00</td>
<td>3.96</td>
</tr>
<tr>
<td>1b2</td>
<td>% of Children Achieving Guardianship</td>
<td>25%</td>
<td>31.58</td>
<td>15.49</td>
<td>44.44</td>
<td>14.86</td>
</tr>
<tr>
<td>2</td>
<td>% Monthly In-Person Caseworker Contact w/Children (per SACWIS)</td>
<td>95%</td>
<td>97.82</td>
<td>74.31</td>
<td>100.00</td>
<td>65.18</td>
</tr>
<tr>
<td>3</td>
<td>% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)</td>
<td>90%</td>
<td>80.79</td>
<td>86.01</td>
<td>98.91</td>
<td>89.40</td>
</tr>
<tr>
<td>4</td>
<td>% Weekly In-Person Parent/Child Visits (per SACWIS)</td>
<td>80%</td>
<td>74.63</td>
<td>58.34</td>
<td>95.58</td>
<td>54.51</td>
</tr>
<tr>
<td>5a</td>
<td>% Weekly In-Person Parent/Child Visits (per SACWIS)</td>
<td>80%</td>
<td>42.61</td>
<td>39.44</td>
<td>52.59</td>
<td>35.23</td>
</tr>
<tr>
<td>5b</td>
<td>Average # Parent/Child Visits Per Month (per goals only) (per SACWIS)</td>
<td>4.00</td>
<td>2.16</td>
<td>2.63</td>
<td>2.78</td>
<td>2.15</td>
</tr>
<tr>
<td>6</td>
<td>Absence of maltreatment * in Foster Care ( % of Case NOT Experiencing an Episode of Indicated Maltreatment While in Agency Care)</td>
<td>100%</td>
<td>100.00</td>
<td>99.21</td>
<td>100.00</td>
<td>99.48</td>
</tr>
<tr>
<td>7b</td>
<td>Absence of Maltreatment 6 Months Post Permanency (PM, MN,MID Cases)</td>
<td>100%</td>
<td>85.71</td>
<td>84.72</td>
<td>100.00</td>
<td>96.43</td>
</tr>
<tr>
<td>9</td>
<td>% of Children Placed With Less Than 2 Paid Providers Over 12 Month Period</td>
<td>83%</td>
<td>100.00</td>
<td>38.23</td>
<td>97.14</td>
<td>91.34</td>
</tr>
<tr>
<td>10</td>
<td>% of Cases With a Service Plan Completed Within 45 Days of Case Opening</td>
<td>95%</td>
<td>0.00</td>
<td>81.63</td>
<td>100.00</td>
<td>84.21</td>
</tr>
</tbody>
</table>

LM (Last Month) PCT for Measures 1a, 1b, 1c, 7a, 7b, 7c, 9, & 10 is not calculated and is therefore not shown. Measure 8 is not being used at this time.

A green background indicates meeting or exceeding expectations.

A yellow background indicates that it is above the Statewide average but falls short of the goal.

A red background indicates that it is below the Statewide average and needs improvement.

If any other space is blank, that means that there was no assigned cases for that Measure under CFY or LM. If there is a 0, that means that there are assigned cases for that Measure under CFY or LM.

Please refer to Navigation Guide for more detail.

- **Performance Red Flags** - the existence, severity and duration of performance issues that are not captured on the performance dashboard, such as child deaths and OIG investigations. Other more common red flags include caseload ratio issues, staff turnover and critical ACR Feedback data that show persistent problems including delays in permanency, service issues, etc. These performance issues can be identified by anyone with a monitoring role with POS agencies.
SharePoint - APT developed a SharePoint site where all Agency Performance Monitoring & Execution Team tools are maintained, and all data collected from audits, reports, and meetings are entered. Performance trends are identified on a site level for implementation of Quality Improvement Plans and Performance Monitoring. There have been changes to the data collection site. Agency Performance Monitoring & Execution Team is piloting a new monthly report format that captures a trimester of dashboard data. These documents are currently stored outside of SharePoint but once the format is finalized, SharePoint will be updated to store these documents.

Microsoft Teams – The Agency Performance Monitoring & Execution Team works consistently with Microsoft teams, including the documentation of overnight stay reports, caseload ratio data, audit findings, permanency updates, daily work status and many other daily, weekly, and monthly uses.

