ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Annual Progress and Services Report

FY 18
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**Addenda**

- A  Training Plan
- B  Disaster Plan
- C  Healthcare Oversight and Coordination Plan
- D  Diligent Recruitment of Foster and Adoptive Homes
- E  CAPTA
- F  Citizen Review Panel

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### Acronyms

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<td>Administration for Children and Families</td>
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Chapter 1 – General Information

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 child care, 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 86% 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 selects community-based agencies and organizations to provide a full continuum of services.

A rich array of service provision is available for children and families. DCFS makes contract dollars available to private agencies to provide day to day operations. Day to day operations 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.

ILDCFS has experienced a year of challenges but also promising change. DCFS has continued to operate despite no approved state budget for FY 2016 or FY 2017. Prior to Senate confirmation of DCFS Director George Sheldon, DCFS had seven Directors and acting Directors within the last three years. Shifting priorities during leadership changes have been challenging due to the focus of various Directors and acting Directors. On January 13, 2016 the Senate confirmed DCFS Director George Sheldon. He is the first DCFS Director to receive Senate confirmation since 2012.

On May 31, 2017 Director Sheldon resigned his position as DCFS Director. Interim Director Lise Spacapan will provide leadership for a period of 60 days as a nationwide search is initiated by Illinois Governor Bruce Rauner.

While the Director’s departure is yet another change for DCFS, this Director and senior leadership displayed forward thinking such as the implementation of Immersion sites and the implementation of a practice model that are contained within a BH Consent Decree related court order. This
foresight reinforces stability and continued forward movement of the many initiatives of the past two years.

In Feb 2016, the executive leadership and private agency representatives met for two days of strategic planning hosted by the Casey Foundation. Discussions focused on data presentations around safety, permanency, and wellbeing, specifically “repeat maltreatment” “children entering care” “young children entering care” “timeliness and stability” “permanency for long stayers” as well as Illinois congregate care trends and population profile. From this work, came the foundation for a new direction a proposed mission, vision, and values statement and strategic plan. Critical to the planning has been the alignment of the strategic plan with the Child and Family Service Plan 2014 – 2019 and the Child and Family Service Review outcomes and measures. Transparency and engagement of stakeholders has been a priority.

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

Link to the Strategic Plan –

Link to the Organizational chart -

Link to the 2017 APSR –

Collaboration

DCFS has ongoing collaboration with a number of state partners, advisory groups, community partners, and is in the process of developing innovative new strategies which will be described below:
• Purchase of Service - DCFS collaborates in the sharing of statewide system performance data on a regular basis with Purchase of Service (POS) providers through the Child Welfare Advisory Council (CWAC) and its various subcommittees.

• PIP Workgroups - Illinois Program Improvement Plan (PIP) workgroup related data and updates are provided and discussed throughout the year and POS agencies have provided valuable input into DCFS planning efforts and contracting issues through this long-established communication infrastructure. Although not currently under a PIP, DCFS continues to utilize its Regional PIP Workgroups as a way to bring together DCFS and POS managers, CQI staff and Supervisors to review regional performance data that ties back to the Illinois PIP and to develop joint DCFS/POS regional strategies in an effort to improve outcomes.

• Performance Data Site - The Department’s Agency Performance Data Site, which went live in September 2013, has provided greater opportunities for POS providers and DCFS staff to more readily access the strategic planning goals outlined in the Illinois CFSP.

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

**Administrative Office of the Illinois Courts (AOIC) –** The AOIC continues in its work related to permanency. Their contribution is related to reducing the time that children spend in substitute care and to ensure that casework practices and the system designed to facilitate permanency are working effectively. The creation of Child Protection Data Courts in 2011 has allowed the AOIC to more effectively monitor issues affecting permanency, and data has been gathered to explain trends and improve efficiency. Some of the initial data collected 2011-2014 has been able to show the following trends:

• Continuances: More continuances in a case, the longer the time to achieve Adjudication, First Permanency Hearing, TPR and case closure
• Judicial Continuity: Fewer judicial changes in a case, the shorter the time to Adjudication, First Permanency Hearing, TPR and case closure
• Attorney Continuity: Fewer changes in attorney for the child, mother, the father, and state’s attorney in a case, the shorter the time to Adjudication, First Permanency Hearing, TPR, filing of the service plan and case closure
• CASA: Appointment of a CASA in a case, the shorter the time to permanency (2011, 2013, 2014)

The AOIC has also improved its collaboration with DCFS in several key program and planning areas. To better facilitate joint initiatives, the Court Improvement Program Advisory Committee has been expanded to include additional members of the DCFS staff. Along with the Deputy Chief of Staff and members of the Office of Legal Services, new committee members include staff from the Division of Quality Assurance, the Office of Professional Development, Permanency, and an ICWA Specialist. The full committee met in-person on April 6, 2017. Subsequent meetings will be held quarterly. Other noteworthy collaborations include:
Court Improvement Program Annual Meeting
The annual CIP meeting, historically convened in the Washington, D.C. area, was held regionally, in Chicago, on April 10-11, 2017. The primary focus of the meeting was to assist the court and child welfare teams in planning and implementing the joint project identified by the AOIC in their last Court Improvement application for funding. Illinois will be piloting a service provider court report in Jefferson County that highlights a child's current placement status and a permanency data dashboard. The intent is to provide the judge and stakeholders with essential and streamlined information related to the status and progress of each child's case so that each child receives a quality, timely hearing so that each child reaches a suitable permanent home in the shortest time possible. All three members of the AOIC CIP team attended along with Lise Spacapan and Neil Skene from DCFS.

Child Protection Circuit Teams
Several Child Protection Circuit Teams (CPCTs) meet across the state. The purpose of the teams is to address system issues related to the abuse and neglect court room. They discuss improvements to the process, hold trainings and collaborate with stakeholders. Many of the teams review data as part of the AOIC Child Protection Data Courts Project or data provided by IDCFS. The data helps to drive the discussion regarding system change. Samples of CPCTs currently operating are in LaSalle County, Kane County, DuPage County, Winnebago County, McLean County, and Jefferson County.

Title IV-E Review
Staff from AOIC participated in the last Title IV-E review with DCFS’s Office of Federal Financial Participation in order to improve the accuracy and thoroughness of court Petitions and Orders that are issued in each Illinois County. Findings from the Title IV-E Review have been incorporated into subsequent judicial and attorney trainings (for example, key findings and quality petitions). To further these training efforts, the AOIC and DCFS are working to develop a webinar training for juvenile judges and attorneys to outline specific findings required to be included in the court orders when removing children from their parents or guardians. A Quick Reference Guide of required findings for abuse and neglect cases is also close to completion.

DCFS Immersion Sites
Court stakeholders continue to be members of the local DCFS Immersion Sites and are a part of practice.

Judicial Education Conferences
AOIC coordinates a bi-annual Judicial Education Conference (Ed Con). The next Ed Con is scheduled for 2018 and includes juvenile related sessions on permanency/adoption, transitioning older youth into adulthood and trauma. IDCFS is assisting with these sessions with identifying youth available to present and Director Sheldon will be a featured speaker for the permanency/adoption session. In addition, the AOIC is holding the first biennial Juvenile Conference for Illinois judges. The conference centers on the theme of the trauma informed courtroom and speakers will include Director George Sheldon as well as former foster care youth.
DCFS Summit
AOIC assisted in the development of court stakeholder related session for the 2016 DCFS Transformation Summit. Topics included: CPDC Project data, transitioning older youth, and LBGTQ youth in care. The AOIC will once again be assisting with the 2017 Summit.

B.H. Expert Panel - Under the B.H. consent Decree the Department has been working with a panel of court experts to improve the outcomes for our highest needs children and youth. Under that operational premise, the department has been focusing on specific pilots, projects, and initiatives which are intended to improve the outcomes of children and youth across the state. Because these projects are Pilots they do not exist across the state and may represent demonstration models, prior to scaling to statewide implementation. This process was recommended by the expert panel to better control the plan. Some of these projects include:

- **Immersion sites** - This delivery mechanism is focused on how we will spread our core model of practices, how we will re-engage the core of our workforce, how we will re-empower lower level decision making, and how we look for policies, procedures, and rules which prevent effective practice.

- **Beyond Medical Necessity** – Pilot to reduce beyond medical necessity in our psychiatric facilities working to ensure appropriate placements are available to transition them to more community based placements. This began in September 2016 and is overseen by the Office of Clinical Practice.

- **Quality Service Review (QSR)** – This process will take a randomized sample of cases and attempt to identify learned lessons and roadblocks. This intervention and teaching tool is designed not to be punitive rather corrective, and educational. QSR’s will begin in immersion sites and provide essential feedback as we roll that process throughout the state over the next 5 years.

- **Residential Monitoring** - This pilot focuses on changing the format, focus, and execution of effective monitoring and intervention. The Pilot will begin in three sites, but will offer a team approach to monitoring; the team includes clinical, contracts and a monitor. This team approach means more coordination and more of a focus on the outcomes of this treatment modality. This began in January 2017 and is overseen by the Office of Monitoring.

- **IT innovations** - These include Mindshare, CCWIS, and B.H. innovations. These three key areas describe all the technological innovations which are coming to the department.

- **Regenerations** is a pilot that provides extra resources, tools, supports, to better ensure youth are not sitting in detention centers beyond their release date focused solely on Cook County with a maximum impact population of 65 youth.

Immersion Sites - In November 2016 DCFS launched the Immersion Site initiative in four pilot sites which have served as a testing ground for an innovative, team-based approach to addressing issues that can complicate the child welfare system. The initial sites are in Lake County (Northern Region), Rock Island County (Central Region) and St. Clair and Jefferson Counties (Southern Region) with Rock Island also including two surrounding counties, and Jefferson also including four additional counties. In each of these sites all community stakeholders, including the youth, birth parents, foster parents, DCFS and private agency staff, guardians ad litem, court-appointed special advocates, court judicial officers, residential and group home staff and other community resources, come together in order to build and implement a “Core Practice Model” that puts children and families at the center of child welfare practice.
The Core Practice Model is a key component of the Immersion Site intervention and has three distinct elements:

- The first is Family-centered, Trauma-Informed, Strength-based (FTS) Child Welfare Practice Model that teaches front line caseworkers better ways of engaging families at the first contact, assists caseworkers in more thoroughly and compassionately assessing families’ and children’s needs allowing the family and child a better opportunity to be honest in reporting their existing strengths and needs. The FTS model builds parental capacity by focusing on family and individual strengths.

- The FTS Model will be supported and sustained by the second element of the Core Practice Model, the Model of Supervisory Practice or MoSP. The MoSP trains supervisors to support, coach and reflectively supervise front line caseworkers to insure the FTS practice is consistently implemented and that front line workers have the support they need to continue to compassionately engaging families.

- The third element of the Core Practice Model is the Child and Family Team (CFT) that serves as the primary vehicle to engage youth, families and community stakeholders in the ongoing planning and organizing of the supports and services that the child and family need to move toward permanency.

The Immersion Site intervention also has clearly defined practices that will enhance work with children and families to promote improved outcomes:

- Coaching and Mentoring - professionally trained staff with work directly in the field with front line staff and supervisors to ensure regularly scheduled, well facilitated child and family team meetings are held, and will assist staff in engaging families in a meaningful process throughout the case.
- Service Array Development and Flexible Funding – Capacity building will be conducted within the Immersion Sites’ geographic area, as intensive home, school and community based services are not widely available at this time.
- Quality Service Reviews (QSR) and Quality Assurance – QSR is a practice-improvement approach designed to assess current outcomes and system performance by gathering information directly from families, children and service team members.
- Regionalization of Administrative Functions – Implementing regionalization of current statewide processes will reduce administrative burdens that caseworkers currently face, and will allow caseworkers and supervisors to report barriers and obstacles to an Immersion Site Director who will have administrative authority to make needed decisions.
- Improved Data Analytics – The development of increased data availability and analytics within Immersion Sites will allow caseworkers, supervisors and other administrators to access real-time data regarding youth and families’ progress toward permanency.

DCFS continues to develop the Immersion Sites programs and practices, engaging community stakeholders, including the courts and service providers, and plans to launch additional sites in the Fall of 2017.

**Illinois Child Welfare Strategic Plan** - The Illinois Department of Child and Family Services (IDCFS) Leadership Team met with leadership from the Child Welfare Advisory Council in
February of 2016 for an externally facilitated strategic planning session. This time together provided an opportunity for a robust discussion about the department’s past, present and future. The result of this session was the foundation of a focused mission, vision and set of values to guide us forward, which are delineated on page 6.

This agreed-upon foundation was a guide to drafting the Illinois Child Welfare Strategic Plan. The first step was an internal assessment of the current outcomes for the families DCFS serves, and the general state of our child welfare system, along with a simple question “Where does this agency want to be in the next 5 years?” What would it take to achieve our goals of increased permanency, and supporting families with services and assistance in their homes rather than through foster care? With that core view of improvement, the Department developed a working draft and immediately began our public engagement and Plan enhancement process. This effort was led by the Division of Strategic Planning and Innovations who presented the strategic planning process, sought feedback and insight, and highlighted a new communication email for anything that agencies, providers, staff, families, and youth wanted to add. This included presenting at 110 in-person meetings and coordinated four town halls hosted by the Director with attendance of over 1000 people across the state.

During this entire process feedback was integrated, and by May 2016 a second working draft was created. Understanding that it is difficult to attend in-person meetings, a public engagement portal was opened to continue public input and build a community approach to system transformation. The result was over 850 pages of public comments on the Plan, which feedback was integrated directly into the Plan.

During this process of transformation of IDCFS, Illinois was entering into a similar transformation of all our Health and Human Services (HHS) agencies, with the core understanding that only together are we successful in serving the families of Illinois. The core values of the HHS transformation were prevention and population health, pay for value, quality, and outcomes, institutional to community care, education and self-sufficiency, and data integration and predictive analytics. 13 State agencies, including Department of Corrections, Public Health, Juvenile Justice, Healthcare and Family Services and others, entered into a coordinated transformation process. Our plan features these core values of improvement; however DCFS views them under the basic framework of essential functions of a state child welfare system. To strengthen families, to achieve permanency through foster care, to create quality transitions to adulthood, and to ensure the agency administration is focused on paying for value, quality, and outcomes.

The final Illinois Child Welfare Transformation 2016-2021 Strategic Plan, was introduced and disseminated at the Inaugural Illinois Child Welfare Transformation summit held in September 2016 with the support of Casey Family Programs. Over 800 people from across the state, across the child welfare and social services arena joined in the conversation about thinking about child welfare differently! ACF Commissioner Rafael Lopez, state legislators and senators, youth, family of origin, adoptive parents, private agency leaders, lawyers, judges, and others all attended the 2-day event.

1 www.illinois.gov/DCFS/pages/default.aspx
The first quarter since introducing the Strategic Plan has been completed, and as intended, this has not been a static document. There has been progress toward executing the ideas and framework created in this plan. Looking forward to the next five years, an Addendum to the Strategic Plan will be created annually and will be distributed at the Child Welfare Transformation Summit and on-line.

The intent of the Addendum is to detail the progress, program development, and interventions implemented. As a state, much as been learned regarding effective implementation, needs testing, and evaluations. This means that some programs should not and cannot be immediately implemented state-wide. The downside is not all the children and families may experience the interventions that have been put into place. By creating transparency regarding where and what programs/models/interventions are being tested, there will be improved communication between the Department and our stakeholders in the process and the findings of those interventions. This communication and transparency also helps providers to prepare for any changing expectations or changing direction of foster care and other programs.

This Addendum may include a scorecard of performance (Data + a Public Opinion Survey). The Public Opinion Survey will help ensure that the Department is actively seeking the voices of the families and communities served, in order to improve how and what are delivered to support families.

The Strategic Plan, the strategic priorities, and the public engagement will all be used to have more targeted conversations with the budget and finance division to ensure that the Department has a clearly communicated set of initiatives and interventions that are planned to be executed in the following years. This public engagement strategy will also help build the level of trust and community engagement around specific focuses. DCFS recognizes that if we endeavor to accomplish improving outcomes for children and families alone, we will fail alone. Only by engaging our community providers to work together can there be a shared vision for how to move our system forward and truly transform child welfare here in Illinois.

The 2016-2021 Strategic Plan continues to frame our goals, focus, and priority over the next five years, moving toward a family-centered, strengths-based practice and trauma-informed approach where the needs of children and families always come first.
Chapter 2 – Assessment of Performance

Child and Family Outcomes

NOTES:
During SFY17, Illinois completed a large-scale, statewide review of 36 cases in the fall of 2016. Of the 36 cases, 25 were foster care and 11 were in-home. Beginning February 2017, Illinois moved to a monthly OER review process. Each month, from February – October, 11 cases are expected to be reviewed for an annual total of 99 cases. For this report, OER 3 data will reflect all reviews completed between September 2016 – April 2017 (a total of 69 cases, of which 50 were foster care and 19 were in-home).

Child and Family Outcomes

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

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

In the 2016 APSR, we reported that the data for S1 and S2 suggested significant improvement in both Outcomes (94.6% for S1, and 86.4% for S2).

In the 2017 APSR, we reported that the combined foster care and in-home data for S1 and S2 from the OER 3 “pilot” review launched in the Spring 2016 suggested improvement for Outcome S1 (100% substantially achieved) and that performance in Outcome S2 had declined somewhat to 81.25% of cases reviewed.

For this APSR (FFY18), data for Outcome S1 shows maintained performance at 100% regardless of case type, and a significant decline in performance for Outcome S2:

```
<table>
<thead>
<tr>
<th>OER3 Outcome Enhancement Review 2016 &amp; 2017 Data</th>
<th>September 2016 - April 2017 OER 3 Data: Running Totals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care Cases</td>
<td>In-Home Cases</td>
</tr>
<tr>
<td>%SA/S</td>
<td>#Substantially Achieved</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT</td>
<td>100.00%</td>
</tr>
<tr>
<td>Outcome S2, CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE</td>
<td>78.00%</td>
</tr>
</tbody>
</table>
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Outcome S1 Discussion

OER 3 data related to the timeliness of investigations (Item 1, the only Item in Outcome S1) continues to demonstrate strong performance no matter the case type (100% strength). Investigating reports of abuse/neglect in a timely manner is a historical strength for IDCFS.

Since the 2012 reorganization within child protective services to put more staff on the front line, IDCFS has remained committed to sustaining adequate staffing levels in child protection to ensure child safety, in spite of statewide budgetary issues. In addition, in July 2015 Area Administrators’ duties were reorganized with the Area Administrators able to focus on one specialty such as child protection. As a result, compliance with meeting 24-hour mandates has improved, with number of missed mandates falling from 179 reports (.26%) in FY14 to 142 reports (.20%) for FY15.

Fiscal Year 2016, however presented some challenges for the division of child protection as vacancies increased while qualified candidates for child protection investigators positions decreased. Lists of eligible candidates were depleted. As a result, caseloads have increased and as a consequence, the 100% compliance goal of initiating new reports in 24 hours also increased slightly.

The Department has taken major steps over the past year to increase the pool of eligible candidates to include additional expanded degrees which will qualify, requested special grading sessions with Central Management Services to review applications, and enhanced recruitment activities for qualified candidates by the Division of Employee Services. This is beginning to result in reduced vacancies and caseloads and should assist in attaining compliance with the 24 hour initiation mandate. Caseloads are reviewed monthly to ensure staffing levels are adequate based on intake and as vacancies develop they are reviewed and approved weekly for posting to hire. The Department realizes adequate, well trained staff is the key to child safety.

In the 3rd round of the CFSRs, Item 2 (Repeat Maltreatment) has been 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 table below reflects Illinois’ most recently available performance per the CFSR 3 national indicator safety measures and illustrates that there is improvement to be made:

<table>
<thead>
<tr>
<th>CFSR National Statewide Indicator</th>
<th>National Performance</th>
<th>Illinois Observed Performance</th>
<th>Illinois RSP*</th>
<th>IL Performance Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?</td>
<td>9.68 victimizations (preference is less)</td>
<td>7.98 (FFY13)</td>
<td>11.17 (FFY13)</td>
<td>↓</td>
</tr>
<tr>
<td>*state result multiplied by 100,000</td>
<td>9.88 (FFY14)</td>
<td>12.92 (FFY14)</td>
<td>(adjusted for age at initial victimization)</td>
<td></td>
</tr>
</tbody>
</table>
Illinois has not met federal national standards for either indicator.

**Maltreatment in Foster Care**

During the spring of SFY2016, IDCFS requested the assistance of a University Partner to review and assess all reports of maltreatment in foster care that were reported to NCANDS in FFY2015 to understand causes, patterns and trends related to the data. Previous reviews (noted in the CFSP and FY16 APSR) of this population focused on (and addressed) the use of perpetrator codes and incident date fields.

The Maltreatment in Foster Care Review (FFY15) included a review of 125 reports of maltreatment of children in foster care by a relative foster parent, non-relative foster parent, or group home/facility staff. Findings indicated that:

- A large portion of children being maltreated in care have significant needs (special needs, mental health needs, substance abuse) that require advanced and nuanced care, but foster parents/staff are not adequately trained or supported by the system to meet the caretaking needs of those children.

- Most reports occurred in the Central region of the state, with a sizable number of reports involving heinous abuse at the hands of non-relative, Caucasian male foster parents (Caucasian males were also the common perpetrator in the Southern Region).

- Victims of maltreatment were equally African American or Caucasian (reflecting the disparity of children of color in the child welfare system compared to the state population), between the ages of 5 – 11 years old, and as likely to experience abuse in care as neglect (whereas the reason for entry into foster care was over 70% due to neglect).

- Maltreatment in foster care tends to occur early in a placement episode.

- Relative foster parents were more likely to be indicated for failing to provide supervised visitation between parents and children.
• Group home/facility staff was typically indicated for lack of adequate supervision (particularly of youth with histories of sexual abuse/aggression), sexual abuse of youth, and/or excessive corporal punishment.

• Parents and other relatives (non-parents) are more frequent perpetrators of maltreatment in foster care than are relative foster parents, non-relative foster parents, or group home/facility staff

Comprehensive reports, including recommendations, were completed and submitted to IDCFS, including the following:

1. Consider re-evaluating and assessing the current approach to licensing of foster parents, particularly of non-relative foster parents, to identify areas in which policy and practice can be strengthened to better ensure the safety of children placed in non-relative foster care.
   a. Include DCFS Division of Licensing in the next review of children maltreated in foster care, perhaps to review the licensing files for indicated foster caregivers for (at a minimum): types of licensing activities following a hotline report, alerting placement clearance to prevent further placements, whether the foster parent switched agencies and got re-licensed elsewhere. *(Completed)*

2. Consider re-evaluating and assessing the policy of preference given to placement with a relative over a non-relative, and ensure that the policy provides for a decision NOT to place with relatives, if the relative is likely not a good fit or a good match.

3. Consider developing and implementing a mandatory training (possibly a video training) for all relative foster parents in particular (licensed or unlicensed) on caring for children who have experienced trauma, have mental health concerns, and/or have special needs. *(Completed – revised PRIDE trainings include significantly more trauma-related content)*

4. Consider developing and implementing a mandatory training for all investigators, caseworkers and supervisors geared toward the enhancement of assessment skills – being able to identify issues of concern in foster homes and with foster parents/facility staff, and then act on those concerns. *(Note: the revised P315 training was rolled out during FY17 and had a heavy focus on enhanced assessment)*
   a. The training should ensure staff is competent at conducting assessments of foster parent/facility staff needs in order to better support safety and stability of children in care.
   b. For the next review of children maltreated in foster care, review a sample of children from every perpetrator type, not just a sub-group of them. *(Completed)*

5. Consider conducting targeted reviews to determine:
   a. Why abuse happens more often than neglect in foster care, and
   b. Reasons for high incidence agencies.

6. See also the companion report, “Causes and Patterns of Maltreatment in Foster Care by Group Home/Facility Staff,” for additional recommendations.
   a. Share this report with the Divisions of Licensing *(Completed)* and Monitoring for their review and feedback.

7. Share this report with various stakeholder groups, such as the Foster and Adoptive Parent Advisory Committees. *(Report/findings shared with all Regional PIP Workgroup members, DCFS’ Statewide Quality Council, and executive DCFS leadership)*

8. Consider include findings from this report on D-net and in other internal publications.
While not all of the recommendations have been formally completed, it is important to note that this review/study was just one of several efforts to reduce maltreatment in foster care. Other efforts included (follow links to learn more):

1. Immersion Sites
2. Therapeutic Residential Performance Management Initiative (TRPMI), implemented January 2017
3. Trauma-Informed Training for Foster Parents – The PRIDE training was enhanced and the number of hours dedicated to trauma-informed practice and responses was increased for licensed foster parents. A pilot was completed for unlicensed relative foster parents, and during FY18 there will be a full roll-out of the training which will be mandatory.

The same University Partner has been asked to conduct a review of FFY16 reports, and that review is currently in progress. All perpetrator types are included in the current review; 152 reports (of 362) are being reviewed with the involvement of the Division of Licensing.

Data charts available at the University of Illinois, Urbana-Champaign, Children and Families Research Center Data Center (CFRC, http://www.cfrc.illinois.edu/outcomecharts.php) support the findings from the Maltreatment in Foster Care Review with similar data:

* This metric takes the sum of all children placed in substitute care during the fiscal year, and calculates the percentage of those children that had a substantiated report during placement. This analysis excludes cases lasting less than 7 days, placements lasting less than 7 days, and reports made less than 7 days into the placement. Source: Children and Family Research Center, data from the Illinois DCFS Integrated Database. Extract date: September, 2015. The CFSR measure has several exclusions that may not be factored into the CFRC data.
Maltreatment in foster care is a measure that is monitored by the Department’s Agency Performance Team (APT) and by private agencies on a regular basis. (For information about the Agency Performance Team monitoring, please see Chapter 10.) The performance goal is 100% (no maltreatment in foster care ever). The first chart below illustrates state performance by quarter for FY15 – 17 (quarterly data for FY13 and FY14 was not available):

The second chart illustrates regional performance compared with the state, by Fiscal Year:
The Absence of Maltreatment data in the above two charts further supports that more maltreatment is occurring over time. Cook County data tends to be marginally better than other regions. The table below illustrates that maltreatment in foster care occurs less often for children/youth in specialized foster care, and current performance is improved over FY16:

Recurrence of Maltreatment
CFRC Data Center charts related to recurrence (repeat) maltreatment suggest that statewide, recurrence of maltreatment is trending up (increased occurrence; preference would be for it to trend down). In 2010 the total occurrence was 10.9%, and in 2014 (most recent year available) it is at 12%. This trend is comparable to the CFSR National Indicators data at the beginning of this section.

Regionally, most recurrence is occurring in the Southern Region, followed by the Central and Northern regions. Cook reflects the lowest occurrence of repeat maltreatment:

In the CFSP FFY2015-2019, the state identified safety in substitute care as one of its goals: Goal #1: Reduce the occurrence of maltreatment in out of home care. As such, the state committed to implement activities that would result in improved performance in this area. Please see pages 50-53 of the CFSP FFY2015-2019 and page 105 of this document for more information about implementation and status of the interventions related to the overall goal.

Recurrence of Maltreatment
CFRC Data Center charts related to recurrence (repeat) maltreatment suggest that statewide, recurrence of maltreatment is trending up (increased occurrence; preference would be for it to trend down). In 2010 the total occurrence was 10.9%, and in 2014 (most recent year available) it is at 12%. This trend is comparable to the CFSR National Indicators data at the beginning of this section.

Regionally, most recurrence is occurring in the Southern Region, followed by the Central and Northern regions. Cook reflects the lowest occurrence of repeat maltreatment:

~ 19 ~
This metric takes the sum of all children with a substantiated report of maltreatment during the fiscal year, and calculates the percentage of those children that had another substantiated report of maltreatment within 12 months of the initial report. Source: Children and Family Research Center, data from the Illinois DCFS Integrated Database. Extract date: September, 2015. The CFSR measure has several exclusions that may not be factored into the CFRC data.

Typically white children are at higher risk, although that trend changed in SFY2013 with African American children becoming at higher risk:

Additionally, children age 0-8 (particularly 6-8) are at highest risk of repeat maltreatment:
Recurrence of maltreatment is a measure that is monitored by the Department’s Agency Performance Team (APT) and by private agencies on the Intact dashboard. The performance goal is 100% (no maltreatment during the service period). The table below illustrates improved performance since FY14:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Goal</th>
<th>FY'14 (as of 8/14 run)</th>
<th>FY'15 (as of 7/16 run)</th>
<th>FY'16 (as of 8/16 run)</th>
<th>7/16</th>
<th>8/16</th>
<th>9/16 (FY'17 Q1)</th>
<th>10/16</th>
<th>11/16</th>
<th>12/16 (FY'17 Q2)</th>
<th>1/17</th>
<th>2/17</th>
<th>3/17 (FY'17 Q2)</th>
<th>4/17</th>
<th>5/17</th>
<th>6/17 (FY'17 Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>No maltreatment during service period</td>
<td>100%</td>
<td>88.89%</td>
<td>89.05%</td>
<td>92.06%</td>
<td>93.29%</td>
<td>93.21%</td>
<td>93.20%</td>
<td>92.99%</td>
<td>93.01%</td>
<td>92.87%</td>
<td>92.86%</td>
<td>92.80%</td>
<td>92.71%</td>
<td>94.13%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Some possible reasons for the change in performance in repeat maltreatment are anecdotally noted to be:

1. Between the CFSR 2 and CFSR 3 there was a definition change: in the CFSR 2, recurrence of maltreatment was evaluated over a 6-month period of time; in CFSR 3 it is evaluated over a 12-month period of time.
2. Over the last few years, there has been an increase in the number of reports made to the SCR generally and accepted for investigation, so that may also contribute to the increasing number of recurrence (Please see page 137 for additional information on the SCR).
3. In the downstate regions, geographical distance for staff to travel combined with the high number of position vacancies impedes the adequacy and frequency of comprehensive ongoing assessments, which therefore means that concerns may go unrecognized and unaddressed.
4. Different parenting strategies in rural areas and lack of available services to promote and support new and more appropriate approaches to managing child behavior.
5. High rates of unemployment and substance abuse in rural areas.
6. Impact from the change in the criteria for accepting a case to Intact Family Services in 2013 (the criteria became stricter and thus more cases were not accepted, and those cases that did not meet criteria may not have been adequately served to prevent repeat maltreatment).
Stakeholder Feedback:
In the quarterly Regional PIP Workgroups, Maltreatment in Foster Care has been an indicator that is tracked and discussed at every meeting. The focus of improvement activities in the PIP Workgroups has been on Permanency, however safety is always a concern. Staff around the state primarily state that the increase in the occurrence of maltreatment in foster care is related to foster parents allowing unsupervised contact/visitation between parents and their children. Actual neglect or abuse of the child(ren) may or may not occur, but the foster parents are indicated for Lack of Supervision. Additionally, staff note that reports are made while in foster care involving maltreatment that occurred prior to foster care. The use of the Incident Date Field in SACWIS is sometimes not used accurately.

Outcome S2 Discussion
Outcome S2 includes the evaluation of two (2) indicators:

<p>| Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE |</p>
<table>
<thead>
<tr>
<th>Foster Care Cases</th>
<th>In-Home Cases</th>
<th>COMBINED DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care</td>
<td>81.82%</td>
<td>9</td>
</tr>
<tr>
<td>Item 3: Risk and Safety Assessment and Management</td>
<td>78.00%</td>
<td>39</td>
</tr>
</tbody>
</table>

Item 2 evaluates services to families to protect children in the home and prevent removal or re-entry into foster care.

In the 2016 APSR, we reported that the data for Item 2 was a strength for the state (at 100% strength, regardless of case type). The data suggested that in all applicable cases (8 foster care and 19 in-home) either appropriate services were provided/arranged for to protect children in their own home, or their safety could not be protected in their home and removal/entry into foster care was the only option. However, we cautioned the reader as to the accuracy of the results because it was the state's first full effort at conducting the modified OER 3 and there may have been resulting interpretation issues impacting data quality.

For the 2017 APSR, OER 3 data presented above indicates that regardless of case type (foster care or in-home), performance is in the low 80% (81.82% for foster care, 82.35% for in-home, and
An analysis of the cases that were rated Area Needing Improvement for this item shows that:

- In 2 in-home cases **one or more caregivers were not assessed** for safety-related services per item instructions;
- In 2 foster care cases **children who remained in the home of origin** were not seen or assessed for safety or safety-related needs (note: this particular issue is one of the reasons that the state did not meet its CFSR 2 PIP Goal for Risk and Safety Management [formerly Item 4]; and
- In 1 in-home case the reason was related to the **lack of service provision** to address sexual abuse victimization for all children².

As noted in the discussion of Recurrence of Maltreatment earlier in this section, the geographical distance for staff to travel may impact the quality of assessments. It is also reported that there can be disagreement between what was identified in the Integrated Assessment and what was identified by the placement caseworker, which then leads the placement caseworker to link the family to services based on her/his assessment.

**Item 3** evaluates risk and safety assessment and management of the child(ren) in any environment.

In the 2016 APSR, we reported that OER 3 Round 1 “pilot” review data suggested that Illinois struggled to consistently and comprehensively assess and manage risk and safety concerns of children, regardless of the case type (combined case type performance = 82.22%). In-Home cases were managed slightly better (84.21% versus foster care, 82.22%).

For the 2017 APSR, OER 3 data presented above indicates that 78% of foster care cases were rated a Strength for this Item (39 of 50) and 73.68% of in-home cases were rated a Strength (14 of 19). The lack of comprehensive ongoing assessments of risk and safety (75% of cases reviewed) is the primary contributor for performance.

<table>
<thead>
<tr>
<th>Practice Concern</th>
<th>Foster Care Cases (50 total cases, 11 ANI)</th>
<th>In-Home Cases (19 total cases, 5 ANI)</th>
<th>Combined (69 total cases, 16 ANI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of initial ongoing assessments of risk and safety of children</td>
<td>1 of 3 applicable ANI cases, 33%</td>
<td>1 of 3 applicable ANI cases, 33%</td>
<td>2 of 6, 33%</td>
</tr>
<tr>
<td>Lack of comprehensive ongoing assessments of risk and safety of children</td>
<td>8 of 11 applicable ANI cases, 72.7%</td>
<td>4 of 5 applicable ANI cases, 80%</td>
<td>12 of 16, 75%</td>
</tr>
<tr>
<td>Lack of appropriate safety plans when needed</td>
<td>2 of 4 applicable ANI cases, 50%</td>
<td>0 of 1 ANI case, 0%</td>
<td>2 of 5, 40%</td>
</tr>
</tbody>
</table>

² It is noted that in April 2017 our federal partners observed our OER 3 process and how the tool was being applied to cases being reviewed. It was noted during the visit that in some instances Item 2 was being evaluated based on the provision or lack of provision of non-safety-related services (versus safety-related services). With this new understanding of how to apply Item 2, it is possible that in this case the item might have been rated differently.
Safety concerns related to target child in foster care and/or children remaining in the home that were not adequately addressed

<table>
<thead>
<tr>
<th>Cases</th>
<th>% of applicable ANI cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 of 7</td>
<td>57%</td>
</tr>
<tr>
<td>1 of 2</td>
<td>50%</td>
</tr>
<tr>
<td>5 of 9</td>
<td>55.5%</td>
</tr>
</tbody>
</table>

Safety concerns related to visitation that were not adequately addressed

<table>
<thead>
<tr>
<th>Cases</th>
<th>% of applicable ANI cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 of 11</td>
<td>19.2%</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4 of 11</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

Safety concerns for the target child related to the foster parents, members of the foster parents’ family, other children in the foster home or facility, or facility staff members, that were not adequately addressed

<table>
<thead>
<tr>
<th>Cases</th>
<th>% of applicable ANI cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 of 11</td>
<td>18.1%</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>2 of 11</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Both formal and informal assessments are considered in the evaluation of this Item, and the frequency and quality of caseworker visits plays an important role as well. Reviewers and team leaders noted that assessments were often superficial and/or did not include one or more caregivers or involved children. Often assigned caseworkers (and supervisors) had not reviewed the complete case file upon assignment and therefore were unaware of important details and history of the case to consider in their assessments. Additionally, the state continues to encounter the mistaken impression by some staff that monitoring and assessing safety of children remaining in the home was not their responsibility. These two practice concerns contributed to assessments not being comprehensive in nature.

Caseworker (and supervisor) turnover in the private agencies was noted to play a significant role in the lack of comprehensiveness of ongoing assessments as new staff often pick up the case and start working it immediately (due to need) without reviewing the history (due to lack of time), thus missing quite a bit of important assessment information.

Often the initial assessments consisted primarily of the Integrated Assessment and were very qualitative and comprehensive (completed by a licensed clinician). Ongoing assessments included service plan updates, court reports, service provider assessments, and case notes. Ongoing assessments are primarily completed by the assigned caseworker versus a licensed clinician.

The CERAP Advisory Group was also reconvened in FY 2015. They have presented recommendations from studies they performed in both FY 2015 and FY2016 regarding safety decision making and documentation to the Illinois Legislature and DCFS. Recommendations those years centered around the need to ensure the CERAP was completed at required milestones and focused on permanency cases with a return home goal. The Illinois Rapid Response group facilitated by the Casey Foundation also focused a small group on the connection between safety decision making and the supervisory process. Focus groups, individual interviews, and survey of child protection staff and supervisors were completed to further inform the DCFS leadership on next steps toward improving child protection practices and ensuring the safety of children in Illinois. A review of that information has resulted in discussions with the field regarding the use of CERAP and also initiated the formulation of a multidisciplinary workgroup composed of staff from legal, intact services, permanency, Office of Child and Family Policy, child protection and IT coming together to review and update the current CERAP procedures to enhance the policy and provide better direction on how to complete a CERAP and safety plan. Parent, worker, and monitor rights and responsibilities have also been updated. The updated procedures for child
protection have been completed and are under review at this time. Once approved, training will begin for child protection staff regarding the use of CERAP and implementation of safety plans. Once this is accomplished procedures related to CERAP for intact and permanency services will be updated and trained.

**Stakeholder Feedback**

OER 3 data is shared routinely with Regional PIP Workgroups. As the PIP workgroups have been focused primarily on maltreatment in foster care and achievement of permanency, specific feedback on Item 3 has not been solicited.

Outside of the PIP Workgroups, feedback suggests that differences in opinions about needs and services of stakeholders between the Integrated Assessment screener and the receiving foster care caseworker may impact the items in Outcome S2. Additionally, screening tools like the CERAP, Paramour Assessment, Domestic Violence Screen and the Substance Abuse Screen may not be completed thoughtfully and comprehensively as they are often viewed almost like checklists versus useful tools. CERAPs are also generally only completed per procedural expectations, versus whenever it might be appropriate to use the tool to comprehensively assess safety and safety threats.

**Recent Initiatives to support performance improvement for both S1 and S2**

The Department has implemented several initiatives to support improved performance related to safety. Please see Chapter 3, Plan for Improvement, “Reduce the occurrence of maltreatment…” beginning on page 105 for more information.