Reports/Audits - The chart below shows the number and type of reports written by the Agency Performance Monitoring & Execution Team staff year to date in FY 21:

<table>
<thead>
<tr>
<th>Type of Report/Audit</th>
<th>Frequency of Report/Audit</th>
<th># Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Reports</td>
<td>Monitor Monthly Report – FC/Spec</td>
<td>1556</td>
</tr>
<tr>
<td></td>
<td>Monitor Monthly Report - IFS</td>
<td>732</td>
</tr>
<tr>
<td>SACWIS Case File Audits</td>
<td>10%/Trimester - FC</td>
<td>476</td>
</tr>
<tr>
<td></td>
<td>10%/Trimester - IFS</td>
<td>319</td>
</tr>
<tr>
<td></td>
<td>10%/Trimester - Spec</td>
<td>151</td>
</tr>
<tr>
<td>Hard Copy File Audit</td>
<td>IFS/FC</td>
<td>362</td>
</tr>
<tr>
<td>Case Interviews</td>
<td>Staff Interview</td>
<td>144</td>
</tr>
<tr>
<td></td>
<td>Care Provider Interview</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Parent Interview</td>
<td>67</td>
</tr>
</tbody>
</table>

Audits – Agency Performance Monitoring & Execution Team has conducted a multitude of agency audits in the past Fiscal Year, including, but not limited to audits related to child safety, permanency, in person contacts, quality supervision, closing supervision reporting, in person contacts related to compliance with action transmittals, closed case record management, and an assessment of identified service issues addressed prior to case closing.

Reviews – Agency Performance Monitoring & Execution Team has continued to conduct case reviews on private agency cases. These case reviews are addressed immediately with administrative staff if there is a safety issue to children and at the monthly Agency Performance Monitoring & Execution Team monitoring meeting if there are no safety issues. The focus on permanency led to a slight decline of case reviews in some locations throughout the State.
Illinois Department of Children and Family Services
Annual Progress and Services Report 2022

- Action Transmittals – The Agency Performance Monitoring & Execution Team addressed, reviewed and discussed as needed, the action transmittals related to require in person caseworker contacts with children, biological parents, foster parents, etc. and what type of in person visit was expected in relation to the action transmittal requirements. Audits were conducted related to the different action transmittals requiring different types of in person contacts for traditional, HMR, and specialized required contacts to assure that the POS agencies were meeting the required mandates.

- Due to COVID 19, the action transmittals outlined what type of contact was accepted and approved as an in person visit – (i.e.) a video conferencing call may be acceptable if the assessment of the COVID questions determined that a family member may have been exposed to the Coronavirus. The number of required in person specialized visits could be adjusted if the medical needs of the child would not allow an in person visit that could compromise their health due to their medical needs and the risk of contracting COVID 19. An assessment was conducted by the caseworker to determine the safety of an in person visit.

- Monthly agency site performance meetings continue between the Agency Performance Monitoring & Execution Team Monitor and agency staff and include the Agency Performance Monitoring & Execution Team Supervisor when performance is on level 3 or 4. Due to COVID 19, the Agency Performance Monitoring & Execution Team staff and management have met with the POS agency administrative staff monthly via web ex. Currently, all agencies are having monthly Agency Performance Monitoring & Execution Team meetings, regardless of the Level.

- Agency Performance Monitoring & Execution Team also meets with the agencies monthly at a separate meeting if volume necessitates to address unlicensed HMR foster homes and check the status of the home becoming licensed or any barriers to licensure.

- Monitoring Collaboration - Agency Performance Monitoring & Execution Team regularly and frequently reviews trends and case specific data from Administrative Case Review, Advocacy Office, Director’s Office, OIG, Clinical, and Agency & Institution Licensing at agency site level. Youth moving toward adoption and guardianship are reviewed weekly with APT staff to discuss barriers and progress.

- Efficacy of the Monitoring Model - Agency Performance Monitoring & Execution Team considers the primary measure of an effective model of monitoring is the extent to which POS performance has improved during the period of model implementation. The Agency Performance Monitoring & Execution Team has maintained historical performance data for HMR/Traditional foster care as reported on the performance dashboard. The chart below reflects POS system performance between FY 20 and FY 21 (to date). The last column shows the percentage of increase/decrease between FY 20 and FY 21 performance.