All Immersion Sites aim to reduce the occurrence of maltreatment, and all are implementing slightly different solutions. One Immersion Site is implementing Intensive Array of Services (coordinated by lead agencies) and Nurturing Parenting Program (NPP) to prevent intact cases from disrupting and supporting faster and more successful reunifications in foster care cases. Presumably these initiatives will also support a reduction in repeat maltreatment, as well as improved services to protect children in their own homes. Evaluations of both initiatives will be completed during the coming fiscal year.

Additionally, for all Immersion Sites, in FY18 the new model of Child and Family Team meetings (CFT) will launch in the Immersion Sites and is expected to make a significant impact on all outcomes. Integrated Assessments will also change and no longer include recommendations as it is anticipated that at the initial CFTM the Integrated Assessment will be reviewed and recommendations will be made by/with the parents.

Last, there is a new statewide workgroup evaluating all assessments in use by the Department and private partners. The goal is to streamline them to make them more useful and meaningful. How assessments feed into the CFTs and the electronic case file via the forthcoming CCWIS will also be considered.

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

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

For the 2016 APSR, the state reported data from one round of OERs, termed “OER Round 7/OER R7”, conducted between March 2015 – May 2015. Performance for Outcome P1 was reported as 35% substantially achieved, and 87.5% substantially achieved for Outcome P2.

In the 2017 APSR, we reported that the P1 and P2 data from the OER 3 “pilot” review launched in the Spring 2016 suggested a decline in performance to 28.89% substantially achieved for P1, and P2 had improved to 88.89% substantially achieved.

For this APSR (FFY18), data for Outcome P1 shows that performance continues to decline for P1 (to 24% substantially achieved) and changed course in P2 downward to 75.51% substantially achieved:

<table>
<thead>
<tr>
<th>Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2016 - April 2017 OER 3 Data:</td>
</tr>
<tr>
<td>Running Totals:</td>
</tr>
<tr>
<td>50 Foster Care</td>
</tr>
<tr>
<td>19 In-Home</td>
</tr>
<tr>
<td>(69 Total)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foster Care Cases</th>
<th>In-Home Cases</th>
<th>COMBINED DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>%SA/S</td>
<td>#Substantially Achieved</td>
<td>Strength</td>
</tr>
<tr>
<td>Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS</td>
<td>24.00%</td>
<td>12</td>
</tr>
<tr>
<td>Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN</td>
<td>75.51%</td>
<td>37</td>
</tr>
</tbody>
</table>

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

| Table 4: P1 and P2 Items: |
| --- | --- |
| P1, associated Items (CFSR 3) | P2, associated Items (CFSR 3) |
| Item 4: Stability of Substitute Care Placement | Item 7: Placement with Siblings |
| Item 5: Permanency Goal for Child | Item 8: Visiting with Parents and Siblings in Substitute Care |
| Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | Item 9: Preserving Connections |
| Item 10: Relative Placement |
| Item 11: Relationship of Child in Care with Parent(s) |
Outcome P1 Discussion
In P1, the evaluations of three (3) items support the overall outcome achievement rating.

Current data suggests an improvement in the stability of children in foster care (Item 4) from what was reported in the 2017 APSR, and a decline in performance related to the appropriateness of the current permanency goal (Item 5), timely achievement of permanency (Item 6), and the outcome overall:

Table 5: P1 Items, OER 3 data over time:

<table>
<thead>
<tr>
<th>% of cases rated a “Strength”</th>
<th>OER II R1-6 (reported in the 2015 - 2019 CFSP)</th>
<th>OER II R7 (reported in the 2016 APSR)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR)</th>
<th>OER 3 (current APSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 4: Stability of Substitute Care Placement</td>
<td>87.10%</td>
<td>100%</td>
<td>73.33%</td>
<td>84%</td>
</tr>
<tr>
<td>Item 5: Permanency Goal for Child</td>
<td>63.30%</td>
<td>75.00%</td>
<td>46.67%</td>
<td>34%</td>
</tr>
<tr>
<td>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (new, CFSR 3 combined item)</td>
<td></td>
<td>53.33%</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>(CFSR 2) Item 8: Reunification/Guardianship</td>
<td>22.20%</td>
<td>7.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(CFSR 2) Item 9: Adoption/SCpTPR</td>
<td>16.30%</td>
<td>15.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(CFSR 2) Item 10: Independence/HENA /Continuing Foster Care</td>
<td>87.30%</td>
<td>92.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTCOME P1 overall</td>
<td>33.30%</td>
<td>35%</td>
<td>28.89%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Overall, performance in P1 continues to decline (currently at 24% substantially achieved). Some of this is attributable to changes in the definitions of how to rate items (CFSR 2 versus CFSR 3), and learning how to more appropriately apply the items in the CFSR 3 review tool. The current data for each Item informs the state that:

- Item 4: The median number of placement moves during the PUR was 1, with a range of 0 to 5. The majority of placements were stable (47 cases, or 94%). However, in six cases (12%) placement moves that occurred were not made in an effort to achieve case goals or to meet child’s needs.
- Item 5: In 26 cases (52%), the permanency goal was established in a timely manner. In 33 cases (66%), the permanency goal was appropriate to the child’s need for permanency and to the circumstances of the case. The majority of cases, ASFA requirements were not met.
- Item 6: In 8 of 36 cases, there were concerted efforts to achieve permanency in a timely manner and the item was rated a Strength (22%). Barriers to achieving timely permanency were related to lack of efforts by the agency to engage parents in participating in services and case planning, and/or court delays.
- The median length of stay was 29 months, with a range of 8 months to 161 months.

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Key practice issues that persist despite interpretation and application variables are:

- Supporting foster parents to be safe and stable caregivers for the children served/building their capacity to meet the unique needs of children in foster care (this was also evident in the Maltreatment in Foster Care Review)
- Conducting diligent searches for absent parents early and often, and not just through formal procedures (like the DSSC) – but also checking with known relatives/friends/collaterals
- Conducting timely comprehensive and qualitative assessments that identify needs, provision of services to adequately address needs, and monitoring of progress toward amelioration of identified needs
- Practicing strong, positive and supportive social work skills to fully engage parents/primary caregivers in case planning
- Practicing concurrent planning at the onset of case opening to support the sense of urgency needed to move children to permanency in a timely manner

Larger systemic issues include court practices and beliefs related to compliance with ASFA, caseworker and supervisor turnover statewide but particularly in the private agencies, the continued lack of a state budget, and lack of adequate and available services to address identified needs to expedite permanency statewide.

DCFS and its POS partners also track achievement of permanency on the APT dashboards. The measure reflects permanencies achieved on active caseloads as of 7/2 of a fiscal year. Counted permanencies are reunification, adoption or guardianship only.

The two charts below illustrate state performance by quarter (FY15 – 17), and year-to-year state versus regional performance since FY13 for children in traditional (non-relative) or home of relative foster care:
In the charts above, the reader can observe that the goal is to achieve permanency in 40% of cases, and that only the Southern region met or exceeded that goal once (in FY15) since the data site was created in 2012. The state as a whole came closest to achieving the goal also in FY15 (that year there were several concerted statewide efforts to increase the achievements of permanency).

The state also tracks achievement of permanency for children/youth in specialized foster care. Performance data is provided for three types of children in specialized foster care, children/youth with: Medically Specialized (MD), Mental Health (MH) or MH/MD, or in Adolescent Foster Care (AFC). As evidenced below, permanency is most likely for children/youth with a mental disability and least likely for youth in adolescent foster care:

As noted in the 2017 APSR, a pattern of focus on meeting the needs of the child versus the family (or AND the family) was noted. This pattern appears to have an impact on achievement of permanency for children and youth served by the department as related to lack of progress in services (barrier noted above) and toward case goals (item 13).
In addition to the OER 3 data, the state also evaluates its performance regarding permanency with data from the CFSR national indicators. The table below reflects Illinois’ most recent performance per the CFSR 3 permanency measures (data received June 2, 2017):

Table 6: CFSR 3 Permanency Indicators:

<table>
<thead>
<tr>
<th>CFSR National Statewide Indicator</th>
<th>National Performance</th>
<th>Illinois Observed Performance</th>
<th>Illinois RSP* (age at entry, State entry rate)</th>
<th>IL Performance Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?</td>
<td>42.1%</td>
<td>11.3% (FY13-14)</td>
<td>12.5% (FY13-14)</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12.3% (FFY14)</td>
<td>13.6% (FFY14)</td>
<td></td>
</tr>
<tr>
<td>(P4) Of all children who enter foster care in a 12-month period, who discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?</td>
<td>8.4% (preference is less)</td>
<td>.3% (FFY14)</td>
<td>1.8% (FFY13B-16A)</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.1% (FFY14a-16B)</td>
<td></td>
</tr>
<tr>
<td>(P2) Of all children in foster care the first day of the year who had been in foster care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day of the 12-month period?</td>
<td>45.9%</td>
<td>21.3% (FY13-14)</td>
<td>20.4% (FY13-14)</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.2% (FY14)</td>
<td>20.4% (FY14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>22.2% (FY14-15)</td>
<td>21.4% (FY14-15)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>23.3% (FY15)</td>
<td>22.3% (FY15)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.9% (FY15-16)</td>
<td>21.1% (FY15-16)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.2% (FFY16)</td>
<td>20.7% (FFY16)</td>
<td></td>
</tr>
<tr>
<td>(P3) Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within the 12 months of the first day of the 12-month period?</td>
<td>31.8%</td>
<td>21.3% (FY13-14)</td>
<td>18.7% (FY13-14)</td>
<td>↑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.2% (FY14)</td>
<td>19.9% (FY14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>22.2% (FY14-15)</td>
<td>21.5% (FY14-15)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>23.3% (FY15)</td>
<td>22.3% (FY15)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.9% (FY15-16)</td>
<td>19.6% (FY15-16)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>21.2% (FFY16)</td>
<td>21.7%</td>
<td></td>
</tr>
</tbody>
</table>
(P5) Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

<table>
<thead>
<tr>
<th>CFSR National Statewide Indicator</th>
<th>National Performance</th>
<th>Illinois Observed Performance</th>
<th>Illinois RSP*</th>
<th>IL Performance Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FFY16)</td>
<td>(FFY16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.44 moves</strong> (preference is less)</td>
<td>10.69 moves (FY13-14)</td>
<td>11.38 moves (FY13-14)</td>
<td><strong>11.08</strong></td>
<td>↑</td>
</tr>
<tr>
<td><em>(state result multiplied by 1,000)</em></td>
<td>10.47 (FY14)</td>
<td>11.08 (FY14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8.67 (FY14-15)</td>
<td>9.27 (FY14-15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.72 (FY15)</td>
<td>7.30 (FY15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.69 (FY15-16)</td>
<td>5.10 (FY15-16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.00 (FY16)</td>
<td>5.45 (FY16)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children’s Bureau’s CFSR Round 3 Resources page: [https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards](https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards)*

As noted in Table 6 above, Illinois exceeds the national performance for the re-entry indicator. While exceeding national performance, current data indicates that the occurrence of re-entries is increasing (not the preferred direction). This movement appears to mirror the increase in achievement of permanency in 12 months and may be correlated.

Illinois does not meet the national performance for the other permanency indicators. However, the state is making progress toward improved performance regarding stability, permanency in 12 months, and permanency in 24+ months. The state performance related to achievement of permanency for children in care 12-23 months experienced an increase between the end of FFY14 and the beginning of FFY16, but has since dropped to FFY13 levels.

**Stakeholder Feedback**

Stakeholder feedback regarding permanency achievement is collected consistently throughout the year at quarterly Regional PIP Meetings – all meetings are currently focused on implementing improvement activities aimed at improving timely achievement of permanency:

- Northern Region: Presentations on Court Testimony; Permanency Forecasting; Routinely Attending Court Meetings (open to the community)
- Central Region: Planning Supervisory Forum on Successful Reunification
- Southern Region: Planning Supervisory Forum on Engagement; Project to Improve Caseworker/Parent Contacts
- Cook Region: Developing a “Team Meeting Guideline for Staffing Cases to Achieve Permanency”; attending Court Testimony Training; Developing Relationships and

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Routine Communication with the Court System; and convening a permanency-related Data Walk

Stakeholders continue to report that the biggest barriers to permanency remain the same as what was reported in the 2016 and 2017 APSR: not being able to change the permanency goal in court until 9 months have passed after the adjudication hearing has occurred (and adjudication hearings are often delayed); lack of adequate service provision due to budget cuts (particularly mental health, domestic violence, and substance abuse treatment) which leads to long wait times; high caseloads which impact a caseworker’s ability to attend qualitatively to all practice requirements; high staff turnover, particularly in the private sector and in the Central region; and the lack of foster parent/resource parent placements who can aid in stability, support permanency, and support the specific well-being needs of children and their parents/guardians.

Outcome P2 Discussion
In P2, the evaluations of five (5) items support the overall outcome achievement rating.

Current data suggests a decline in performance for all Items in this Outcome, and in the outcome itself:

<table>
<thead>
<tr>
<th>Item</th>
<th>2015 - 2019 CFSP</th>
<th>2016 APSR</th>
<th>2017 APSR</th>
<th>Current APSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 7: Placement with Siblings</td>
<td>98.00%</td>
<td>100%</td>
<td>93.94%</td>
<td>88.57%</td>
</tr>
<tr>
<td>Item 8: Visiting with Parents and Siblings in Substitute Care</td>
<td>77.00%</td>
<td>85.3%</td>
<td>87.50%</td>
<td>73.17%</td>
</tr>
<tr>
<td>Item 9: Preserving Connections</td>
<td>85.4%</td>
<td>95%</td>
<td>88.64%</td>
<td>85.71%</td>
</tr>
<tr>
<td>Item 10: Relative Placement</td>
<td>90.70%</td>
<td>84.2%</td>
<td>92.68%</td>
<td>85.37%</td>
</tr>
<tr>
<td>Item 11: Relationship of Child in Care with Parent(s)</td>
<td>74.10%</td>
<td>88.9%</td>
<td>86.49%</td>
<td>70.27%</td>
</tr>
<tr>
<td><strong>OUTCOME P2 overall</strong></td>
<td><strong>81.3%</strong></td>
<td><strong>87.5%</strong></td>
<td><strong>88.89%</strong></td>
<td><strong>75.51%</strong></td>
</tr>
</tbody>
</table>

A review of cases rated ANI (Area Needing Improvement) revealed the following practice issues impacted the ability to rate the case a strength:

- **Item 7:** Concerted and ongoing efforts to place separated siblings together were not evident in the case file or through interviews. This was not necessarily due to a lack of resources. In 1 case, a split case between Cook and the Northern Region, siblings were placed together in Cook County, but suddenly and without explanation one sibling was moved to a foster home in the Northern region.

- **Item 8:** Concerted and ongoing efforts to ensure that the frequency and quality of contacts with parents (and a few siblings) was not sufficient to maintain and promote the continuity of the relationship. Additionally, efforts to locate missing parents were
not evident. Performance in this item was quite different than what was reported in the 2017 APSR. See charts below for more information:

### Item 8 Parent Visits Data (OER 3, September 2016 - April 2017)

**Mother**
- More than once per week: 5 (13.89%)
- Once per week: 8 (22.22%)
- Less than once per week but at least twice per month: 3 (8.33%)
- Less than twice per month but at least once per month: 5 (13.89%)
- Less than once per month: 11 (30.56%)
- Never: 4 (11.11%)
- **TOTAL:** 36

**Father**
- More than once per week: 1 (5.56%)
- Once per week: 2 (11.11%)
- Less than once per week but at least twice per month: 0 (0.00%)
- Less than twice per month but at least once per month: 1 (5.56%)
- Less than once per month: 7 (38.89%)
- Never: 7 (38.89%)
- **TOTAL:** 18

### Item 9 Parent Visits Data (OER 3, September 2016 - April 2017)

<table>
<thead>
<tr>
<th></th>
<th>During the PUR, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her parent was of sufficient frequency to maintain or promote the continuity of the relationship?</th>
<th>During the PUR, were concerted efforts made to ensure that the quality of visitation (or other forms of contact if visitation was not possible) between the child and the parent was sufficient to maintain or promote the continuity of the relationship?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother</strong></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>YES</td>
<td>32</td>
<td>88.89%</td>
</tr>
<tr>
<td>NO</td>
<td>4</td>
<td>11.11%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>36</td>
<td></td>
</tr>
</tbody>
</table>

| **Father**           | # | %  | # | %  |
| YES                  | 12 | 66.67% | 8  | 72.73% |
| NO                   | 6  | 33.33% | 3  | 27.27% |
| **TOTAL**            | 18 |          | 11 |        |
• Item 9: Concerted and ongoing efforts to ensure that the child in foster care’s important connects were maintained (specifically: with siblings not in care and extended family relatives) were not evident.

• Item 10: Reviewers did not see evidence of ongoing efforts to locate missing parents (particularly fathers) or identify unknown fathers, and reviewers did not see ongoing efforts to evaluate or re-evaluate the availability of relatives to provide care for children in care.

• Item 11: Reviewers did not see evidence of efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his/her mother (8 mothers) and/or his/her father (7 fathers).

Stakeholder Feedback
OER 3 data is shared routinely with Regional PIP Workgroups. As the PIP workgroups have been focused primarily on maltreatment in foster care and achievement of permanency, specific feedback on Outcome Permanency 2 has not been solicited.

Recent Initiatives to support performance improvement for both P1 and P2
The Department has implemented several initiatives to support improved performance related to permanency. Please see Chapter 3, Plan for Improvement, specifically the “Improve the timeliness of permanency achievement...” section beginning on page 110 for more information.

WELL-BEING OUTCOMES: Families have enhanced capacity to provide for their children's needs (WB1), children receive appropriate services to meet their educational needs (WB2), and children receive adequate services to meet their physical and mental health needs (WB3).
Performance Data & Analysis
In Chapter II of the state CFSP FFY2015-2019, it was noted that there was an overall decline in performance since the 2003 CFSR, but an improvement since the 2009 CFSR (IL CFSP FFY2015-2019, p10). At that time, all OER data combined (representing data collected between April 2011 and February 2014, and comprising 396 cases, indicated that WB1 performed at 63.4% strength, WB2 at 90.4%, and WB3 also at 90.4%.

In the 2016 APSR, Illinois reported data from a round of OERs, termed “OER Round 7”, conducted between March 2015 – May 2015. The data from this review suggest significant improvement for WB1 (81.8%), and modest improvement in the other two well-being outcomes: 92.0% for WB2 and 91.4% for WB3.

In the 2017 APSR, we reported that data from the OER 3 “pilot” review launched in the Spring 2016 suggested a decline in performance in WB1 (75% substantially achieved), marginal decline in WB2 (90.1% substantially achieved, due to in-home cases), and a significant decline for WB3 (82.1% substantially achieved, also due to performance in in-home cases).

For this APSR (FFY18), data for the well-being outcomes shows that performance continues to decline for WB1 (to 62.3% substantially achieved), improved for WB2 (to 95.7% substantially achieved), and improved for WB3 (to 85.2% substantially achieved, again impacted by performance in in-home cases):

<p>| Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS |</p>
<table>
<thead>
<tr>
<th>%SA/S</th>
<th>Substantially Achieved/Strength</th>
<th>#Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>62.00%</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>63.16%</td>
<td>12</td>
<td>19</td>
</tr>
</tbody>
</table>

<p>| Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS |</p>
<table>
<thead>
<tr>
<th>%SA/S</th>
<th>Substantially Achieved/Strength</th>
<th>#Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>95.35%</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>100.00%</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

<p>| Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS |</p>
<table>
<thead>
<tr>
<th>%SA/S</th>
<th>Substantially Achieved/Strength</th>
<th>#Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.00%</td>
<td>44</td>
<td>50</td>
</tr>
<tr>
<td>72.73%</td>
<td>8</td>
<td>11</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>WB1, associated Items</th>
<th>WB2, associated Items</th>
<th>WB3, associated Items</th>
</tr>
</thead>
</table>

~ 35 ~
Outcome WB1 Discussion

In WB1, the evaluations of four (4) items and three (3) sub-items in Item 12 support the overall outcome achievement rating.

Current data suggests a decline in performance for all Items (except for Item 12c, which shows improvement) in this Outcome, and in the outcome itself:

Table 7: WB1 Items, OER 3 data over time:

<table>
<thead>
<tr>
<th>% of cases rated a “Strength”</th>
<th>OER II R1-6 (reported in the 2015 - 2019 CFSP)</th>
<th>OER II R7 (reported in the 2016 APSR)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR)</th>
<th>OER 3 (current APSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 12: Needs and Services of Child, Parents, and Foster Parents</td>
<td>69.4%</td>
<td>86.4%</td>
<td>76.56%</td>
<td>66.67%</td>
</tr>
<tr>
<td>12a: Needs Assessment and Services to Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b: Needs Assessment and Services to Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c: Needs Assessment and Services to Foster Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 13: Child and Family Involvement in Case Planning</td>
<td>76.3%</td>
<td>83.9%</td>
<td>81.97%</td>
<td>72.31%</td>
</tr>
<tr>
<td>Item 14: Caseworker Visits With Child(ren)</td>
<td>82.8%</td>
<td>93.9%</td>
<td>93.75%</td>
<td>86.96%</td>
</tr>
<tr>
<td>Item 15: Caseworker Visits With Parents</td>
<td>70.3%</td>
<td>84.0%</td>
<td>60.71%</td>
<td>50.88%</td>
</tr>
<tr>
<td>OUTCOME WB1 overall</td>
<td>63.4%</td>
<td>81.8%</td>
<td>75.0%</td>
<td>62.32%</td>
</tr>
</tbody>
</table>

Overall, performance in WB1 continues to decline from a high of 81.8% as reported in the FY16 APSR (currently at 62.32% substantially achieved). Some of this is attributable to changes in the definitions of how to rate items (CFSR 2 versus CFSR 3), and learning how to more appropriately apply the items in the CFSR 3 review tool. The current data for each Item informs the state that:
• Item 12a: For foster care cases (4 cases), the ongoing assessments of the child’s needs were not comprehensive (for example, ensuring independent living assessments and social-emotional-normalization needs/activities beyond mental health needs and services) impacted the ability of the reviewer to rate the case a strength. For in-home cases (6 cases), comprehensive assessments were not completed for all children in the family (tended to include an identified child only).

• Item 12b: For foster care cases (16 cases), the lack of ongoing and adequate assessments of fathers (5), mothers (2) or both parents (7) impacted the ability of the reviewer to rate the case a strength. In two (2) cases the lack of caseworker visits with parents and/or caseworker turnover had a significant impact on the agency’s ability to assess parents and provide adequate services. For in-home cases (6), the lack of ongoing and adequate assessments of mothers and fathers (and in 1 case a paramour) and lack of provision of identified services (transportation, parenting education services, sexual perpetrator/offender services, and protective capacity assessments) impacted the ability of the reviewer to rate the case a strength.

• Item 12c: For the two (2) foster care cases rated Area Needing Improvement for this sub-item, the lack of assessment of the caregiver’s possible needs as a foster parent was the reason.

• Item 13: Rating determinations for this item are strictly based on the concerted efforts of the agency to actively involve children and parents in the case planning process. The OER 3 data collected shows that when all cases are evaluated together, children are most likely to be actively involved in case planning versus parents:

<table>
<thead>
<tr>
<th>All Cases</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (26 cases = not applicable due to age or developmental ability)</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process? (11 cases = not applicable due to TPR, deceased, etc.)</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process? (33 cases = not applicable due to TPR, deceased, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>87.2%</td>
<td>40</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>12.8%</td>
<td>14</td>
</tr>
</tbody>
</table>

When observed by case type, a different picture emerges:
Clearly children in foster care are actively involved in case planning versus those in in-home cases, and parents are actively involved in in-home cases than foster care cases. The lack of concerted efforts to actively involve parents in case planning in foster care cases directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

- **Item 14**: Sixty (60, or 86.9%) of the sixty-nine (69) cases were rated a strength for this item because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In all nine (9, or 13.1%) cases rated as Area Needing Improvement the quality of caseworker contacts was the practice concern. In one (1) case the frequency of caseworker visits with the child was also not meeting the needs of the child. Documentation and interviews corroborated the lack of 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 (just left alone versus using other techniques like play-based interviewing), 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).

- **Item 15**: Twenty-nine (29, or 50.8%) of the fifty-seven (57) cases applicable for this item were rated a strength because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In twenty-eight (28, or 49.2%) cases rated as Area Needing Improvement the frequency and quality of caseworker contacts were the practice concerns. In general, it was observed that caseworkers did not hold parents in high regard or find it their responsibility to actively seek out and engage parents. It was frequently noted 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 minimal or non-existent and if occurred 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 parents whereabouts 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.
Stakeholder Feedback
OER 3 data is shared routinely with Regional PIP Workgroups. As the PIP workgroups have been focused primarily on maltreatment in foster care and achievement of permanency, specific feedback on Outcome Well-Being 1 has not been solicited. However, it is noted that:

- The lack of a state budget is having a significant impact on the availability of services to children and families served by IDCFS and its private partners (POS). In particular, domestic violence and substance abuse services are becoming harder to obtain due to lack of funding. The state is now facing a third year without an approved budget.
- Staff shortages primarily POS around the state are impacting the ability to adequately serve families and children.

Recent Initiatives to support performance improvement for WB1:
The Department has implemented several initiatives to support improved performance related to well-being. Please see Chapter 3, Plan for Improvement, specifically the “Improve Families’ capacity to provide for children’s needs” section beginning on page 117 for more information.

Within the Immersion Sites, efforts are underway to implement initiatives aimed at improving treating the family and engagement through the implementation of the FTS Core Model of Practice, the Model of Supervision, Child and Family Teams, flexible spending, and Quality Service Reviews being rolled out through Immersion Sites in FY17 and FY18. Please see Chapter 1 for more information on Immersion Sites. Additionally, P315 was significantly revised and released, and the majority of staff has been trained on it. For more information on P315, please see Chapter 2. P315 will support efforts to improve assessments, service delivery, and engagement of stakeholders as well.

The Child Welfare Advisory Council (CWAC) has developed a workforce development and training sub-committee to address the areas of training, and retaining staff. It is anticipated that this group will formulate recommendations to assist in maintaining the current workforce, reduce turnover and transition, and enhance the skills of current staff. This sub-committee includes both DCFS and POS partners.

Outcome WB2 Discussion
Outcome WB2 includes only one Item, Item 16 (Educational/Developmental Needs of the Child). Performance for that item was exactly the same as the outcome. Overall, performance is much improved when compared to what was reported in the CFSP, the 2016 APSR and the 2017 APSR:

<table>
<thead>
<tr>
<th>% of cases rated a “Strength”</th>
<th>OER II R1-6 (reported in the 2015 - 2019 CFSP)</th>
<th>OER II R7 (reported in the 2016 APSR)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR)</th>
<th>OER 3 (current APSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 16: Educational Needs of the Child</td>
<td>90.4%</td>
<td>92%</td>
<td>90.9%</td>
<td>95.65%</td>
</tr>
<tr>
<td>OUTCOME WB2 overall</td>
<td>90.4%</td>
<td>92%</td>
<td>90.9%</td>
<td>95.65%</td>
</tr>
</tbody>
</table>
Only two cases in the current OER 3 data were rated as an Area Needing Improvement for this Item/Outcome, and both were foster care cases. One of the cases involves a youth who was enrolled in a local community college but was not receiving consistent assistance from the caseworker to provide bus transportation. The other case involved a youth who was in detention at the time of review and had a history of receiving F’s in school without support from the agency.

**Stakeholder Feedback**
OER 3 data is shared routinely with Regional PIP Workgroups. As the PIP workgroups have been focused primarily on maltreatment in foster care and achievement of permanency, specific feedback on Outcome Well-Being 2 has not been solicited.

**Recent Initiatives to support performance improvement for WB2:**
The Department has implemented several initiatives to support improved performance related to well-being. Please see Chapter 3, Plan for Improvement, specifically page 117, “Improve families capacity to provide for children’s needs,” as well as the Chafee Foster Care Independence Program (CFCIP) section, beginning on page 234. In FY17 DCFS contracted with UIUC’s Children and Family Research Center to re-launch the Illinois Survey of Child and Adolescent Well-Being (ISCAW) to collect and evaluate data related to child development, health, mental health and education as well as safety, permanency, and service delivery.

**Outcome WB3 Discussion:**
Outcome WB3 includes two Items, Item 17 (Physical Health of the Child), and Item 18 (Mental/Behavioral Health of the Child). The outcome overall was rated substantially achieved in 85.25% of cases in the current OER 3 data, which represents an improvement from the 2017 APSR:

<table>
<thead>
<tr>
<th>% of cases rated a “Strength”</th>
<th>OER II R1-6 (reported in the 2015 - 2019 CFSP)</th>
<th>OER II R7 (reported in the 2016 APSR)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR)</th>
<th>OER 3 (current APSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 17: Physical Health of the Child</td>
<td>98.1%</td>
<td>93.8%</td>
<td>91.8%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Item 18: Mental/Behavioral Health of the Child</td>
<td>89.7%</td>
<td>93%</td>
<td>78.4%</td>
<td>86.8%</td>
</tr>
<tr>
<td>OUTCOME WB3 overall</td>
<td>90.4%</td>
<td>91.4%</td>
<td>82.14%</td>
<td>85.25%</td>
</tr>
</tbody>
</table>

Foster care cases generally perform better than do in-home cases. As with WB2, the OER 3 the review process allows for Outcome WB3 to be “Not Applicable” if the child is too young (Item 18), or if the evaluation of the outcome was not relevant to the reason for case opening/DCFS involvement (in-home cases, both items).

In the current OER 3 data for Item 17, five (5) of the 55 applicable cases were rated as Area Needing Improvement (ANI) because the child(ren) had not received needed dental care. In addition, one teenager had experienced a negative reaction to birth control pills which had not been followed up by the residential facility. In another case, the child was noted as being

~ 40 ~
diagnosed with asthma and requiring medication to manage it, yet no information evidence that the agency was monitoring this. Four (4) of the five ANI cases were foster care cases.

In the current OER 3 data for Item 18, five (5) of the 38 applicable cases were also rated as Area Needing Improvement. In these 5 cases, three (3) were foster care and two (2) were in-home. In all 38 applicable cases, the child(ren) had significant mental/behavioral health needs and were often professionally diagnosed with a DSM-V diagnosis (such as ADHD, bi-polar, schizophrenia). The issues of concern were not necessarily with assessment of needs, but rather with the **provision of adequate services**. In one case, the youth was in detention and he was not being provided with sexual offender services because that type of service was not available in the detention center. In another case, the youth has refused all prior service referrals and the assigned caseworker anticipates he will continue to refuse so services are not even offered/discussed with him. In an in-home case, the mother had linked the family up with community services but the caseworker had made no efforts to assess services. In another case, the youth was transitioning from female to male and the goal was return home to mom but mom was noted as resistant to the idea of her daughter changing. This issue was having an impact on the youth, but had not been brought up to the mother. In the 5th case, the children had been sexually abused but only one of them had been provided with services.

**Stakeholder Feedback**

OER 3 data is shared routinely with Regional PIP Workgroups. As the PIP workgroups have been focused primarily on maltreatment in foster care and achievement of permanency, specific feedback on Outcome Well-Being 3 has not been solicited. In FY17 DCFS contracted with UIUC’s Children and Family Research Center to re-launch the Illinois Survey of Child and Adolescent Well-Being (ISCAW) to collect and evaluate data related to child development, health, mental health and education as well as safety, permanency, and service delivery.

**Recent Initiatives to support performance improvement for WB3:**
The Department has implemented several initiatives to support improved performance related to well-being. Please see Chapter 3, Plan for Improvement, specifically the “Improve families’ capacity to provide for children’s needs” beginning on page 117 for more information.

Within the Immersion Sites, efforts are underway to implement initiatives aimed at improving treating the family and engagement through the implementation of the FTS Core Model of Practice, the Model of Supervision, Child and Family Teams, flexible spending, and Quality Service Reviews being rolled out through Immersion Sites in FY17 and FY18. Please see Chapter 1 for more information on Immersion Sites. Additionally, P315 was significantly revised and released, and the majority of staff has been trained on it. For more information on P315, please see Chapter 2. P315 will support efforts to improve assessments, service delivery, and engagement of stakeholders as well.

**Systemic Factors**

**Statewide Information Systems:** The Illinois Department of Children and Family Services (DCFS) has had statewide-computerized data collection and reporting systems for over 20 years. Over the last reporting period the Department has made efforts to consolidate various data systems and reporting platforms. The Department is currently engaged in an ongoing process to

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). DCFS’ information systems have the ability to produce quantitative and qualitative information on case status (ICWS and CYCIS), demographics of children (ICWS and CYCIS), their family members (ICWS and CYCIS), foster parents (CYCIS), providers (CYCIS), etc., as well as the current location of wards within our care (CYCIS), their legal history and status (CYCIS), the permanency goals of those children (ICWS and CYCIS), as well as the review and evaluation information on those goals (CYCIS and ACR). The Departments’ primary systems for explicitly tracking children in care are:

CYCIS: The Child and Youth Centered Information System (CYCIS) captures data for any person or family who is or ever has received services through DCFS. The CYCIS system tracks significant demographic information on all clients, as well as placement and permanency goal information for all children for whom DCFS is legally responsible. Other than the standard demographic information such as age, race and gender, CYCIS also tracks disability data, and class or consent decree data such as pregnant and parenting wards. CYCIS is a mainframe computer platform (IMSA). Certain key AFCARS data elements are obtained from the CYCIS system, such as placement and legal information. Plans are underway to move to a new Case Management system that will replace both the current ICWS and CYCIS case management systems. When that happens, there will be a corresponding change to the AFCARS reporting code beyond what is being planned for AFCARS 2.0. Until this transition is fully completed, IMSA/CYCIS remains the Departments’ legal system of record.

MARS: The Management Accounting and Reporting System (MARS) tracks information regarding service providers and licensed caregivers. It is on the same platform as the CYCIS system. Through the use of unique identifiers, MARS information allows the state to obtain even more specific placement information on children in care, such as the age of the caregivers, what is the licensed capacity (number of slots) of the home, and how long they have been licensed as foster parents. Background check information on providers is also captured. Significant work is underway to interface MARS data with the Statewide Enterprise Resource Planning (ERP) system currently being developed by the State.

ICWS (Illinois Child Welfare System-Illinois’ SACWIS-like system): is the state’s primary child welfare information and case management system. It is the entry point into other DCFS computer reporting systems for investigative, child and family case information. It has undergone many phases of enhancements over the many years since initial implementation in 2001 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 practice in the areas of intake, investigations, case management, service planning, health and education. The majority of the AFCARS data elements are now pulled from the ICWS system.

The Department is currently engaged in the initial planning phase of the Federal effort to enhance or replace ICWS. The Federal initiative for a new Comprehensive Child Welfare Information System (CCWIS) project is underway nationally and Illinois will soon engage in a feasibility study to evaluate and plan the Illinois approach for improving or replacing ICWS under CCWIS guidelines. This initiative will further improve data input, case management and will streamline
reporting. Additionally the effort will serve to consolidate case management system functions from multiple systems to one case management platform. The benefits to the CCWIS effort include:

- Readily accommodates changes in practice and technology
- Provides flexibility to “right size” systems
- Promotes program and system interoperability
- Requires data quality processes
- Reduces cost for development & maintenance
- Reduces time for development & maintenance
- Modularized system components allow for improved, more efficient data sharing

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

**Strengths:** As noted in the Final Report, (the last annual T-IV-E report filed by the Department) the Department uses various data systems to enhance child protection and child welfare practice and to improve service delivery to families. The Department relies heavily on data to plan for future initiatives and to support management decisions in all areas of the agency.

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

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

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

The Department is pursuing efforts to further enhance its reporting capabilities through the purchase and use of a variety of products designed to more quickly get needed information into the hands of Department management, to make informed decisions and react to needed changes that impact child welfare service. A dedicated team has been formed with the sole purpose of utilizing these tools and responding to reporting needs, as well as consolidating the definitions needed to ensure this reporting is accurate and in a form useful for critical decision-making. In the past year, the Department, in cooperation with a private vendor, went live with the Mindshare
reporting system, which quickly and easily can provide the information for that critical decision-making. A predictive analytical application was developed with this same firm that helps identify those investigations most likely to result in injury or harm, so the Department can take the proper preventative action.

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

**Concerns:** The OITS Governance Board, a structured decision-making process for making data system and other IT improvements implemented in 2014 continues to drive the efforts of IT within the Department. This has resulted in a broader ownership of IT efforts by the Director's trusted management, and helps ensure the Department’s overall needs are prioritized and met, and that support for those changes is department-wide as well.

Illinois has continued to improve upon the efforts implemented in its AFCARS Improvement Plan (AIP) initially completed in 2015, at which time the entire AFCARS Extraction process was rewritten, to better utilize the ICWS data, per the AIP, and to include a number of other improvements. Because of the scale of the change to the extraction method (entire rewrite), it was necessary to completely redo the extraction process test originally done in 2010 for the AIP. This is listed as a concern due to the fact that this process alone consumed a significant portion of development time and the results of that testing may require additional extraction code changes. The final results of the AIP are in the final stages of review by the Administration for Children and Families (ACF) by way of a full extraction system test run, similar to what was originally done in 2010.

Another current concern focuses on the difficulty of maintaining like data in two systems: ICWS and CYCIS. Previous plans to move functionality from CYCIS to ICWS have been changed to the pursuit of an entirely new case management software that would incorporate the functionality of and replace both the current ICWS and CYCIS systems. This is a multi-year project, but one that would address a long-standing concern with having two systems. In the interim, plans to migrate the most critical functions from CYCIS to ICWS are in the planning stages, but await the necessary resources to proceed. This migration would reduce some of the difficulty in maintaining the two systems until the new case management software can be put into place.

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

- There were mixed responses as to whether available data is useful to practice. However, there was consistency in feedback that available data is not reliable. In particular, demographic information, particularly race/ethnicity data, is not always reliable, as well as Reporter information not always being accurate, which can cause the creation of new person information being entered when that person already exists in the system. Certain case-related data such as the reason a case was closed, the exact nature of the final placement of a child, etc., might also be recorded improperly. This can affect reporting on how many cases show as going to one type of resolution, as opposed to another. In nearly all instances though, the reliability is based on the accuracy of the entry, not on the reliability of the data systems themselves. Edits are put in place to attempt to prevent bad data entry, but ultimately the worker/clerical must be responsible for the quality of data entry in many of these instances. (See sample data at the end of this section.)
• There was feedback that the data systems might be more useful and usable if their design was informed by staff that uses the systems on a day today basis.
• Real-time data is needed in order for data to be used to inform practice. Workers say that high caseloads may prevent them from entering data in a timely fashion.
• The Department needs an agreed upon set of indicators to be measured.
• DCFS is currently not a data-driven culture; many staff see data as something that is only used in a punitive manner and do not see how data is relevant to their work.
• More training is needed to help staff understand how to analyze data; DCFS is seen as “data rich and analysis poor.”
• Integrated data systems are needed in order to improve use of data to inform decision-making. This would include DCFS systems as well as POS data systems.
• Improvements are needed to ensure staff have access to the data they need to do their job and improve practice; formats in which staff receives information could also be improved.
• Data is not currently useful for informing decision making, supervision, and professional and opportunity development.

A three-phased approach was developed in response to this report by the Rapid Response Group, which continues to meet to resolve the points brought up from the Clarus report.

• Short-Term - development of 26 metrics to provide management with a clear picture of the state of child welfare. Status: Completed
• Mid-Term – Involve a 3rd-party provider (Mindshare) to handle data analytics on an interim basis to provide dashboard reporting capabilities. Establish a permanent Data Analytics group to centralize the reporting effort and ensure that reporting is of value to the decision-makers. Status: Mindshare: In Progress – Data Analytics group: Completed
• Long-Term – Transition 3rd-party reporting services to Data Analytics group. Status: In Progress

DCSF Child Opening Sample Data
July 2016 Case Openings

<table>
<thead>
<tr>
<th>First Name</th>
<th>Birthdate</th>
<th>Open Date</th>
<th>Legal Status</th>
<th>Placement Type</th>
<th>Placement City</th>
<th>Perm Goal</th>
<th>Gender</th>
<th>Race</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYSTON</td>
<td>7/1/2013</td>
<td>7/27/2016</td>
<td>TC</td>
<td>HMR</td>
<td>CARMI</td>
<td>NONE</td>
<td>M</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>SAMANTHA</td>
<td>8/1/2003</td>
<td>7/9/2016</td>
<td>NONE</td>
<td>HMP</td>
<td>JONESBORO</td>
<td>NONE</td>
<td>F</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>KAYDIN</td>
<td>1/17/2015</td>
<td>7/25/2016</td>
<td>GO</td>
<td>FHP</td>
<td>CENTRALIA</td>
<td>RET HOME</td>
<td>M</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>SURINA</td>
<td>3/9/2007</td>
<td>7/20/2016</td>
<td>TC</td>
<td>HMR</td>
<td>JOHNSTON CITY</td>
<td>NONE</td>
<td>F</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>ZOEY</td>
<td>6/9/2007</td>
<td>7/20/2016</td>
<td>TC</td>
<td>HMR</td>
<td>JOHNSTON CITY</td>
<td>NONE</td>
<td>F</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>DALE</td>
<td>10/28/2011</td>
<td>7/11/2016</td>
<td>TC</td>
<td>HMR</td>
<td>GOLCONDA</td>
<td>RET HOME</td>
<td>M</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>SYDNEY</td>
<td>6/14/2013</td>
<td>7/11/2016</td>
<td>TC</td>
<td>HMR</td>
<td>GOLCONDA</td>
<td>RET HOME</td>
<td>F</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>TIMOTHY</td>
<td>1/18/2000</td>
<td>7/5/2016</td>
<td>TC</td>
<td>HMR</td>
<td>GRANITE CITY</td>
<td>RET HOME</td>
<td>M</td>
<td>WH</td>
<td>NR</td>
</tr>
<tr>
<td>HUNTER</td>
<td>8/17/2006</td>
<td>7/9/2016</td>
<td>NONE</td>
<td>HMP</td>
<td>JONESBORO</td>
<td>NONE</td>
<td>M</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>SOPHIA</td>
<td>11/8/2012</td>
<td>7/6/2016</td>
<td>TC</td>
<td>HMR</td>
<td>CAMBRIDGE</td>
<td>RET HOME</td>
<td>F</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>KOLIN</td>
<td>8/18/2015</td>
<td>7/7/2016</td>
<td>TC</td>
<td>HMR</td>
<td>CAHOKIA</td>
<td>RET HOME</td>
<td>M</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>KENZIE</td>
<td>10/6/2006</td>
<td>7/19/2016</td>
<td>TC</td>
<td>FHP</td>
<td>CISNE</td>
<td>RET HOME</td>
<td>F</td>
<td>WH</td>
<td>UK</td>
</tr>
<tr>
<td>KYRA</td>
<td>9/9/2007</td>
<td>7/5/2016</td>
<td>TC</td>
<td>HMR</td>
<td>COLLINSVILLE</td>
<td>RET HOME</td>
<td>F</td>
<td>WH</td>
<td>UK</td>
</tr>
</tbody>
</table>
Case Review Systems: 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.

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. ACRs are conducted every 6-months.

Administrative Case Review has not previously tracked the number of wards placed out of State, nor the frequency that these children are visited by their caseworkers. However, effective April 1, 2017, ACR has added a question to the Case Review Information Packet (CRIP) which will allow tracking of out-of-state children and youth and monitor if they are being visited by their case managers per policy and procedure.

Parental/Stakeholder involvement: ACR data regarding parental involvement in service planning over the past three fiscal years reflect that only 14.3% of the time does one or more parents feel they were included in the development of the service plan. This information comes from the ACR Special Needs data. A wide variety of Special Needs questions are included as part of every review. Answering these questions is a requirement of convening the review. One of these questions specifically asks if the parent(s) were involved in the planning process, and a yes answer to this question is what provided the count of parents involved. The parent must be present or participating by phone in order for this question to be answered yes or no. When the parents were present to answer the question regarding their involvement in the service plan, 80% of them stated they were satisfied with the services she/he and their child(ren) were receiving. Administrative case reviewers, through review of the services offered in the service plan, identified that parents were receiving essential services required to achieve the selected permanency goal only 59% of the time. Children were receiving essential services to achieve the permanency goal 88% of the time.

<table>
<thead>
<tr>
<th>Clients Reviewed</th>
<th>Parents involved in service plan development</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14 20,992</td>
<td>2,988 14.2%</td>
</tr>
<tr>
<td>FY15 19,261</td>
<td>2,944 15.3%</td>
</tr>
<tr>
<td>FY16 17,949</td>
<td>2,784</td>
</tr>
</tbody>
</table>
Through the OER Review additional data is available to show to what extent children and parents are involved in case planning. The following documentation was presented in Item 13 in the Outcomes section: Rating determinations for this item are strictly based on the concerted efforts of the agency to actively involve children and parents in the case planning process. The OER 3 data collected shows that when all cases are evaluated together, children are most likely to be actively involved in case planning versus parents:

<table>
<thead>
<tr>