- Dashboards are currently under revision to capture permanency data, staff retention, quality and timely supervision, quality of contacts with families, and the appropriate identification of service needs.

- Agency Performance Monitoring & Execution Team training – Currently, the Agency Performance Monitoring & Execution Team has been conducting monthly training with
agency staff, including, but not limited to LGBTQ+ audit findings, The Family Unit, Permanency, Legal Screening, do’s and don’ts related to casework communication among others.

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Measure Goal</th>
<th>FY 20</th>
<th>FYTD 21 Thru March</th>
<th>% +/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency</td>
<td>40%/yr.</td>
<td>28.28%</td>
<td>22.40%</td>
<td>-5.88%</td>
</tr>
<tr>
<td>CW Contact w/Children</td>
<td>95%</td>
<td>93.48%</td>
<td>92.70%</td>
<td>-0.78%</td>
</tr>
<tr>
<td>CW Contact w/Care Provider</td>
<td>90%</td>
<td>80.42%</td>
<td>85.94%</td>
<td>+5.52%</td>
</tr>
<tr>
<td>CW Contact w/Parents</td>
<td>80%</td>
<td>53.73%</td>
<td>49.96%</td>
<td>-3.77%</td>
</tr>
<tr>
<td>Weekly Parent/Child Visits</td>
<td>80%</td>
<td>37.98%</td>
<td>35.46%</td>
<td>-2.52%</td>
</tr>
<tr>
<td>4X Month Parent/Child Visits</td>
<td>4 visits</td>
<td>2.74</td>
<td>2.42</td>
<td>-.32 visit</td>
</tr>
<tr>
<td>Lack of Maltreatment in Care</td>
<td>100%</td>
<td>97.55%</td>
<td>98.13%</td>
<td>+.58%</td>
</tr>
<tr>
<td>No Maltreatment 6 Mo. Post-perm</td>
<td>100%</td>
<td>95.83%</td>
<td>97.35%</td>
<td>+1.52%</td>
</tr>
<tr>
<td>HMR Licensure</td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement Stability</td>
<td>90%</td>
<td>83.96%</td>
<td>83.53%</td>
<td>-.43%</td>
</tr>
<tr>
<td>Timely Service Plans</td>
<td>95%</td>
<td>75.87%</td>
<td>75.94%</td>
<td>+.07%</td>
</tr>
<tr>
<td>CW Stability</td>
<td>Info only</td>
<td>45.58%</td>
<td>53.78%</td>
<td>+8.2%</td>
</tr>
</tbody>
</table>

* The permanency figure is from FY21. The remaining percentages are FY20.
** FYTD POS Permanencies through March are 22.40%. 29.86% is a 12-month projection without the nationwide pandemic being factored.

Agency Performance Monitoring & Execution Team - Monitoring of DCFS Performance - The Division of Monitoring will begin to monitor the performance of DCFS foster care and intact family service teams. While the DCFS Division of Quality Enhancement facilitates the activity in providing performance data via OER and OER Plus, the APT model of monitoring has proved effective in moving the performance of the private sector in a positive direction. As of FY 2018 POS monitoring was realigned with DCFS Regional Management. The Agency Performance Monitoring & Execution Team Supervisors continue to report to Regional Program Managers to provide insight and direct communication with local leadership and organizations. Monitoring administration now oversees the Program Managers in each region to develop statewide monitoring uniformity.

There is a current trend towards Agency Performance Monitoring & Execution Team further monitoring the successful completion of Child & Family Team Meetings. This will allow the Agency Performance Monitoring & Execution Team to monitor further compliance of the agency participation of CFTM’s and the goal is to increase permanencies.

The Agency Performance Monitoring & Execution Team continues to work with the agencies related to child safety and well-being, the engagement of quality service provision and supervision, permanency issues, caseload ratio and staffing issues and overall compliance with the program plan related to the above factors.

COVID has changed the way that services are provided to the families and agencies that the Agency Performance Monitoring & Execution Team serves. Due to COVID, many of our private partners have closed their physical offices full time to the public, including the families served by child welfare. Due to COVID, there has been an increased participation in CFTM and ACR meetings as the caretakers, stakeholders and advocates can attend meetings which were
previously required in-person via web ex. This also has decreased the number of missed ACR meetings by families, casework and supervisory staff. This has increased the actual number of CFTM meetings held as it may be easier for others to join via web ex instead of in-person.