<th>All Cases</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (26 cases = not applicable due to age or developmental ability)</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process? (11 cases = not applicable due to TPR, deceased, etc.)</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process? (33 cases = not applicable due to TPR, deceased, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#</strong></td>
<td><strong>%</strong></td>
<td><strong>#</strong></td>
<td><strong>#</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>40</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>87.2%</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>12.8%</td>
<td>26%</td>
<td>25%</td>
</tr>
</tbody>
</table>

When observed by case type, a different picture emerges:

<table>
<thead>
<tr>
<th>Foster Care</th>
<th>Children</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#</strong></td>
<td><strong>%</strong></td>
<td><strong>#</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>92.9%</td>
<td>69.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>7.1%</td>
<td>30.6%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In-Home</th>
<th>Children</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#</strong></td>
<td><strong>%</strong></td>
<td><strong>#</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>72.7%</td>
<td>83.3%</td>
<td>85.7%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>27.3%</td>
<td>16.7%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

Clearly children in foster care are actively involved in case planning versus those in in-home cases, and parents are more actively involved in in-home cases than foster care cases. It is clear that the lack of concerted efforts to actively involve parents in case planning in foster care cases directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.
Additional intact data is available through the Intact Statewide Scorecard, as an example, initial service plans for intact cases were completed within 45 days in 91.16% of intact cases in FY17.

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

Two review processes are required by Rule and Procedures to ensure periodic review on the status of every child in the Illinois substitute care system no less frequently than every 6 months: Administrative Case Reviews (ACR) and Permanency Hearings. ACRs focus on the safety, permanency, and well-being of children in substitute care. The first ACR is conducted six months after a child or youth’s placement in substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remains in substitute care.

ACR Surveys: Using 12 months of the year and 4 regions, each region is assigned four survey months during the year. Surveying will take place for one week within the survey month. The ACR manager will select which week within their month in order to take into consideration the majority or reviews. During that week, surveys are distributed to all participants in every review. The ACR manager will be responsible for the data entry of the completed surveys, but may use a designee if he/she chooses. All data entry will be entered into the SharePoint site. Hardcopy surveys are distributed to parents, youth, and foster parents. The survey link is sent to caseworkers, supervisors and contracted providers for their completion on-line. This link is set to provide anonymity for the respondent.

*Note: Within Cook County, during the specified survey month, Cook North, Cook Central and Cook South will each choose a week within the survey month. See survey month assignments at the end of this section.*

During FY17 there were a total of 274 surveys submitted statewide: 71 from Cook North, 21 from Cook Central, 17 from Cook South, 38 from Northern, 69 from Central, and 58 from Southern.

The breakdown of survey completion was: Mothers 9%, Fathers 2%, Youth age 12 or older 3%, Foster parents 13%, DCFS workers 12%, Private agency workers 51%, other professionals 5%, and other non-professional 5%. The surveys were mostly positive and narratives from the foster parents and parents stated that the ACR gave them a better understanding of where the case was headed and what they needed to do in order to achieve permanency.
ACR Data: 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 the information below:

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 associate deputy director for ACR, or designee, makes a final decision within 10 working days after the Decision Review. Neither an appeal nor a Decision Review is allowed when a judge in a juvenile court proceeding issues a court order amending a specific intervention. There have been no decision reviews held in the past fiscal year.

Permanency Hearings: The state provides a process which ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body that includes required provisions no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
Pursuant to the Illinois Juvenile Court Act, a permanency hearing must occur every six months. At the permanency hearing the court sets the goal for the child, determines whether the services contained in the plan are appropriate to achieve the goal, whether the child’s current placement is necessary and appropriate to achieve the plan and goal, and whether all parties to the case have made reasonable efforts. The service plan is prepared and submitted to the court and all parties at least 14 days in advance of the next permanency hearing. The service plan is reviewed at each permanency hearing for the progress made and service(s) still needed by the family. Permanency hearings are generally scheduled to follow after an ACR has been convened.

Permanency Hearings are a separate process from ACR; however, both systems work collaboratively to ensure timely permanency for children in custody and guardianship of the Department.

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

- ACR provides the Guardian ad Litem (GAL) with a copy of the feedback report which is a synopsis of the case at the time of the ACR and is specific to permanency, safety and well-being. The feedback report also contains recommendations regarding issues and barriers that impact achieving timely permanency for children. Often times, these recommendations made by ACR, are used by court personnel for permanency decisions, service provision and further legal recommendations.
- Within Cook County, GAL’s are sent a monthly schedule of ACR’s indicating the date, time, and location of each review in an effort to increase GAL participation either in-person or by phone in the review process, as well as assuring the legal rights for their clients. Guardian ad Litem outside of Cook County are not provided this information as they are private attorneys with contractual agreements. The same listing process for the Cook County GALs is also provided for the Cook County Public Defenders (PDs) via the Department’s legal division.
- Downstate, Court Appointed Special Advocates (CASA) representatives are sent an invitational letter with the date of the ACR for their clients which allows for participation in the review process and advocacy for their clients.

ACR data over the past three fiscal years indicate that a permanency review hearing was held within six months prior to the ACR in 89.70% of the cases reviewed. This data comes from the ACR Special Needs data. A specific question asks, “Was a permanency hearing held within the past 6 months and documented by a signed Court Order? (Child case open 12 months or over)” Possible answers are Yes/No/NA. NA is reserved for those cases that are not open 12 months or more. The trend is showing a decrease in timely permanency hearings. ACR is seeing this more in downstate counties than in Cook County.

While there is no data to support the above statement (aside from the observations and discussions by ACR management,) during ACR monthly management meetings there is discussion of regional issues. It was initially noted in Southern region that Permanency hearings were being delayed or not held, especially in counties where there is only one Judge and State’s Attorney to handle all types of court hearings. Upon further discussion it was noted that court delays of permanency hearings tend to occur more often in smaller counties throughout all of the downstate regions, again based upon only one Judge handling all legal matters. Per DCFS Legal, Cook County has DCFS attorneys in the Court on a daily basis to help ensure the permanency
hearings are held. Due to geography and the limited number of DCFS attorneys, this is not possible downstate. Thus, DCFS cannot always guarantee permanency hearings occur on schedule.

<table>
<thead>
<tr>
<th></th>
<th>Clients Reviewed where case open &gt;12 months</th>
<th>Clients with Perm Hearing held in past 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>15,154</td>
<td>14,107</td>
</tr>
<tr>
<td></td>
<td></td>
<td>93.10%</td>
</tr>
<tr>
<td>FY15</td>
<td>15,188</td>
<td>13,812</td>
</tr>
<tr>
<td></td>
<td></td>
<td>90.90%</td>
</tr>
<tr>
<td>FY16</td>
<td>14,720</td>
<td>13,204</td>
</tr>
<tr>
<td></td>
<td></td>
<td>89.70%</td>
</tr>
<tr>
<td>FY17*</td>
<td>13,598</td>
<td>11,836</td>
</tr>
<tr>
<td></td>
<td></td>
<td>87.04%</td>
</tr>
</tbody>
</table>

With some individual variation among counties, Service Plans and/or the Permanency Hearing Reports are to be submitted 14 days prior the Permanency Hearing. This gives Judges sufficient time to make independent determination on held cases, and there is generally no testimony by the case worker.

During each ACR the reviewer views the court orders to ensure a permanency review has been held within the required time frames and that reasonable efforts were granted. The reviewer has a specific question in the ACR packet “Was a permanency hearing held within the past six months and documented by a signed court order” Based on the cases reviewed ACR was able to capture the number of cases where a permanency hearing was held for the total number of cases reviewed. For example, in FY17 ACR reviewed 13,598 clients, and out of that number reviewed the permanency order for 11,836 that was presented at the ACR.

DCFS Legal receives monthly lists of cases pertaining to permanency hearings for their follow-up, including forwarding the information to the agency/caseworker. Any discrepancies are also forwarded to the court for cross-referencing and ensuring compliance.

- **NON-COMPLIANT REPORT:** A list of title IV-E eligible cases that have exceeded the timeframe for the required permanency hearing/reasonable efforts towards permanency finding. These cases need immediate attention.

- **TICKLER REPORT – DUE FOR MONTH:** A list of title IV-E eligible cases that need the required permanency hearing/reasonable efforts towards permanency finding this month. These cases need immediate attention.

- **ALL TICKLER REPORT:** A list of title IV-E eligible cases that will need a permanency hearing/reasonable efforts towards permanency finding within the next 4 months (see due date column).

Limitations to the data: ACR can only confirm that a permanency hearing was held within appropriate time frames if the case workers present the court order at the review. If the court order is not presented, ACR cannot verify this information. In those circumstances, staff from the office
of Budget and Finance receives notification for that division to follow up with the caseworkers to see if the order does exist and was not brought to the ACR, or if indeed a permanency hearing was not held.

Scheduling: Each month, the Office of Innovation Technology Services disseminates the Case Review Monthly Roster (CRMR) by e-mail to all applicable caseworkers with families or children on their caseloads that will require an ACR. The CRMR is sent two months in advance of the scheduled cycle review month and includes the name, family case ID number, date and time of the ACR, and if the review has been prescheduled. Workers are to examine the CRMR’s information regarding the child(ren) and family, note any special language or accessibility needs, review the list of persons who should be invited to the ACR and make any needed corrections. Cases having multiple workers should coordinate at this time to ensure all participants are available on the scheduled date and time for convening the ACR. To help ensure that the ACR is held as a family unit, only the lead worker may submit and/or make any changes to the CRMR for scheduling. Submittal of this information via the ACR database by the lead worker is required within 14 days following receipt. This information “populates” an electronic log to ACR Support Staff for scheduling and tracking purposes. Support Staff then schedules the ACR which “populates” a calendar of families to be reviewed for each administrative case reviewer and is viewable by ACR staff - program managers, administrative assistants, and coordinators. The electronic database allows for tracking of each ACR scheduled and indicates who originated the scheduling/rescheduling. The database also tracks missed, cancelled and rescheduled reviews.

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

Notification: The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard during the ACR with respect to the child and family services. Upon scheduling completion, the Department sends official notification to all persons listed on the CRMR who are to be invited to the ACR. A written notice indicating the date, time, place and purpose of the Administrative Case Review is mailed 21 days prior to the ACR to ensure the notice is received a minimum of 14 days before the scheduled review. This notice goes to the parents (and informs them of their rights to bring a representative to the review); the child, if age appropriate (12 or older); the child’s caregiver; the caseworker; the child’s Guardian ad Litem/CASA downstate, GAL and Public Defenders in Cook County and all others whom the caseworker identifies to attend. In addition to the notification letter via mail, families with a 5-month return home goal also receive a telephone call to inform and encourage attendance at the administrative case review. 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.

Parents are initially informed of their right to be heard at court and the ACR through the publication “Substitute Care and Your Child” that is given to the parents at the time protective custody is taken. As it relates to court, the booklet states “it is important that you (parent) attend the hearing so the Judge can hear what you have to say about what has happened.” The booklet goes on to discuss the various types of court hearings and reiterates the parents right to attend and be heard by the Judge. The booklet also states the following as it relates to the parents right to be heard at
the ACR: “It is very important for you to go to the ACR. The ACR gives you and your children the chance to tell how you feel about the services you are receiving and how you are getting along. It gives you the chance to ask questions. It gives you the chance to tell about any disagreements you have with the service plan.” In addition, the ACR invitational letter mailed to parents 21 days prior to the ACR date contains the following language as it relates to their right to be heard. “It is very important that you attend this ACR, as we are interested in hearing from you regarding how services are progressing, as well as the appropriateness of the services being provided to you and your child as outlined in the service plan and what the issues, problems, or services that you require that are not in place.” “During the ACR, you will have the opportunity to discuss your service plan, as well as ask questions because you have an important say in the outcome.”

In regards to notification of court hearings, if the parents attend the court hearings, they are given notice of the next scheduled hearing at that time, both verbally and with a copy of the Notice of Hearing. If the parents are not in attendance, then the Notice is typically mailed to them, or given to their attorney to serve them notice. The Administrative Office of the Illinois Courts (AOIC) has stated that they do track Notice in relation to the petition filing and the removal, but not at each hearing. The courts do not track notice that may be given to the caregivers, as they have been advised that the caseworker will notify the caregivers of the court dates and of their right to be heard. DCFS does not track this information at this time.

When an ACR is scheduled, a notification record is created for each parent, step-parent, worker, etc. This information comes directly from the ACR notification data. ACR staff can also add additional participants as needed. All participants are invited, unless parental rights have been terminated (for parents), or unless they are specifically marked not to be invited. A nightly process uses this information to generate notices (email for casework staff, physical letters for others) and then marks that notification record as having been generated.

<table>
<thead>
<tr>
<th></th>
<th>Reviews Scheduled</th>
<th>Reviews with notices sent</th>
<th>**Potential Notifications (parents, foster parents, youth, GAL, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>17,938</td>
<td>17,753</td>
<td>76,364</td>
</tr>
<tr>
<td></td>
<td></td>
<td>98.97%</td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>17,866</td>
<td>17,659</td>
<td>76,765</td>
</tr>
<tr>
<td></td>
<td></td>
<td>98.84%</td>
<td></td>
</tr>
<tr>
<td>FY16</td>
<td>14,659</td>
<td>14,457</td>
<td>63,264</td>
</tr>
<tr>
<td></td>
<td></td>
<td>98.62%</td>
<td></td>
</tr>
</tbody>
</table>
**Termination of Parental Rights**: The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones. Typically, caseworkers will take a case to a legal screening where the DCFS attorney will review the case to see if there are statutory grounds under the Adoption Act to seek termination of the parent’s rights. If the case passes screening, the worker forwards that document 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 at 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 parent’s 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. As noted in the Assessment of Performance section for Permanency Outcome 1 – Item 7: Permanency Goal for Child, the lack of TPR petitions on cases open longer than 17 months (with no compelling reason not to file) continues to be one of the barriers to improved permanency performance.

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

The AOIC implemented steps during the 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 three fiscal years ASFA compliance has averaged at 74.03. ACR has seen an increase in ASFA compliance over the past three years. This information comes from the ACR Special Needs data.

A specific question asks “If the child/youth was eligible (in care 15 out of the most recent 22 months), was the Adoption Safe Family Act protocol completed?” Possible answers are Yes/No/NA. NA is reserved for those cases that are not in care 15 out of the most recent 22 months. The number of yes responses is shown along with the total with a response of Yes or No.

<table>
<thead>
<tr>
<th>Clients Reviewed requiring ASFA</th>
<th>Clients meeting ASFA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14 10,820</td>
<td>7,413 68.5%</td>
</tr>
<tr>
<td>FY15 12,518</td>
<td>9,058 72.4%</td>
</tr>
<tr>
<td>FY16 10,941</td>
<td>8,687 81.2%</td>
</tr>
<tr>
<td>FY17* 10,949</td>
<td>9,324 85.2%</td>
</tr>
</tbody>
</table>

The following compelling reasons were noted through ASFA non-compliance as to why TPR was delayed or not filed:
- There is a permanency goal of return home and reunification: 35.2%
- The child is being cared for by a relative: 33.2%
- The child is age 14 or older and objects to being adopted: 28.9%
- Court related delays: 4.7%
- Casework related delays: .9%
- The child has severe emotional or behavioral problems or serious medical condition: .8%
- Other not specified delays: 9.4%

Additional Data in this area was provided by the recent OER. Below is the ASFA data (includes cases reviewed since the FY17 APSR was submitted, 50 total, so 25 foster care cases in the fall of 2016, and 25 foster care cases between February and April 2017):
FY17 Enhancements to ACR during the Past Reporting Period:

In an effort to provide continuous quality improvement within Administrative Case Review, three core systemic areas were addressed:

*Quality Assurance:* ACR continued to enhance existing guidelines in keeping with national best practice. This was implemented via bi-annual tri-regional meetings and monthly unit meetings for ACR review staff statewide. Ongoing quality improvement included client and stakeholder surveys that were used as a tool to measure progress or deficiencies in obtaining permanencies for families; and on-going review of the ACR Case Review Information Packet (CRIP) to assure the latest policy and procedures were being adhered to during the review process. As of April 1, 2017 ACR began monitoring if youth in care are placed in the least restrictive setting; and monitoring compliance with caseworker visits to youth placed out of State. Neither of these items was tracked prior to this date. The ACR electronic system was updated to incorporate changes to the Case Review Information Packet (CRIP) and the accompanying Q by Q guide. These changes incorporated updates to DCFS Procedure 315, Family Finding, Kin-Gap, and State Funded Guardianship.

*Systemic Enhancement:* System applications, automation of compliance reports, and trend/quarterly metric reports were upgraded in order to ensure vital performance information is mainstreamed and available in a user friendly format to the field. This included the dissemination of data from specific SACWIS programs to the ACR system and enhancement of ACR screens for management purposes. ACR review staff are now allowed read only access to SACWIS screens and CANS information not previously given their preview in order to make sure services that are being addressed in the service plan are appropriate for the issues at hand.

*Management:* Implementation of an override function in the ACR database now allows ACR Managers to delete non-reviewable cases in order to maintain more valid ACR data relating to the number of actual reviews required and completed.

Enhancement Plans for ACR in FY18:
In an effort to provide continuous quality improvement within Administrative Case Review several internal program additions and/or changes will be continued and/or implemented:

- Continue to enhance existing guidelines in keeping with national best practice standards, to ensure consistency between reviewers in the facilitation of ACRs throughout the state;
- Continue quality improvement plans, to have ongoing assessment processes for consistency statewide;
- Continue managerial peer review process to ensure accountability & consistency among review staff in work products, implementation of ACR processes and interpretation of information;
- Continue to upgrade the system application to provide more efficient tools and capabilities to the users, to save entry time and improve quality of data;
- Automate the distribution of Compliance Reports to DCFS management and POS agencies to ensure vital performance information is reaching decision makers;
- Further enhance the Trend/Quarterly metric report into a user friendly format;
- Continue to revise client and worker surveys to gather measurable progress in attaining permanency for families;
- Continue to expand the use of data from SACWIS to the ACR system to allow for more accurate and up to date information;
- Continue to enhance ACR screens for management purposes.
- Continue ACR Policy and Procedure 316 updates to correspond with all new and enhanced DCFS initiatives and terminology.

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

Quality Assurance System: The state is operating an identifiable quality assurance system that is in place in the jurisdictions where services included in the CFSP are provided, evaluates the quality of services, identifies strengths and need of the service delivery system, provides relevant reports, and evaluates program improvement measures. See page 333 for more detailed information regarding this process as it operates within the State.

Processes for Quality Data Collection: DCFS has multiple avenues for gathering performance data from its network of data systems which covers the life of a child and family’s time with the Illinois child welfare system. A variety of data reports are accessible to staff via ICSW (SACWIS) system as well as CYCIS and other legacy systems to assist the field in managing their work towards improved outcomes. In addition, DCFS has sought to improve data accessibility through a contract with Mindshare. Mindshare provides data dashboards and analytics on various measures for improvement.

DQA collects compliance and qualitative data via various case record review processes and utilizes quality controls to help ensure data quality. The posting of DCFS and POS provider data on the Department’s Agency Performance Data Site has led to an increased sense of responsibility by agency staff over the quality of their data since they may be put on heightened level of monitoring due to poor performance. The implementation of the state’s AFCARS Improvement Plan (AIP) addresses various missing data elements previously not recorded in ICWS (SACWIS) and CYCIS.
Analysis and Dissemination of Quality Data: DCFS disseminates performance data generated through its IT systems, databases, and qualitative case review processes to stakeholders for the purposes of supporting staff in the administration of their work with children and families, identifying performance issues in need of improvement, and ensuring the overall accountability of the state’s child welfare system. DQA staff run data reports from the Department’s peer review database for discussion at regional statewide CQI meetings. FCURP and DQA disseminate OER data reports to DCFS and POS staff at Regional PIP Workgroups when available, as well as facilitate discussions about Agency Performance Data Site (aka “the Dashboard”) measures/Performance, Additionally, Aristotle P. performance data for both DCFS and POS is distributed as each agency is reviewed. Data tied to federal demonstration and waiver projects are shared with stakeholders through CWAC and other advisory groups.

The Agency Performance Data Site ensures that both DCFS and POS staff are able to directly view their own agency data at any given time as well as case specific data for the purposes of identifying and rectifying data quality issues. When inaccurate data is identified by an agency, case specifics are required in order to investigate the issue and then either support or dispute the agency’s contention. If there is a data issue, the IT Services office is notified, and they work to rectify the problem. Before releasing any programmatic changes, the update is run through a test environment to verify that the correct data is being pulled. Agencies are then notified of the release of updated data.

During FY16 contracts were secured with Eckerd and MindShare to provide predictive analytics (for investigations involving cases with high risk safety indicators) and dashboards on a multitude of data points (including CFSR Round 3 national data indicators). The Eckerd model was launched on 5/16/16, and MindShare CFSR dashboards are expected to go live by the end of the fiscal year. A workgroup has been established to validate the dashboards before they go live, as well as to develop the process for dissemination and use of the dashboards by all levels of staff.

Stakeholder Feedback Processes: The Department’s CQI related infrastructure - Statewide and Regional Quality Councils along with CWAC and various Advisory Groups are the vehicles utilized for providing feedback to DCFS stakeholders on the results of CQI related activities and for obtaining their feedback. Both the Statewide Quality Council and the Regional Quality Councils met quarterly during FY17. In FY18, this structure is being replaced by the Joint DCFS-POS CQI Framework. In this new framework, the Regional CQI Collaboratives (consisting of regional DCFS and POS operational leaders and QI staff, as well as stakeholders, support services and court personnel) will continue to meet quarterly. There is a much clearer feedback loop built into the process so that information solicited and learned in the Regional meetings is formally passed up to the Statewide CQI Collaborative (consisting of Regional CQI Collaborative co-chairs, executive-level decision-makers from DCFS and POS, and AOIC personnel) for resolution and response. Responses to raised issues are received back at the Regional meetings in a timely manner via the Regional CQI Collaborative co-chairs. It is expected that the Statewide CQI Collaborative meeting will meet quarterly in the month following the Regional meetings. The first meeting of the Statewide CQI Collaborative is scheduled for October 11, 2017.

Both the Regional CQI Collaboratives and the Statewide CQI Collaborative will be extensively utilized as the state prepares for, and responds to findings from, the 2018 Illinois CFSR. It is expected that the Regional CQI Collaboratives will be utilized in the development of the Statewide Assessment (to collect information about performance and systemic factors), and as a resource for
solicitation of state CFSR reviewers. The Statewide CQI Collaborative is expected to be tasked with developing, implementing and monitoring the Illinois CFSR PIP.

Peer Review data that illuminates practice trends are discussed at Statewide and Regional Quality Council meetings where members contribute to analyzing the data and provide valuable feedback on issues driving trends. Peer Review data was collected quarterly from each region, where a random sample had been pulled from the open and closed cases. The selection process differed by each region. For example, in Central Region, 2 cases per investigation team, 2 cases per permanency team and one case for each intact worker was identified and flagged to be reviewed. The cases were then assigned to workers in that same specialty but in a different office to complete the peer review. After reviews were completed, up to 5% were validated by the Quality Assurance Specialist in each region completing the same tool on these cases. One of the challenges with this process was that most teams had vacancies or were detailing workers to cover other areas short of staff. Due to this, the case reviews were sometimes identified as less priority to other work so that less and less of the flagged peer reviews were getting completed each quarter. Additionally, under the pressure of day-to-day job duties, the peer review was receiving less focus and accuracy in how reviews were completed. After reviewing the process, it was determined that the Department was reviewing cases via other methods that were more effective and accurate. (See Chapter X, CQI Case Review Process, starting on p.334) The last peer review was completed in the 2nd quarter of FY17 (December 2016). At that point it was decided to focus on the other types of reviews that appear to be more accurate and effective in guiding improvements.

OER and other PIP-related data are regularly reviewed at quarterly Regional PIP Workgroup Meetings where discussions among members have led to several improvement activities since 2005. During FY16, improvement activities have targeted the development of tools to improve engagement of stakeholders, timely permanencies, and convening of Supervisory Forums. Collection and reporting of agreed-upon UPR questions has supported the development of these improvement activities, which are reviewed and adjusted as needed at subsequent meetings. The Regional PIP Workgroup process is being replaced with the Joint DCFS-POS CQI Framework, and will be co-managed and facilitated by FCURP and DCFS Quality Enhancement staff from the regions.

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

The Department has also had ongoing conversations with the Capacity Building Center, seeking assistance in a variety of topics which have already been completed. This includes:

- assistance in research of Performance-Based Contracting
- providing the Department the base knowledge used to develop the newly implemented performance based contracting incentive for traditional and spec foster care, and
• targeting increased permanency and incentivizing agencies to meet their contractual expectations.

The estimated impact of the incentive is approximately 2-3 million new dollars awarded to private agencies based on last year’s performance.

The CBC is also in preliminary conversations with the Juvenile Delinquency and Restorative Justice Division. The Department continues to explore how the CBC’s expertise may continue to improve practice, learning from other states and best practices. The Department continues to look across the agency for specific areas where the CBC and all their knowledge, support, and expertise might be of the greatest support.

Overall Strengths and Concerns
Among the Division’s strengths are the following:
• Division of Quality Assurance is a dedicated division of experienced staff
• DQA has long standing relationships with University partners that provide assistance and support
• The Department is implementing a statewide CQI framework that includes both DCFS and POS.
• The CQI Community, while not a DCFS structure or entity, it is a strength for the system as a whole
• There are established CQI processes that collect and evaluate data on a regular basis
• The State is COA accredited which requires passing PQI standards. POS agencies are required to be COA accredited as well
• The Department has contracted with Eckerd organization to implement the Eckerd Rapid Safety Feedback Teams to provide predictive analytics for high risk investigations with the intent of reducing death-serious harm. Using predictive analytics is a new forward thinking direction that will lead quality assurance in the future
• A contract with Mindshare to provide “real time” dashboards will support and inform executive management to the Field operations
• Anticipated partnership with the Capacity Building Center for support in the areas of CQI and the OSRI

And a priority need:
• There is a need for training and technical assistance on the OSRI, OMS, and data quality issues related to the AFCARS and NCANDS submissions.

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

FOUNDATION FOR CHILD WELFARE SPECIALIST: PLACEMENT/PERMANENCY CASEWORK SPECIALTY

This is a competency-based training course provides new career entrants and staff transferring from other job classifications foundational training necessary to begin their work as a permanency/placement services worker. This course builds upon information learned in the prerequisite Illinois Child Welfare Fundamentals Course. This 20 day curriculum is a hybrid course, including 11 days of web based facilitator led, self-paced online and 9 classroom days of
training. The design meets the needs of the online learner as well as the classroom learner. The online component includes web based facilitator-led instruction, online self-paced instruction and discussion boards. The classroom component focuses on the practice cycle and skill development. It includes practice activities around engaging clients, interviewing, assessment, service planning, child and family team meetings, court, documentation, and SACWIS. The Illinois Core Practice Model is incorporated throughout the curriculum.

270 participants completed this training between July 1, 2016 and March 31, 2017. Caseworkers must have completed licensure and specialty training and exam in order to carry cases.

Feedback on this curriculum was positive from participants and trainers. Changes have occurred since the original roll out. These changes have been the result of:

1. Level 1 evaluations from the participants;
2. Feedback from trainers on curriculum design, content, flow of training and participant response;
3. Classroom observations by managers;
4. Procedural changes;
5. Changes in practice or the field;
6. OIG recommendations.

Changes from July 2016 to present include:

- Updates to “Deaf and Hard of Hearing” which is now called “Bridging the Language Barriers”
- Updates to Confidentiality training
- DCFS Advocacy Office tutorial
- Update to Indian Child Welfare Act training
- Introduction to Windows 7
- Missing, Runaway and Abducted Children
- Significant Event Reporting

During the last reporting period, the Office of Learning and Professional Development was working on updating the following training components to better reflect changes in the field:

- Advocacy Office
- Office of the DCFS Guardian

The Advocacy Office training has been completed and Office of the Guardian training is near completion.

The DCFS Office of Learning and Professional Development Testing and Evaluation Unit continues to create evaluations for new trainings and run periodic reports of the data for management’s review. Evaluations for trainings offered by the DCFS Office of Learning and Professional Development are completed in Survey Monkey, our Learning Management System the Virtual Training Center, and in paper format.
For the Foundation Placement pre-service training, a statistical analysis was done of the evaluation data covering a six month time-period in Fiscal Year 2016. This analysis was done by Western Illinois University to ensure an unbiased data analysis.

Below are some elements of the 20 page report:

The Training Structure Scale is then serially correlated with the 20 “curriculum objectives” items. Table 1 below shows the relationship between the Training Structure Scale and the twenty curriculum objectives. These data indicate a stable and very high response rate for each Item with a low of 96.7 percent to a high of 97.8 percent from 180 trainees. The high response rate and the moderately large population of trainees provide assurance the statistical results and interpretations are reliable for this particular data set. More important, is these data reveal a positive and unanticipated exceptionally strong relationship between the Training Structure Scale and the “curriculum objectives” items. This data is shown in the far right column of the Table. The preferred measure of use here is “Somers’ d.” Somers’ d is a conventionally employed statistic for assessing the strength of the relationship between two “ordinal scales.” The data reveals a pattern of exceptionally high correlations for the Training Structure Scale with each of the “course objectives” items. The lowest Somers’ d is .532 and the highest is .681. It should be noted systemically high response rates and correlations of this size are seldom found in social science data. Likewise, all the correlations are statistically significant with a very high probability of not being due to chance relationships. The result of exceptionally strong and positive relationships with the Training Structure Scale and each of the “curriculum objectives” items indicates the data reflect the importance of curriculum structure and training for a more successful learning and understanding of curriculum objectives. It clearly suggests this data supports an interpretation of high quality curriculum development and structure, as well as the conclusion it contributes to quality learning.

Table 1
Training Structure Scale by Items 5 through 24

<table>
<thead>
<tr>
<th>Training Structure Scale</th>
<th>Cases</th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Valid</td>
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<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
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<td>Percent</td>
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</tr>
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<td>.598</td>
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</table>
The next step is the construction of a Trainers' Skills Scale. Trainees’ evaluations of trainers are found in items 25 through 29. The Trainers' Skills Scale was developed from these five items:

ITEM 25 “The trainer was knowledgeable about the subject.”
ITEM 26 “The trainer was well prepared.”
ITEM 27 “The trainer was clearly understood.”
ITEM 28 “The trainer held my interest.”
ITEM 29 “The trainer was skilled in facilitated learning.”

These items focus strictly upon “trainers’ skills” while the Training Structure Scale is focused on program structure and curriculum issues. Nonetheless, it is expected a strong association between the two scales would exist. High quality trainers’ skills should have a strong and positive effect upon program structure and curriculum effectiveness. And, indeed, as seen in Table 2, the Somers’ d is an exceptionally high .607. Again, there is a very high response rate. View Table 3 for a clearer picture of the relationship between these two scales. As can be seen, there is a very high level of agreement between these two scales. This pattern indicates that the highly effective teaching skills complement a highly effective curriculum structure and its implementation. These data provide strong support for an interpretation of high quality of both “trainer instruction” and “program structure and curriculum.”

Table 2
Trainees’ Skills Scale by Training Structure Scale

<table>
<thead>
<tr>
<th>Trainers' Skills</th>
<th>Cases</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Valid</td>
<td>Missing</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Somers’ d *</td>
</tr>
<tr>
<td>Training Structure</td>
<td>176</td>
<td>97.8%</td>
<td>4</td>
<td>2.2%</td>
<td>180</td>
<td>0.607</td>
</tr>
</tbody>
</table>

* All Items are statistically significant at the .001 level or greater.
The next step is to assess the relationship between Trainers’ Skills and the 20 “course objective” items. These should also reveal positive and strong relationships. It should be emphasized strong positive relationships between trainers’ skills and the “course objective” items are substantively important for assessing the quality of instruction and learning. These 20 objectives will provide an indication of the quality of trainers’ skills in having trainees develop positive views of being successful in acquiring an understanding of the curriculum objectives and application of skills.

The data in Table 4 below reveal the Trainers’ Skills Scale is very strongly correlated with the “course objectives” items but not as exceptionally high as they are with the Training Structure Scale. The Somers’ d values vary from .366 to .565. While these correlations vary a little more broadly than the correlations with the Training Structure Scale, this may be more related to the issues found in practice. An evaluation of specific curriculum objectives suggests this may be the case. For example, the weakest relationship (.366) is with ITEM 24, which is about SACWIS training issues while the stronger relationship (.565) is with ITEM 20, which is “Identify underlying issues are found in most families involved with child welfare.” The differences may simply be due to it is typically more easy and rewarding to identify family issues than dealing with technology issues. Regardless of the specific curriculum objectives and varying strengths of relationships, this data clearly indicate a generally high positive effect of “trainers’ skills” on trainees’ positive evaluations of the “curriculum objectives.”

Table 4
Trainers’ Skills Scale by Items 5 through 24

<table>
<thead>
<tr>
<th>Trainers’ Skills Scale</th>
<th>Training Structure Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
The following two survey items (ITEM 30 “Training activities and content helped meet the training objectives” and ITEM 31 “I will be able to apply what I learned to my work”) to be dealt with are almost at the end of the survey. Their location is an important test for assessing whether or not there will be a consistency with earlier items dealt with training content and application of learning. They reflect all the issues covered by ITEMS 1 through 29 and whether what they learned will be applied in the work setting. However, the trainees had to evaluate over 30 other items dealing with trainers’ skills, guest lecturers’ skills, and several other training issues such as SACWIS, webinar
training, co-trainer evaluations, special presenter evaluations, quest speaker evaluations, yet they are consistent with earlier evaluations. There are over 70 columns of information that could distract from completing the survey. Nevertheless, these two items were completed at the same high response rate as other items. As a result, this allows for an assessment of the comparability with previous item evaluations dealing with training and its implementation.

The response rate indicates there were 177 combined valid responses (TABLE 5), and this was comparable to earlier training data. If the overall training program is successful, there should be a strong positive relationship between these two items. Also, their summary location in the survey provides for some confirmation of previous data interpretations.

### Table 5

<table>
<thead>
<tr>
<th>Training Objectives</th>
<th>Cases</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>By</td>
<td>Valid</td>
<td>Missing</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Apply Learning</td>
<td>177</td>
<td>98.3%</td>
<td>3</td>
<td>1.7%</td>
<td>180</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

TABLE 6 reveals the pattern and substantive significance that the relationship is consistent with previous interpretations. As can be seen, the response pattern indicates strong increasing agreement between the items.

The importance of these two items is more than documenting the reliability of previous assessments. They provide a substantive context for asserting the trainees’ beliefs that the training will have important positive effects for job performance. This obviously is the ultimate goal of training.
Table 6
Relationship of Training Objectives and Apply Learning

<table>
<thead>
<tr>
<th>Training Objectives</th>
<th>Apply Learning in Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 7 indicates an incredibly strong Somers’ d of .789 is statistically significant. A statistically significant relationship has a low probability of being a result of chance alone.

Table 7
Statistical Relationship of Training Objectives with Apply Learning

<table>
<thead>
<tr>
<th>Ordinal by Ordinal</th>
<th>Somers' d</th>
<th>Value</th>
<th>Approximate T</th>
<th>Approximate Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply Learning</td>
<td>.789</td>
<td>15.931</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>Dependent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All items are statistically significant at the .001 level or greater.

The data in the previous three tables confirm very strongly the previous interpretation of high quality curriculum development and implementation, as well as the conclusion, it contributes to quality learning. In sum, the data on training are remarkably consistent with training expectations and curriculum goals. There are no major nor minor weak spots in the data presented to suggest substantive or minor curriculum revisions.
The last major area of skill assessment concern is the evaluation of Trainers’ Skills. Here the data is also supportive of high quality instructors. The present data on primary trainers had to be evaluated line by line to eliminate many inconsistencies and were double checked for accuracy. Trainer evaluations varied from an N of 4 to 48. Those trainers with less than 25 evaluations are omitted from the analysis because of small size. A preferable size for trainer evaluations would be 50 or more. No trainer has this number of evaluations. The decision here is to emphasize the very high positive evaluations for all trainers and that increasing number of trainees does not appear to affect the pattern of responses. The stability and comparability of high evaluations among trainers is remarkable. To have only seven negative evaluations (Trainers’ Skills Scale values 1 and 2) from 179 trainees among ten trainers confirms the previous conclusion of high quality training.

Overall, the data in this report clearly indicates the high quality trainers, high quality curriculum and delivery with positive trainee experiences are the distinguishing attributes of Foundations and Placement training.

The previous interpretations that high quality curriculum development and implementation by high skilled trainers contributes to quality learning are systematically and strongly supported by all the data in this report.

FOUNDATION FOR CHILD WELFARE SPECIALIST: INTACT FAMILY CASEWORK

This is a competency-based training course which provides new career entrants and staff transferring from other job classifications foundational training necessary to begin their work as an Intact services worker. This course builds upon information learned in the Illinois Child Welfare Fundamentals Course. The Illinois Core Practice Model is incorporated throughout the curriculum. The course has been updated to include the revised Procedure 302.388. This 19 day curriculum is a hybrid course, including 10 days of web based facilitator-led, self-paced online and 9 days of classroom training. The design meets the needs of the online learner as well as the classroom learner. The online component includes web based facilitator-led instruction, online self-paced instruction and discussion boards. The classroom component focuses on the practice cycle and skill development. It includes practice activities around engaging clients, interviewing, assessment, service planning, child and family team meetings, court, documentation, and SACWIS.

88 participants completed this training between July 1, 2016 and March 31, 2017. Caseworkers must have completed licensure and specialty training and exam in order to carry cases.

Feedback on this curriculum was positive from participants and trainers. Changes have occurred since the original roll out. These changes have been the result of:

- Level 1 evaluations from the participants;
- Feedback from trainers on curriculum design, content and process, trainer’s skill, flow of training and participant response;
- Classroom observations by managers;
- Procedural changes;
- OIG recommendations.
Changes from July 2016 to present include:

- Updates to “Deaf and Hard of Hearing” which is now called “Bridging the Language Barriers”
- Updates to Confidentiality training
- DCFS Advocacy Office tutorial
- Update to Indian Child Welfare Act training
- Introduction to Windows 7
- Missing, Runaway and Abducted Children
- Significant Event Reporting

Intact curriculum had too few participants to produce a valid analysis from Western Illinois University. The following statistics were taken from Survey Monkey evaluations that the participants complete following completion of their Intact training. The statistics are a compilation of data from July 2016 to March 2017.

Content and Process:

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main objectives were clear.</td>
<td>1.61%</td>
<td>0.00%</td>
<td>4.84%</td>
<td>38.71%</td>
<td>54.84%</td>
<td>34</td>
<td>4.45</td>
</tr>
<tr>
<td>This training program has held my interest.</td>
<td>1.61%</td>
<td>1.61%</td>
<td>8.06%</td>
<td>40.32%</td>
<td>48.39%</td>
<td>30</td>
<td>4.32</td>
</tr>
<tr>
<td>Training was well-paced (length of time spent on various activities and topics was appropriate).</td>
<td>4.84%</td>
<td>9.68%</td>
<td>9.68%</td>
<td>35.48%</td>
<td>40.32%</td>
<td>25</td>
<td>3.97</td>
</tr>
<tr>
<td>Training gave me an opportunity to apply the skills learned.</td>
<td>1.61%</td>
<td>3.23%</td>
<td>9.68%</td>
<td>38.71%</td>
<td>46.77%</td>
<td>29</td>
<td>4.26</td>
</tr>
</tbody>
</table>

Basic Statistics

<table>
<thead>
<tr>
<th>Question</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main objectives were clear.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.45</td>
<td>0.73</td>
</tr>
<tr>
<td>This training program has held my interest.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.32</td>
<td>0.82</td>
</tr>
<tr>
<td>Training was well-paced (length of time spent on various activities and topics was appropriate).</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>3.97</td>
<td>1.15</td>
</tr>
</tbody>
</table>
Training gave me an opportunity to apply the skills learned.

<table>
<thead>
<tr>
<th>Course Content: The following objectives were achieved. I now can:</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply the guidelines of Procedures 302.388 to real-life case situations.</td>
<td>1.61%</td>
<td>0.00%</td>
<td>3.23%</td>
<td>48.39%</td>
<td>46.77%</td>
<td>62</td>
<td>4.39</td>
</tr>
<tr>
<td>Engage and establish a working relationship with families using a family-centered, strength-based, trauma-informed approach.</td>
<td>1.61%</td>
<td>0.00%</td>
<td>1.61%</td>
<td>38.71%</td>
<td>58.06%</td>
<td>62</td>
<td>4.52</td>
</tr>
<tr>
<td>Immediately communicate safety and/or high priority risk issues to supervisor for decision.</td>
<td>1.61%</td>
<td>0.00%</td>
<td>4.84%</td>
<td>32.26%</td>
<td>61.29%</td>
<td>62</td>
<td>4.52</td>
</tr>
<tr>
<td>Make service referrals utilizing the Statewide Provider Database.</td>
<td>1.64%</td>
<td>3.28%</td>
<td>8.20%</td>
<td>37.70%</td>
<td>49.18%</td>
<td>61</td>
<td>4.30</td>
</tr>
<tr>
<td>Make decisions for children placed with older caregivers using the Life Span Approach.</td>
<td>1.61%</td>
<td>1.61%</td>
<td>3.23%</td>
<td>41.94%</td>
<td>51.61%</td>
<td>62</td>
<td>4.40</td>
</tr>
<tr>
<td>Utilize the Child Endangerment Risk Assessment Protocol (CERAP) to quickly assess the potential for moderate to severe harm immediately or in the near future and for taking quick action to protect children.</td>
<td>1.61%</td>
<td>0.00%</td>
<td>3.23%</td>
<td>40.32%</td>
<td>54.84%</td>
<td>62</td>
<td>4.47</td>
</tr>
<tr>
<td>Utilize the Child and Adolescent Needs and Strengths (CANS) tool to assist in the identification of traumatic experiences and its impact on children and families, the strengths of children, and the strengths and abilities of the caregivers for children.</td>
<td>1.61%</td>
<td>1.61%</td>
<td>1.61%</td>
<td>40.32%</td>
<td>54.84%</td>
<td>62</td>
<td>4.45</td>