COVID has not discontinued in-person visits to the children and families that served as casework staff are still meeting in person with children and families as needed and as required.

The Agency Performance Monitoring & Execution Team will continue to apply a focus on permanency and those youth in an Adoption or Guardianship goal.

The Agency Performance Monitoring & Execution Team will continue to monitor and oversee the casework service provision of our Private agency partners and to include DCFS. The Agency Performance Monitoring & Execution Team will continue to meet with agency administration to offer monitoring, training, mentoring, consultation, auditing and oversight as needed to assist the supervisory and casework staff in assuring safety, permanency and well-being for the children and families that we serve. The Agency Performance Monitoring & Execution Team will continue to advise when new policy or procedures are released. The Agency Performance Monitoring & Execution Team will continue to support the field related to rules and procedures, casework practice and be a voice for the children that we serve.

Quality Child & Family Teams promote permanency. The Agency Performance Monitoring & Execution Team is looking forward to the development and finalization of new dashboards to be used to measure quality assessment tools that will support quality practice and reach favorable outcomes for children. The Agency Performance Monitoring & Execution Team will continue to monitor agencies for contractual compliance.

The Agency Performance Monitoring & Execution Team will continue to look towards the future to in working with our private agency partners to provide safety, permanency and well-being to the children and families of Illinois.
Chapter 11 – Financial Information

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

DCFS will continue to comply with all the financial requirements affecting title IV-B, subparts 1 and 2 and those specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

Section 1 - Title IV-B, Subpart 1:

$ 9,838,405 FFY 2019 Award
$ 9,967,451 FFY 2020 Request

DCFS will not spend more title IV-B, subpart 1 funds during any of the Federal fiscal years (FFYs) 2015 - 2019 than the state expended for those purposes in FY 2005 (per section 424(c) of the Act). The Final FFY2005 IV-B Subpart 1 allotment was $11,327,464.

State expenditures of non-federal funds for foster care maintenance payments used as state match for title IV-B, subpart 1 funds awarded for FFY 2018 will not exceed the amount of non-federal fund expenditures applied as state match for that program during FFY 2005 (per section 424(d) of the Act). DCFS' CFSP includes information on the amount of non-federal funds expended for foster care maintenance payments which were used as title IV-B, subpart 1 state match for FFY 2005.

No more than 10% of the federal title IV-B, subpart 1 funds will be expended by DCFS for administrative costs (section 424(e) of the Act). These expenditures will be included in the annual budget request for administrative costs on the CFS-101, Parts I and II.

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Section 2 – Title IV-B, Subpart 2:

Estimated Title IV-B, Subpart 2 Expenditures for FFY 2020, By Category:

<table>
<thead>
<tr>
<th>$12,153,777</th>
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<tbody>
<tr>
<td>$3,646,133</td>
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<tr>
<td>$2,430,755</td>
</tr>
<tr>
<td>$2,673,831</td>
</tr>
<tr>
<td>$3,403,058</td>
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</tbody>
</table>

DCFS agrees to spend a “significant” portion of the title IV-B, subpart 2, Preserving Safe and Stable Families (PSSF) grant on each of the four PSSF service categories: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. Currently, the term “significant” is interpreted by ACF to mean at least 20 percent of the grant total. Information will be included in the DCFS' APSR if DCFS does not continue to spend a “significant” portion of its title IV-B, subpart 2 grant award on any of those...
four service categories. The amount allocated/assigned to each service category will only include funds expended for service delivery. Any amount allocated/identified with planning and service coordination will be reported separately. The estimated expenditures for services provided will be reported on the CFS-101, Part II.

For many years the State of Illinois has only expended title IV-B, subpart 2 funds for the provision of client services. However, DCFS recognizes that no more than ten percent of federal funds under title IV-B, subpart 2 may be spent for administrative costs (per section 434(d) of the Act). DCFS also recognizes that this limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.

The state will provide the state and local expenditure amounts for FFY 2018 under title IV-B, subpart 2 for comparison with the FFY 1992 base year. This comparison is needed to provide assurance that federal funds awarded under this subpart are not used to supplant federal funds or non-federal funds for existing services and activities as required by section 432 (a) (7) (A) of the Act. Additional information related to the percentage of title IV-B, subpart 2 expenditures, by service category, is also provided in order to further demonstrate that the non-supplantation requirements for title IV-B, subpart 2 services are adhered to. DCFS proposes to continue claiming title IV-B, subpart 2 funds for services provided under the four PSSF service categories during FFYs 2021 through 2025.