</tr>
<tr>
<td>Develop an Interim Service Agreement with the family, identifying immediate service needs during the interim period between first contact and the development of the family’s comprehensive service plan.</td>
<td>3.23%</td>
<td>3.23%</td>
<td>6.45%</td>
<td>43.55%</td>
<td>43.55%</td>
<td>62</td>
<td>4.21</td>
</tr>
</tbody>
</table>
Develop a temporary, short-term safety plan designed to control serious and immediate threats to children’s safety as a result of an unsafe finding on the CERAP.

<table>
<thead>
<tr>
<th>Task</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.61%</td>
<td>1</td>
<td>4.84%</td>
<td>37.10%</td>
<td>54.84%</td>
<td>62</td>
</tr>
<tr>
<td>1.61%</td>
<td>1</td>
<td>4.84%</td>
<td>37.10%</td>
<td>54.84%</td>
<td>62</td>
</tr>
<tr>
<td>Utilize a family-centered approach to engage families and strengthen the family’s capacity to function effectively.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.61%</td>
<td>1</td>
<td>0.00%</td>
<td>4.84%</td>
<td>40.32%</td>
<td>62</td>
</tr>
<tr>
<td>1.61%</td>
<td>1</td>
<td>0.00%</td>
<td>4.84%</td>
<td>40.32%</td>
<td>62</td>
</tr>
<tr>
<td>Assume responsibility for service planning, service delivery and monitoring of any existing safety plans at the transition visit with the family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.61%</td>
<td>1</td>
<td>0.00%</td>
<td>4.84%</td>
<td>46.77%</td>
<td>62</td>
</tr>
<tr>
<td>Complete required assessments at required milestones throughout the life of the case.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.61%</td>
<td>1</td>
<td>0.00%</td>
<td>4.84%</td>
<td>43.55%</td>
<td>62</td>
</tr>
<tr>
<td>Assess family progress through service planning.</td>
<td>1.64%</td>
<td>1.64%</td>
<td>50.00%</td>
<td>47.54%</td>
<td>61</td>
</tr>
<tr>
<td>Participate in ongoing communication and collaborative service planning with IDHS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.61%</td>
<td>1</td>
<td>1.61%</td>
<td>43.55%</td>
<td>46.77%</td>
<td>61</td>
</tr>
<tr>
<td>Obtain supervisory approval prior to proceeding with the screening process when seeking court intervention on behalf of an intact family case.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.61%</td>
<td>1</td>
<td>3.23%</td>
<td>41.94%</td>
<td>47.54%</td>
<td>61</td>
</tr>
<tr>
<td>Prepare for court testimony on an intact family case.</td>
<td>4.84%</td>
<td>4.84%</td>
<td>12.90%</td>
<td>41.94%</td>
<td>62</td>
</tr>
<tr>
<td>Staff a case with the supervisor when deciding to close a case.</td>
<td>3.28%</td>
<td>4.92%</td>
<td>40.98%</td>
<td>47.54%</td>
<td>61</td>
</tr>
<tr>
<td>Use the SACWIS functions required for my position.</td>
<td>1.61%</td>
<td>0.00%</td>
<td>45.16%</td>
<td>48.39%</td>
<td>61</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply the guidelines of Procedures 302.388 to real-life case situations.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.39</td>
<td>0.70</td>
</tr>
<tr>
<td>Engage and establish a working relationship with families using a family-centered, strength-based, trauma-informed approach.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.52</td>
<td>0.69</td>
</tr>
<tr>
<td>Activity</td>
<td>Weight</td>
<td>Score</td>
<td>Total</td>
<td>Diff</td>
<td>Rating</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------</td>
<td>-------</td>
<td>-------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Immediately communicate safety and/or high priority risk issues to supervisor for decision.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.52</td>
<td>0.73</td>
</tr>
<tr>
<td>Make service referrals utilizing the Statewide Provider Database.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.30</td>
<td>0.87</td>
</tr>
<tr>
<td>Make decisions for children placed with older caregivers using the Life Span Approach.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.40</td>
<td>0.77</td>
</tr>
<tr>
<td>Utilize the Child Endangerment Risk Assessment Protocol (CERAP) to quickly assess the potential for moderate to severe harm immediately or in the near future and for taking quick action to protect children.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.47</td>
<td>0.71</td>
</tr>
<tr>
<td>Utilize the Child and Adolescent Needs and Strengths (CANS) tool to assist in the identification of traumatic experiences and its impact on children and families, the strengths of children, and the strengths and abilities of the caregivers for children.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.45</td>
<td>0.76</td>
</tr>
<tr>
<td>Develop an Interim Service Agreement with the family, identifying immediate service needs during the interim period between first contact and the development of the family's comprehensive service plan.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.21</td>
<td>0.94</td>
</tr>
<tr>
<td>Develop a temporary, short-term safety plan designed to control serious and immediate threats to children's safety as a result of an unsafe finding on the CERAP.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.42</td>
<td>0.79</td>
</tr>
<tr>
<td>Utilize a family-centered approach to engage families and strengthen the family's capacity to function effectively.</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.50</td>
<td>0.69</td>
</tr>
<tr>
<td>Assume responsibility for service planning, service delivery and monitoring of any existing safety plans at the transition visit with the family.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.37</td>
<td>0.72</td>
</tr>
<tr>
<td>Complete required assessments at required milestones throughout the life of the case.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.50</td>
<td>4.40</td>
<td>0.73</td>
</tr>
<tr>
<td>Assess family progress through service planning.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.38</td>
<td>0.75</td>
</tr>
<tr>
<td>Participate in ongoing communication and collaborative service planning with IDHS.</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.23</td>
<td>0.81</td>
</tr>
</tbody>
</table>
Obtain supervisory approval prior to proceeding with the screening process when seeking court intervention on behalf of an intact family case.

<table>
<thead>
<tr>
<th></th>
<th>1.00</th>
<th>5.00</th>
<th>4.50</th>
<th>4.35</th>
<th>0.82</th>
</tr>
</thead>
</table>

Prepare for court testimony on an intact family case.

<table>
<thead>
<tr>
<th></th>
<th>1.00</th>
<th>5.00</th>
<th>4.00</th>
<th>3.98</th>
<th>1.05</th>
</tr>
</thead>
</table>

Staff a case with the supervisor when deciding to close a case.

<table>
<thead>
<tr>
<th></th>
<th>1.00</th>
<th>5.00</th>
<th>4.00</th>
<th>4.25</th>
<th>0.97</th>
</tr>
</thead>
</table>

Use the SACWIS functions required for my position.

<table>
<thead>
<tr>
<th></th>
<th>1.00</th>
<th>5.00</th>
<th>4.00</th>
<th>4.39</th>
<th>0.73</th>
</tr>
</thead>
</table>

Overall Program:

| Training activities and content helped meet the training objectives. | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | Total | Weighted Average |
|---|----------------|---------|---------|----------|------|--------------|-------|-----------------|
|   | 1.61% | 0.00% | 4.84% | 43.55% | 50.00% | 31 | 4.40 |

I will be able to apply what I learned to my work

|   | 1.67% | 1.67% | 1.67% | 45.00% | 51.67% | 31 | 4.45 |

FOUNDATION FOR CHILD PROTECTION SPECIALIST

The process of redesign of the six-week training for Child Protection Certification began in early FY15. The redesign was focused on making updates and improvements to the current curriculum. In FY’16 the Department continued its partnership with the University of Illinois at Springfield (UIS) to develop an experiential component as part of the newly revised Child Protection Foundation Training. The UIS project manager worked with DCFS trainers to develop simulations that enhanced the classroom instruction and utilized the Residential Simulation Lab (RSL) and Mock Court Room located on the UIS campus. The project personnel created simulations that were based on an actual OIG case which is introduced early in the Foundation training. Through a contract with the Standardized Patient Program at the Southern Illinois University (SIU) School of Medicine, actors are trained to portray key family members in the case and the new investigators must demonstrate the ability to engage with the clients and conduct a scene investigation and address environmental issues of concern as identified in the Home Safety Check List. At the conclusion of the training, the actors and the investigators participate in a Shelter Care Hearing, interacting with both retired and currently practicing juvenile court judges and lawyers.

Feedback from the evaluation tool from participants has been overwhelmingly positive. The simulations have been considered valuable by the participants and they have voiced their desire to have more chances to demonstrate their skills and abilities. Feedback from the supervisors receiving new staff has been positive as well. They report that their new staff has a strong understanding of the investigative process.
Major Updates and Changes to the Curriculum include:
- Inclusion of the updates to Procedure 300;
- Head Trauma with Multiple Caregivers;
- Use of the Residential and Court Room Testimony Training Stimulations;
- Scene Investigation Simulations.

Evaluation Summary of key questions for Foundation for Child Protection (this was not evaluated by Western Illinois University due to the low sample pool.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt prepared to participate in the SIM lab.</td>
<td>0.00%</td>
<td>4.44%</td>
<td>6.67%</td>
<td>31.11%</td>
<td>57.78%</td>
<td>45</td>
<td>4.42</td>
</tr>
<tr>
<td>The simulation environment was a safe learning environment.</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>17.78%</td>
<td>82.22%</td>
<td>45</td>
<td>4.82</td>
</tr>
<tr>
<td>I felt the training was conducted in an environment conducive to learning.</td>
<td>0.00%</td>
<td>0.00%</td>
<td>2.22%</td>
<td>11.11%</td>
<td>86.67%</td>
<td>45</td>
<td>4.84</td>
</tr>
<tr>
<td>The scenario environment was realistic. I was able to incorporate my training into practice.</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>6.67%</td>
<td>93.33%</td>
<td>45</td>
<td>4.93</td>
</tr>
<tr>
<td>Participating in the scenarios helped to increase my confidence in my role.</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>8.89%</td>
<td>91.11%</td>
<td>45</td>
<td>4.91</td>
</tr>
<tr>
<td>The debriefing sessions provided valuable feedback.</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>8.89%</td>
<td>91.11%</td>
<td>45</td>
<td>4.91</td>
</tr>
</tbody>
</table>

Basic Statistics

<table>
<thead>
<tr>
<th>Question</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt prepared to participate in the SIM lab.</td>
<td>2.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.42</td>
<td>0.80</td>
</tr>
<tr>
<td>The simulation environment was a safe learning environment.</td>
<td>4.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.82</td>
<td>0.38</td>
</tr>
<tr>
<td>I felt the training was conducted in an environment conducive to learning.</td>
<td>4.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.84</td>
<td>0.36</td>
</tr>
<tr>
<td>The scenario environment was realistic. I was able to incorporate my training into practice.</td>
<td>3.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.84</td>
<td>0.42</td>
</tr>
</tbody>
</table>

Lead Trainer Skills:
Answered: 45    Skipped: 0
<table>
<thead>
<tr>
<th>The trainer was knowledgeable about the subject.</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>2.22%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>8.89%</td>
<td>88.89%</td>
<td>45</td>
<td>4.82</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>40</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>38</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>38</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>38</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>38</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Weighted Average</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>38</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

**Basic Statistics**

<table>
<thead>
<tr>
<th>The trainer was knowledgeable about the subject.</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>1.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.82</td>
<td>0.64</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>24.44%</td>
<td>11</td>
</tr>
<tr>
<td>Undecided</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>22.73%</td>
<td>10</td>
</tr>
<tr>
<td>Agree</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>22.73%</td>
<td>10</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>22.73%</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>22.73%</td>
<td>10</td>
</tr>
<tr>
<td>Weighted Average</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>22.73%</td>
<td>10</td>
</tr>
</tbody>
</table>

**Overall Program**

<table>
<thead>
<tr>
<th>Training activities and content helped meet the training objectives.</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>24.44%</td>
<td>75.56%</td>
<td>45</td>
<td>4.76</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>34</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>34</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>34</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>34</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>34</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Weighted Average</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>34</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

| I will be able to apply what I learned to my work                    | 0.00%                 | 0.00%        | 0.00%         | 22.73%    | 77.27%            | 44    | 4.77            |
| Disagree                                                            | 0                     | 0            | 0             | 10        | 34                | 34    |                 |
| Undecided                                                           | 0                     | 0            | 0             | 10        | 34                | 34    |                 |
| Agree                                                               | 0                     | 0            | 0             | 10        | 34                | 34    |                 |
| Strongly Agree                                                      | 0                     | 0            | 0             | 10        | 34                | 34    |                 |
| Total                                                               | 0                     | 0            | 0             | 10        | 34                | 34    |                 |
| Weighted Average                                                    | 0                     | 0            | 0             | 10        | 34                | 34    |                 |

**Basic Statistics**

~ 75 ~
Changes were made to this curriculum based on Policy Guide 2016.08, which went into effect on June 15, 2016. The first SCR Foundations training which this was presented to occurred on July 11, 2016. Minor changes were made to the training flow, format and delivery techniques. Self-paced, on-demand trainings hosted online have remained a part of this curriculum. Discussion boards and on-line interactive components were not added due to the limited scope of SCR’s job duties. A total of 20 staff were trained during this time period.

State Central Register Foundation (July 1, 2016 to March 31, 2017)

<table>
<thead>
<tr>
<th>Content and Process</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
<th>N/A (6)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main objectives were clear.</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
<td>33.33%</td>
<td>66.67%</td>
<td>0.00%</td>
<td>12</td>
</tr>
<tr>
<td>This training program has held my interest.</td>
<td>0.00%</td>
<td>0</td>
<td>8.33%</td>
<td>58.33%</td>
<td>33.33%</td>
<td>0.00%</td>
<td>12</td>
</tr>
<tr>
<td>Training was well-paced (length of time spent on various activities and topics was appropriate).</td>
<td>0.00%</td>
<td>33.33%</td>
<td>16.67%</td>
<td>8.33%</td>
<td>41.67%</td>
<td>0.00%</td>
<td>12</td>
</tr>
<tr>
<td>Training gave me an opportunity to apply the skills learned.</td>
<td>0.00%</td>
<td>8.33%</td>
<td>0</td>
<td>41.67%</td>
<td>50.00%</td>
<td>0.00%</td>
<td>12</td>
</tr>
</tbody>
</table>

Answered: 12  Skipped: 0

Basic Statistics

<table>
<thead>
<tr>
<th>Content</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main objectives were clear.</td>
<td>4.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.67</td>
<td>0.47</td>
</tr>
<tr>
<td>This training program has held my interest.</td>
<td>3.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.25</td>
<td>0.60</td>
</tr>
<tr>
<td>Training was well-paced (length of time spent on various activities and topics was appropriate).</td>
<td>2.00</td>
<td>5.00</td>
<td>3.50</td>
<td>3.58</td>
<td>1.32</td>
</tr>
<tr>
<td>Training gave me an opportunity to apply the skills learned.</td>
<td>2.00</td>
<td>5.00</td>
<td>4.50</td>
<td>4.33</td>
<td>0.85</td>
</tr>
</tbody>
</table>
Trainer Skills

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Neutral (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainer was knowledgeable about the subject.</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>8.33% 1</td>
<td>25.00% 3</td>
<td>66.67% 8</td>
<td>12</td>
</tr>
<tr>
<td>The trainer was well prepared.</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>33.33% 4</td>
<td>66.67% 8</td>
<td>12</td>
</tr>
<tr>
<td>The trainer was clear and understood.</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>8.33% 1</td>
<td>33.33% 4</td>
<td>58.33% 7</td>
<td>12</td>
</tr>
<tr>
<td>The trainer held my interest.</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>8.33% 1</td>
<td>50.00% 6</td>
<td>41.67% 5</td>
<td>12</td>
</tr>
<tr>
<td>The trainer was skilled in facilitating learning.</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>0.00% 0</td>
<td>33.33% 4</td>
<td>66.67% 8</td>
<td>12</td>
</tr>
</tbody>
</table>

Basic Statistics

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainer was knowledgeable about the subject.</td>
<td>3.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.58</td>
<td>0.64</td>
</tr>
<tr>
<td>The trainer was well prepared.</td>
<td>4.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.67</td>
<td>0.47</td>
</tr>
<tr>
<td>The trainer was clear and understood.</td>
<td>3.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.50</td>
<td>0.65</td>
</tr>
<tr>
<td>The trainer held my interest.</td>
<td>3.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.33</td>
<td>0.62</td>
</tr>
<tr>
<td>The trainer was skilled in facilitating learning.</td>
<td>4.00</td>
<td>5.00</td>
<td>5.00</td>
<td>4.67</td>
<td>0.47</td>
</tr>
</tbody>
</table>

FOUNDATION FOR ADOPTION SPECIALIST

The Foundations for Adoption Specialist course is currently undergoing revisions to reduce the number of classroom hours required in an effort to meet the expressed needs of the field regarding the amount of time staff must be away from their worksites. Additionally, it will address changes which have occurred in field practice which currently does not assign designated adoption staff until the point that parental rights has occurred. This will result in modifications to the curriculum that will reduce the course content to better focus on the work that is required from that specific point of case permanency planning. Other changes in the curriculum will address recent legislative and policy changes to ensure adoption and permanency case workers are trained in these requirements.

The Adoption Legal and Subsidy Training is continually updated to address changes in legislation, policy, legal practice, forms, case tracking and field practice. As these changes occur, the training...
content and handouts are revised to ensure that the field is up-to-date on issues that affect their ability to meet legal and policy practice requirements and enhance best social work skills. Workers attending the training also provide feedback regarding the efficacy of the documents and practices are covered in the training course. This feedback is then forwarded to both legal and adoption administrative staff, which facilitates needed changes in practice and the documentation of this practice in the field. This training both affects and informs trainees. It also provides a feedback loop in which trainees have the ability to affect and inform adoption/guardianship practice.

Ongoing Staff Training: The state is operating a staff development and training program where it provides ongoing training for staff which addresses the skills and knowledge needed to carry out their duties with regard to the services included in the Child and Family Services Plan (CFSP) and State law. The Children and Family Services Act (20 ILCS 505/21) Sec. 21. Investigative powers; training requires that “Each child protective investigator and supervisor and child welfare specialist and supervisor shall participate in such program and evaluation and shall complete a minimum of 20 hours of in-service education and training every 2 years in order to maintain certification. The Office of Learning and Professional Development has not tracked this information since February 2, 2010 when the previous Associate Director instructed staff to cease tracking this information. Every staff person and their supervisor have access to their training transcripts. Each transcript includes a certification start date, an end date and the number of training hours each person has completed. It is expected that each staff person and supervisor monitor the status of their in-service requirement.

In-service classes currently offered are:

- Affirmative Action
- Bridging Language Barriers
- Burgos
- CANS – Online
- CANS 2.0 Recertification
- CANS 2.0 Refresher
- CANS Reports Tutorial
- Case Assignment Training
- Childhood Obesity
- Casey Life Skills Assessment
- Central Repository Vault (CRV)
- Child and Family Team Meeting
- Deaf and Hard of Hearing
- Developmental Disability
- DuPuy
- Early Childhood Intervention
- Ecomaps/Genograms
- Employee and Workplace Safety
- Illinois Core Practice Model
- Fictive Kin
- Guardianship and Advocacy
- Human Trafficking
- Juvenile Court Testimony Training
- Keeping Children Connected to Their Brothers and Sisters
• Kids and Older Caregivers
• Kin Gap
• Lifebook Tutorial
• Mandated Reporter
• New Employee Orientation
• Norman Services
• Office Automation and SACWIS Training
• SACWIS Person Data Review
• Services to Domestic Violence
• Sexual Harassment
• Strength Based Practice
• Trauma Informed Service Planning
• Working with Children with Sexual Behavior Problems

Head Trauma involving Multiple Caregivers - Curriculum development began in late FY15 to train all Child Protection Staff, Managers and Administrators regarding then recent rulings at the federal level that impacted the investigation process when investigating cases of head trauma to children when multiple caregivers have been involved. Pilots of the training were held for targeted audiences of supervisors and managers in an effort to ensure the curriculum would have the optimum outcome of coaching and supporting frontline staff in the investigative process as recommended by the OIG. Trainings were provided using STEP and Office of Learning and Professional Development staff paired with supervisors, administrators, and lead investigators from the field. Feedback from evaluations was favorable related to the content and delivery method. The trainings were put on hold in the fall of 2015 as Procedures 300 rolled out statewide. In July 2016, three additional classes were offered which resulted in an additional 15 staff being trained. This concluded Head Trauma Training as a stand-alone as it was incorporated into Foundations.

• Human Trafficking focuses on the commercial sexual exploitation (Domestic Sex Trafficking) of DCFS youth in care. In addition to basic human trafficking training, this course includes a “train the trainer” model of the “You are Not for Sale” prevention curriculum to be presented to youth placed in residential facilities, group homes and shelters by facility staff. The “You are Not for Sale” curriculum provides youth with human trafficking education to build protective factors and resiliencies of youth and to deter the recruitment methods of pimps and traffickers thus preventing the commercial sexual exploitation of children.

• Keeping Children Connected with Their Brothers and Sisters – Collaborated with a workgroup to create this training based on changes in procedures due to legislation. In addition to creating training for staff and one for caregivers, a short version was created for children, youth and caregivers.

Transcript reviews are completed prior to participants being registered for any Fundamental or Foundations course to assure that they are registered for the appropriate classes.

On Demand Fundamentals courses are a prerequisite for Foundation training. Foundation trainers check participant transcripts prior to beginning their class to assure that all participants have completed their 9 Fundamentals courses.

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The following are On Demand Courses which can be accessed on the Caregiver or Staff's own without registration. Credits are assigned to their transcript when the course is complete. Some of these courses can also be taken as an In-Service course. On Demand courses are registered for by the participant and their credits are populated to their transcript when the participant completes the course training and evaluation. Following Foundation training, trainers review participant transcripts to assure that all training has been completed. These are courses that were available to staff from July 1, 2016 through April 25, 2017.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Target Audience</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADOPTION/GUARDIANSHIP CERTIFICATION SESSION ONE</td>
<td>Caregivers</td>
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<tr>
<td>ADOPTION/GUARDIANSHIP CERTIFICATION SESSION THREE</td>
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<td>ADOPTION/GUARDIANSHIP CERTIFICATION SESSION TWO</td>
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<tr>
<td>BRIDGING THE LANGUAGE BARRIER</td>
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<td>CANS 2.0 REFRESHER</td>
<td>Intact and Placement Caseworkers and Supervisors; Clinical Service Providers</td>
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<td>CANS REPORTS TUTORIAL</td>
<td>CANS Users</td>
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<td>CASEY LIFE SKILLS ASSESSMENT</td>
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<td>CHILD AND FAMILY TEAM MEETINGS FOR CASEWORKERS AND SUPERVISORS</td>
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<td>CHILDHOOD OBESITY</td>
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<td>CONFIDENTIALITY</td>