DCFS will continue to comply with all financial requirements affecting title IV-B, subparts 1 and 2 and the reporting requirements specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

More services will be offered under the four PSSF service categories than will be claimed by DCFS. However, the amounts claimed by DCFS will be limited to the percentages shown above. Historically, the State of Illinois has expended more dollars for title IV-B services than are reimbursed by the federal government under title IV-B, subpart 2. The CFS-101, part II submitted in support to this application shows that the estimated spending on eligible title IV-B, subpart 2 services exceeds the funds available under the grant. Additionally, DCFS will continue to fund all administrative and planning activities associated with title IV-B, subpart 2 services during FFYs 2016 through 2020 from state funds. If this should change for any reason, the State will revise this section of the APSR. DCFS will continue to adhere to the federal requirements regarding permissible uses of and substantial funding for each of the service categories claimable under title IV-B, subpart 2.

If the State of Illinois intends to release or apply for the reallocation of funds under title IV-B, subpart 2, the CFCIP, or the ETV program, DCFS will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101.

**Maintenance of Effort and Non-Supplantation:** The Department adhered to the Maintenance of Effort requirements set forth in section 432(a)(7)(A) and in 45CFR 1357.32 (f) of the compilation of title IV-B and title IV-E and related sections of the Social Security Act. During the remainder of FFY 2021, DCFS will continue to adhere to these Maintenance of Effort requirements and assure that federal funds provided to the State of Illinois under title IV-B, subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities.
During FFYs 2016 through 2020, DCFS has ensured, on an annual basis, that a “significant” portion of each mandatory service category is provided to at-risk families throughout the State of Illinois. That will continue during the remainder of FFY2021.

DCFS has demonstrated that the requirements of ACYF-CB-PI-14-03, Section E, Parts 1 through 5, have been met. This has been documented in the filing of the CFS 101, Parts I, II, and III as required, for each of the FFYs 2016 through 2020.

**Non-Supplantation:** To date, DCFS has complied with the non-supplantation requirements during each of the years covered by and reported on under the current 5-year plan and assures that it will comply with these requirements during the remainder of FFY2021.

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 DCFS. The base year used to establish that expenditure level was FFY 1992. This base level was determined by DCFS’ Office of Planning and Budget through a search of various databases from the 1990s when these requirements were put in place. Once the base level of expenditures has been determined it does not change.

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

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

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

**Family Support Services:**

The FFY 1992 baseline level was initially calculated in the “FY94 Plan to Plan,” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under the “Promoting Safe and Stable Families”
provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the level established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the $500,000 federal threshold. The baseline amount for Family Support Services under title IV-B, subpart 2 is $740,200.

Family Preservation Services:

The FFY 1992 baseline level was initially calculated in the “FY 94 Plan to Plan” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the $500,000 federal threshold. The baseline amount for Family Preservation Services under title IV-B, subpart 2 is $13,019,600.

Time-Limited Family Reunification Services:

The FFY 1992 baseline for Time-Limited Family Reunification services was established by retrofitting the definition and provisions of title IV-B, subpart 2 with comparable/equivalent target population, expenditures and services. During FFY 1992, the Department’s total estimated expenditures and service level for all Family Reunification Services was $4.2 million for approximately 354 families. The baseline for Time Limited Family Reunification Services is much smaller because only a small portion of title IV-B, subpart 2 funds was spent for those services. Additional analysis of services during the baseline period revealed that the length of time children remained in substitute care during FFY 1992 baseline period was 30 months in downstate counties, and 60 months in Cook County. The FFY 1992 rate of time-limited reunification was calculated to be approximately 20% of the total based on the length of placement before reunification. (In other words, in the baseline year, 20% of all reunifications met the timeline later set for early reunification). Consequently, the baseline for Time-Limited Family Reunification Services under title IV-B, subpart 2 is $834,500.

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

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

DCFS Adoption Promotion and Support Services baseline is difficult to calculate as so few services were offered or purchased during or prior to FFY 1992. The oldest data available at the time that DHHS established a baseline for these services was FFY 1996. The program grew more than 50% between SFY 1992 and FFY 1996. Therefore, the Adoption Promotion and Support Services baseline is well below the FFY 1996 expenditures. In FFY 1996, $1,279,858 was spent on adoption preservation services and not more than $1,360,572 was spent on post-adoption support services. Therefore, the FFY 1996 baseline would be no more than $2,640,430. The FFY 1992 baseline for these services would be lower, estimated at less than $1.8 million.

<table>
<thead>
<tr>
<th>Title IV-B, part 2 Service</th>
<th>Baseline Amount</th>
</tr>
</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</td>
<td>$834,500</td>
</tr>
<tr>
<td>Adoption Promotion and Support</td>
<td>Less than $1,800,000</td>
</tr>
</tbody>
</table>

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Other Fiscal Information:

- Federal funds expended in FFY 2019 under title IV-B, subpart 1: $9,838,405
- Federal funds expended on administrative costs in FFY 2017 and FFY 2018 for title IV-B, subpart 1: no administrative support charges were made to the program; however, caseworker costs, both public and private, are charged to the program based on the amount of time spent providing case management services to DCFS youth in foster care and families that are not charged to any other federal program.
- Federal funds expended in FFY 2019 for monthly caseworker visits under title IV-B, subpart 2: $777,309

DCFS will continue to supply relevant fiscal information for the remaining time period covered under the current CFSP.

The federal funds expended under each of the four categories of services in FFY 2020 for Promoting Safe and Stable Families (PSSF) Program and for planning and administration are noted below:
Family Preservation Services $3,646,133.00
Family Support Services $2,430,755.00
Family Reunification Services $2,673,831.00
Adoption Promotion and Support Services $3,403,058.00
Total for other service-related activities, including planning $0.00
Total administration (not to exceed 10%) $0.00

During FFY 2019, over $62.6 million was expended on eligible services under title IV-B, subpart 2; however, as previously noted, only a portion of those eligible expenditures was claimed for federal reimbursement because eligible expenditures for services exceeded the amount of the allotment. The program categories listed below are consistent and synonymous with the program categories previously described. In FFY 2019 these included:

- Family Preservation Services: Intensive Family Preservation/Intact Family Services;
- Family Support Services: Extended Family Support Services; Family Habilitation; Family Advocacy Centers;
- Family Reunification and Time Limited Family Reunification Services; and
- Adoption Promotion and Support Services: Intensive Adoption Preservation, Maintaining Adoption Connections, Older Caregiver Programs, Post-adoption counseling, therapy, therapeutically prescribed day care programs and Adoption Respite. (No other day care services are funded from title IV-B).

### Estimated and Actual Expenditures for FFY 2019

Actual expenditures under title IV-B, subparts 1 and 2 for FFY 2019 were slightly less than the estimated expenses. The final grant award of title IV-B funds were spent as follows: 29% for Family Preservation Services, 23% for Family Support Services, 20% for Time-Limited Family Reunification Services, and 28% for Adoption Promotion and Support Services.

<table>
<thead>
<tr>
<th>Category of Title IV-B, Part 2 Funds – FFY 2019</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total title IV-B, subpart 2 (PSSF) funds:</td>
<td>$12,285,399</td>
<td>$12,125,210</td>
</tr>
<tr>
<td>Family Preservation Services</td>
<td>$3,685,620</td>
<td>$3,516,560</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>$2,457,080</td>
<td>$2,788,137</td>
</tr>
<tr>
<td>Family Reunification Services</td>
<td>$2,702,788</td>
<td>$2,425,214</td>
</tr>
<tr>
<td>Adoption Promotion and Support Services</td>
<td>$3,439,911</td>
<td>$3,395,299</td>
</tr>
</tbody>
</table>

### Section 4 – FFY 2022 Budget Request (CFS-101, Parts I and II)

As part of the APSR, DCFS 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. DCFS will complete Part II of the CFS-101 to include the estimated amount of funds to be spent in each program area by source, the estimated number of individuals and families to be served, and the geographic service area within which the services are to be provided.

### FFY 2022 Budget Request (CFS-101, Parts I and II)

The signed CFS-101 Part I for FFY 2022 as a PDF document will be submitted to the ACF on or before June 30, 2021. The CFS-101 Part II for FFY 2022, that does not need signature, will also be submitted to the ACF on or before June 30, 2021 as a PDF document. If DCFS intends to release or apply for funds for reallocation under
title IV-B, subpart 2, the CFCIP, or the ETV program DCFS will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101, so that ACF will be able to re-allocate the funds in accordance with the prescribed formulas.

**FFY 2019 Title IV-B Expenditure Report (CFS-101, Part III):** The signed CFS-101 Part III final report for FFY 2019 will be submitted to the ACF on or before June 30, 2021 as a PDF document. For FFYs 2020 through 2021 DCFS will continue to meet the requirements. The State will report funds expended in each program area of title IV-B funding by source, the number of individuals and families served, and the geographic service area within which the services were provided. The state must track and report annually its actual title IV-B expenditures, including administrative costs for the most recent preceding fiscal year for which a final Standard Form 425 (SF-425) Federal Financial Report (FFR) has come due.

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**Section 6 – Financial Status Reports – Standard Form (SF-425):** The State will report expenditures under title IV-B, subparts 1 and 2, CAPTA, and CFCIP on the Financial Status Report, SF-425. A separate SF-425 will be submitted for each program for each fiscal year. Each SF-425 will be submitted in accordance with the applicable requirements specified in the Program Instructions issued in April 2021. It is understood that a negative grant award will recoup unobligated and/or unliquidated funds reported on the final SF-425 for the title IV-B programs, CAPTA, CFCIP and ETV programs. The original SF-425 for each program will be submitted by the dates through ACF’s Online Data Collection (OLDC) System. Financial Status Reports (SF-425s) will be submitted by the dates specified in the Program Instructions. The State will submit an electronic SF-425 for the programs listed above through the ACF Online Data Collection (OLDC) system.

**Title IV-B, Subpart 1:** The State will submit the SF-425 fiscal report for expenditures under title IV-B, subpart 1 at the end of each 12-month period from October 1 through September 30, of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year. The SF-425 report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be shown on both the interim and final reports. Funds under title IV-B, subpart 1 will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded.

(The State acknowledges, and will comply with, this requirement: A state that has been notified of the need to provide a higher percentage match for a specific fiscal year, due to a determination that the state has failed to meet a performance standard for monthly caseworker visits, must report that higher match on the final financial form [section 424(f)(1)(B) and 424(f)(2)(B) of the Act]). The state must expend the funds under title IV-B, subpart 1 by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2020, funds must be obligated by September 30, 2021 and liquidated by December 31, 2021).

**Title IV-B, Subpart 2 – PSSF:** The State of Illinois will submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 PSSF program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be reported on both the interim and
final reports. Funds under title IV-B, subpart 2 (PSSF) will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2020, funds must be obligated by September 30, 2021 and liquidated by December 31, 2021).

Since discretionary funds under PSSF are to be expended for the same purposes as the mandatory funds, no separate reporting is required to distinguish between these expenditure amounts. The state will report the cumulative expenditure amount on the SF-425. Unobligated funds reported on the final financial status report will first be recouped from the discretionary funds.

**Title IV-B, Subpart 2 – Monthly Caseworker Visit Funds:** States are required to submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 Monthly Caseworker Visit program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. These reports will be separate from the SF-425 reports for the PSSF program. The State will submit the SF-425 report at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of each Federal fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. Funds for these years must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2020, funds must be obligated by September 30, 2021 and liquidated by December 31, 2021). The required 25% state match will be reported on both the interim and final fiscal reports.

**CAPTA:** Funds under CAPTA must be expended within five years (e.g., for the FFY 2017 award, funds must be expended by the State by September 30, 2021). The State will submit the SF-425 fiscal report for CAPTA at the end of each 12-month period from October 1 through September 30 of the five-year expenditure period. The SF-425 fiscal report covering each 12-month budget period is an interim report and the report covering the entire five-year grant period is the final report. The interim and the final reports are due 90 days after the end of the applicable 12-month period. There is no state match requirement for this program. DCFS will continue to provide all required information during the 5 year CFSP covering FFYs 2018 - 2022.

**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-month period from October 1 through September 30 of the two-year expenditure period. Reports are due 90 days after the end of each fiscal year. The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 20 percent State match must be reported on both the interim and final fiscal reports. Funds under CFCIP and ETV must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2020, funds must be obligated by September 30, 2021 and liquidated by December 31, 2021).

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

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