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<td>DCFS ADVOCACY OFFICE TUTORIAL</td>
<td>Child Welfare Staff, Foster and Relative Caregivers</td>
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<td>DUPUY</td>
<td>Child Protection Specialists workers, Supervisors and all Attorneys in the Office of Legal Services</td>
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<tr>
<td>EARLY CHILDHOOD INTERVENTION: AGE BIRTH TO THREE YEARS</td>
<td>Staff and Supervisors of DCFS and POS; Caregivers</td>
<td>73</td>
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<tr>
<td>ECOMAPS AND GENOGRAMS: TOOLS FOR CASE MANAGEMENT AND SUPERVISION</td>
<td>DCFS and POS Staff and Supervisors; Caregivers</td>
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<td>EMPLOYEE AND WORKPLACE SAFETY</td>
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<td>HUMAN TRAFFICKING</td>
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<td>ILLINOIS CHILD WELFARE FUNDAMENTALS 1: INTRODUCTION TO CHILD WELFARE PRACTICE IN ILLINOIS</td>
<td>Child Welfare Staff obtaining a Child Welfare License</td>
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<td>ILLINOIS CHILD WELFARE FUNDAMENTALS 2: ETHICS AND PROFESSIONALISM</td>
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<tr>
<td>ILLINOIS CHILD WELFARE FUNDAMENTALS 3: HUMAN DEVELOPMENT</td>
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<td>ILLINOIS CHILD WELFARE FUNDAMENTALS 4: ENGAGING CHILDREN &amp; FAMILIES</td>
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<td>ILLINOIS CHILD WELFARE FUNDAMENTALS 5: CULTURALLY INFORMED PRACTICE</td>
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<td>ILLINOIS CORE PRACTICE MODEL</td>
<td>DCFS and POS Staff and Caregivers</td>
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<td>ILLINOIS FAMILY FINDING PRACTICES</td>
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<td>ILLINOIS HOME OF RELATIVE TRAINING: SESSION 1</td>
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<td>ILLINOIS HOME OF RELATIVE TRAINING: SESSION 2</td>
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<td>DCFS Employees Who Use Desktops</td>
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<td>KEEPING CHILDREN CONNECTED TO THEIR BROTHERS AND SISTERS</td>
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<td>KEEPING CHILDREN CONNECTED TO THEIR BROTHERS AND SISTERS FOR CAREGIVERS</td>
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<td>KINGAP</td>
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<td>LIFEBOOKS TUTORIAL</td>
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<td>PRIDE PRE-SERVICE SUPPLEMENTAL - CAREGIVER SOCIAL MEDIA</td>
<td>Prospective Foster Parents</td>
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<td>PRIDE PRE-SERVICE SUPPLEMENTAL - HUMAN TRAFFICKING</td>
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<td>PRIDE SESSION 1: CONNECTING WITH PRIDE</td>
<td>Prospective Foster Parents</td>
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<td>PRIDE SESSION 2: TEAMWORK TOWARDS PERMANENCE</td>
<td>Prospective Foster Parents</td>
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<td>PRIDE SESSION 3: MEETING DEVELOPMENTAL NEEDS – ATTACHMENT</td>
<td>Prospective Foster Parents</td>
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<td>PRIDE SESSION 4: MEETING DEVELOPMENTAL</td>
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NEEDS – LOSS

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<td>PRIDE SESSION 5: STRENGTHENING FAMILY</td>
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<td>PRIDE SESSION 6: MEETING DEVELOPMENTAL NEEDS</td>
<td>Prospective Foster Parents</td>
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<td>– DISCIPLINE</td>
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<td>PRIDE SESSION 7: CONTINUING FAMILY</td>
<td>Prospective Foster Parents</td>
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<tr>
<td>RELATIONSHIPS</td>
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<td></td>
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<tr>
<td>PRIDE SESSION 8: PLANNING FOR CHANGE</td>
<td>Prospective Foster Parents</td>
<td>41</td>
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<td>PRIDE SESSION 9: TAKING PRIDE - MAKING AN</td>
<td>Prospective Foster Parents</td>
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<td>INFORMED DECISION</td>
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<td>PSYCHOTROPIC MEDICATION MANAGEMENT FOR</td>
<td>All Staff</td>
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<td>CHILDREN AND YOUTH IN SUBSTITUTE CARE</td>
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<td>RANDOM MOMENTS TIME STUDY</td>
<td>All DCFS and POS Direct Care Staff and Supervisors</td>
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<td>READINESS FOR REUNIFICATION</td>
<td>Closed Group of DCFS Staff</td>
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<td>SEXUAL HARASSMENT</td>
<td>DCFS AND POS Staff</td>
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<td>SIGNIFICANT EVENT REPORTING</td>
<td>DCFS and POS Direct Care Staff and Supervisors; Residential Staff and Supervisors; Others Providing Direct Care to Child and Youth in Care</td>
<td>779</td>
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<td>SOCIAL MEDIA MOBILE TECHNOLOGY SAFETY</td>
<td>DCFS and POS Staff Who Work With Youths</td>
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<td>UNDERSTANDING THE IMPACT OF TRAUMA</td>
<td>Staff and Caregivers</td>
<td>546</td>
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<td>VTC UPDATE FOR PROCTORING</td>
<td>Proctors</td>
<td>9</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td><strong>19411</strong></td>
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</table>

**FY ’17 IN-SERVICE CHANGES/ADDITIONS**

The Adoption Legal and Subsidy Training are continually up-dated to address changes in legislation, policy, legal practice, forms, case tracking and field practice. As these changes occur, the training content and handouts are revised to ensure the field is up-to-date on issues that can affect their ability to meet legal and policy practice requirements and enhance best social work skills. Workers attending the training also provide feedback regarding the efficacy of the documents and practices are covered in the training course. This feedback is then forwarded to both legal and adoption administrative staff, which facilitates needed changes in practice and the documentation of this practice in the field. This training both affects and informs trainees and it also provides a feedback loop in which trainees have the ability to affect and inform adoption/guardianship practice.

Egregious Acts – Two pilot presentations were delivered FY ‘16 May to an audience of Child Protection staff, supervisors, legal and clinical staff in the Southern Region. Based on observations and Level 1 Evaluations from participants this training is currently being revised and will begin again in the Northern and Central Regions in FY ‘18. The audience and presenters will be expanded to States Attorney’s and GAL’s.

<table>
<thead>
<tr>
<th>Egregious Acts</th>
<th>The following objectives were achieved. I now understand:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
</tr>
</tbody>
</table>

~ 82 ~
Additional updated trainings include the following:

- Updates to Confidentiality Training
- DCFS Advocacy Office Tutorial
- Updates to Indian Child Welfare Act Training
- Introduction to Windows 7
- Missing, Runaway and Abducted Children
- Updates to Deaf and Hard of Hearing which is now called Bridging the Language Barriers
- Significant Event Reporting
- Family Centered, Trauma Informed, Strength Based Core Practice Model – In response to the BH Consent Decree Expert Panel recommendations, collaborated with STEP and Implementation Support staff in development of classroom based training to introduce everyone involved in the four identified immersion sites. Prepared proposal for initial meeting for immersion sites would precede the FTSCPM training. This course will focus on creating a baseline for FTS practice and will be trained and supported primarily by the STEP and Implementation Support program staff in the regions as immersion sites are identified and rolled out between August 2016 and December 2019.
- Illinois Model of Supervisory Practice- STEP and Implementation Support staff in developed and piloted a four module classroom based training for supervisors and middle managers aimed at creating a baseline for supervisory practice for DCFS and POS. The pilot began in three areas of the state (Deerfield, Rockford, and Harvey) with 40 participants and ended in June 2016. This course will be trained and supported primarily by the STEP and Implementation Support program staff in the regions as immersion sites
are identified and rolled out between August 2016 and December 2019. Coaching and content reinforcement was provided by STEP staff between in classroom learning sessions. As part of the pilot, a pre-engagement and post-classroom interview with the participants was conducted to determine if by the supervisor self-report there was a change in the frequency, format, and focus of their supervision over the course of the training. An analysis of the pre and post data revealed trends developing from the data. Of note there was a substantive increase in the amount of focus now given to “Developmental” supervision over the pre-engagement data. Also, as theorized there was a decrease in the “clinical” function as people became more familiar with what we meant by “clinical” supervision. While it can’t be determined from data alone, there was in fact a decrease in the clinical function for all three cohorts which were predicted as what many supervisory were labeling as clinical supervision was actually clinical case consultation. A number of supervisors reported an increased their frequency of providing individual supervision across all three cohorts, with the majority of those coming from the Rockford cohort. At least seven supervisors either started or increased their facilitation of group supervision among all three cohorts. While seven may not seem to be a high number, keep in mind that this is out of 26/40 reporting supervisors who are actively in a supervisory role currently, which is 27% of the reporting population.

- Harsh Punishment - This training is currently in the process of being developed in collaboration with the OIG. Roll out was delayed for FY 16 due to multiple priorities and will roll out in FY ’18.
- Head Trauma Involving Multiple Caregivers- Training rolled out to the field statewide and was well received by staff and managers. Make up sessions were scheduled statewide to ensure all staff received this mandatory training. The curriculum has been added to the Child Protection Certification Foundation Training.
- Procedure 300- This required training rolled out in October 2015 to all child protection staff and was completed in February 2016. It is currently incorporated into the Foundations for Child Protection Specialist.
- Procedure 315 Training – Office of Learning and Professional Development collaborated with a workgroup in the development of training. The Curriculum was completed, field trainers were recruited, and a Training of Trainers was conducted. Six trainings were held in February 2016. Procedure 315 Training was suspended as the Level 1 evaluations from the field were poor and the procedure was not yet finalized.

Below are key elements from the evaluations received:

**Procedures 315 (July 2016 – March 2017)**

The following objectives were achieved. I know now understand

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Rating Average</th>
<th>Response Count</th>
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<tbody>
<tr>
<td>That permanency planning begins at the first contact with the family.</td>
<td>10</td>
<td>2</td>
<td>33</td>
<td>250</td>
<td>348</td>
<td>4.44</td>
<td>643</td>
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<tr>
<td>How to explain the meaning of permanency to children, youth, parents and caregivers.</td>
<td>10</td>
<td>8</td>
<td>43</td>
<td>277</td>
<td>304</td>
<td>4.33</td>
<td>642</td>
</tr>
<tr>
<td>The importance of practicing with a sense of urgency for permanency.</td>
<td>10</td>
<td>3</td>
<td>36</td>
<td>266</td>
<td>326</td>
<td>4.40</td>
<td>641</td>
</tr>
</tbody>
</table>
How to identify people who will build and maintain lifelong connections to a child/youth whatever the plan for permanency. | 10 | 5 | 35 | 274 | 319 | 4.38 | 643 |
---|---|---|---|---|---|---|---|
How to engage substitute caregivers in “shared parenting” activities. | 11 | 14 | 57 | 277 | 284 | 4.26 | 643 |
---|---|---|---|---|---|---|---|
How to practice a “Gold Standard” for permanency – Reunification, Adoption, Guardianship. | 11 | 14 | 51 | 272 | 295 | 4.28 | 643 |
---|---|---|---|---|---|---|---|
The importance of using the Child and Family Team Meeting as the way we practice with families in Illinois. | 11 | 9 | 48 | 276 | 299 | 4.31 | 643 |
---|---|---|---|---|---|---|---|
How to develop and document detailed concurrent plans. | 13 | 20 | 78 | 273 | 258 | 4.16 | 642 |
---|---|---|---|---|---|---|---|
There is a protocol for placing children in Emergency Shelters, and ongoing contact and staffing is necessary while a child is in shelter. | 13 | 14 | 49 | 280 | 288 | 4.27 | 644 |
---|---|---|---|---|---|---|---|
The expectation to discharge children from the emergency shelter to an alternate placement. | 12 | 14 | 52 | 279 | 283 | 4.26 | 640 |
---|---|---|---|---|---|---|---|

**Answer Options**

<table>
<thead>
<tr>
<th>Explained the material clearly.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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<td>51</td>
<td>248</td>
<td>303</td>
<td>641</td>
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<table>
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<tr>
<th>Was knowledgeable about the subject.</th>
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<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Response Count</th>
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<tbody>
<tr>
<td>15</td>
<td>20</td>
<td>57</td>
<td>234</td>
<td>314</td>
<td>640</td>
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<table>
<thead>
<tr>
<th>Was skilled in facilitating the training activities and exercises.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Response Count</th>
</tr>
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<tbody>
<tr>
<td>18</td>
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<td>60</td>
<td>234</td>
<td>302</td>
<td>640</td>
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<table>
<thead>
<tr>
<th>Communicated well.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Response Count</th>
</tr>
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<tbody>
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<td>18</td>
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<td>46</td>
<td>241</td>
<td>315</td>
<td>638</td>
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**Overall Program:**

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<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Response Count</th>
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<tr>
<td>This training program met the established objectives.</td>
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<td>26</td>
<td>71</td>
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<td>248</td>
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</table>

<table>
<thead>
<tr>
<th>I will be able to apply what I learned to my work.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Response Count</th>
</tr>
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<tbody>
<tr>
<td>24</td>
<td>18</td>
<td>92</td>
<td>260</td>
<td>242</td>
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Procedure 315 training was revised and training began in December 2016 with updated Training of Trainers. The offering of training began on a statewide basis in January 2017. As of the end of March 2017, 1812 private agency and DCFS Permanency/Placement/Adoption staff and supervisors were trained. This training will continue as a stand-alone training until June 30, 2017. The training for Placement/Permanency staff will then be integrated into Foundation Training for Permanency staff beginning July 2017. Self-paced web based training is under development specifically for child protection and intact staff and will be available July 1, 2017.
It should be noted that pre-service training, specialty training and testing and licensure apply to all DCFS or Private Agency Caseworkers who have primary case responsibility, their supervisors and to any licensing staff who license foster homes for youth in care. Child Care Institutions/Group Homes/Transitional Living programs are managed by private agencies and they do not have primary case responsibility. Rule 403 Licensing Standards for Group Homes, Rule 404 Licensing Standards for Child Care Institutions and Maternity Centers and Rule 409 Licensing Standards for Youth Transitional Living Programs all require the Licensed Agency to have an organized in-service training program to train their staff to meet the needs of the children in their care. Historically, there have been required trainings for CCI staff (Human Trafficking, Trauma 201). Upon request the Office of Learning and Professional Development would work with any agency who requested assistance with their training program. Private Agency Training is monitored by the Agency Performance Team and Licensing.

FOSTER AND ADOPTIVE PARENT TRAINING

The state provides training for current or prospective foster parents, adoptive parents, and the staff of state licensed or approved facilities that care for children and youth receiving foster care or adoption assistance under Title IV-E. In addition, the state provides trainings which address the skills and knowledge base trainees need to carry out their duties with regard to foster and adopted children and youth.

Prior In-service Training Includes:

FY’15 IN-SERVICE TRAINING
- Foster Child and Youth Bill of Rights-Provided training via teleconference
- Fictive Kin-Provided training via teleconference
- Childhood Obesity-Provided training via teleconference
- Grief and Loss-Provided training via teleconference
- Shared Parenting-Provided access to self-directed training
- Lifebook-Provided training via teleconference
- Sibling Contact-Provided access to self-directed training
- Human Trafficking-Provided access to self-directed training
- Social Media-Provided access to self-directed training

FY’16 IN-SERVICE TRAINING
- Introduction to Online Learning: Developed a self-paced training with Governor State University to prepare trainers for facilitating online training

PRE-SERVICE TRAINING
The pre-service training is currently offered as 27-hour classroom training for traditional foster parents and 6-hours for relative foster parents. The revisions were completed in December 2016 and the training was increased to 39 hours for traditional foster parents and 18 for relative foster parents. In January 2017, the pre-service training was piloted statewide as classroom, online, and hybrid training. The additional 12 hours were offered as classroom and self-paced On-demand trainings.
The pre-service training is offered statewide and managed by the regional training managers. The managers meet with DCFS and Purchase Of Service (POS) agencies and resource recruitment staff in their regional areas to determine the frequency in which the training is offered. The pre-service training is scheduled on a six month basis, from July through December and January through June of each fiscal year. Two hundred and seventy-eight foster/adoptive parents completed the pre-service training from July 2016 through April, 2017.

Trainer and participant feedback was the catalyst for the current revisions. Information was provided from the following:

- Participant evaluations
- Trainer self-assessments
- Classroom observations by managers

The following changes were made as a result of their feedback.

- Updated videos
- Inclusion of Foster Child and Youth Bill of Rights training component
- Inclusion of Fictive Kin training component
- Inclusion of Childhood Obesity training component
- Inclusion of Grief and Loss training component
- Inclusion of Shared Parenting training component
- Update of Lifebook training component
- Inclusion of Sibling Contact training component
- Inclusion of Human Trafficking training component
- Inclusion of Social Media training component
- Inclusion of Life of a Case training component
- Inclusion of Trauma training component

Orientation training for relative foster parents was developed due to the high rate of unusual incident reports of violation of court orders and safety plans. The training is scheduled to be implemented in July of 2017.

IN-SERVICE TRAINING

At the recommendation of adoptive parents and as a result of feedback from adoptive parents who had taken the web-based Adoption/Guardianship training, this course has recently been revised to address the issues specifically identified. Adoptive parents indicated the training was too basic in content and not interactive enough to ensure active participation. The Office of Learning and Professional Development contracted with Governors State University to work in collaboration with curriculum development staff to revise this curriculum.

The new course content increases the level of learning to assist participants in better integrating the concepts covered in the course and is more respectful of adult learning principles. It is also more interactive with varying activities and exercises which reinforce content; and it lessens the amount of reading required, breaking up the on-line learning experience. These changes are in direct response to feedback adoptive parents provided to the Office of Learning and Professional Development.
Revisions to Educational Advocacy and Adoption Certification in-service trainings as a result of feedback from the following:

- Participant evaluations
- Classroom observations by managers
- Procedural changes
- Changes in practice or the field
- OIG recommendations

Changes include:

- Updated videos and graphics
- Inclusion of Trauma-informed Practices
- Inclusion of Evidence-based Information
- Inclusion of Interactive Applications

Rule 402 licensing standard for Illinois foster homes require licensed foster parents to complete 16 hours of training for renewal of their foster home license. A license is valid for four years. There were 3,473 renewals completed during this reporting period.

Surveys were completed by each prospective foster parent attending pre-service training and all licensed and adoptive parents who attended the in-service training. The surveys were administered at the competition of each session of the training.

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

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

While the array of services and the accessibility and availability of most services is strong, the Department still experiences challenges in ensuring that services are accessible to children and families throughout all geographic areas of the state. Increases in the number of listings in the SPD were made in each program category, lessoning, but not eliminating the unequal distribution of service listings across all DCFS regions. Caseworkers, and other stakeholders, as well as information from the Statewide Provider Database (SPD), still face challenges in finding services in some of the more rural areas of Illinois, especially dental and mental health services. As the Statewide Provider Database continues to collect, update, and maintain information on social service agencies throughout Illinois, additional programs are being added while other programs that have had to close due to lack of funding are removed from SPD. The data below shows the number of available resources in the categories identified in the Service Array for which SPD has data separated by Illinois DCFS region. It is important to note that while the SPD aims to include all social service agencies across Illinois, there are inadvertent omissions. Overall, the number of listed programs in SPD has increased over the past year.
### Mental Health Programs by DCFS Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Frequency</th>
<th>Count</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Central</td>
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<td></td>
<td>18.34</td>
</tr>
<tr>
<td>Cook Central</td>
<td>304</td>
<td></td>
<td>13.28</td>
</tr>
<tr>
<td>Cook North</td>
<td>483</td>
<td></td>
<td>21.09</td>
</tr>
<tr>
<td>Cook South</td>
<td>304</td>
<td></td>
<td>13.28</td>
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<tr>
<td>Northern</td>
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### Early Childhood Programs by DCFS Region

<table>
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<th>Frequency</th>
<th>Count</th>
<th>Percent</th>
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</thead>
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<td>Central</td>
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<td></td>
<td>21.70</td>
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<tr>
<td>Cook Central</td>
<td>63</td>
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<tr>
<td>Cook North</td>
<td>75</td>
<td></td>
<td>14.79</td>
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<tr>
<td>Cook South</td>
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<td>13.02</td>
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<tr>
<td>Northern</td>
<td>104</td>
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<td>20.51</td>
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<tr>
<td>Southern</td>
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<td>Total</td>
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### Substance Abuse Programs by DCFS Region

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<td>Cook North</td>
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### Parenting Programs by DCFS Region

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<th>Count</th>
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### Domestic Violence Programs by DCFS Region

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<th>Region</th>
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<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Cook Central</td>
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<td>Cook South</td>
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</tr>
<tr>
<td>Northern</td>
<td>53</td>
<td></td>
<td>18.93</td>
</tr>
</tbody>
</table>

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The Statewide Provider Database utilizes its Geomapping feature to generate maps of anywhere between a small neighborhood in Illinois to the entire state which can show the concentration and lack thereof in different parts of Illinois. From experience, the SPD Team has noticed a sharp difference in the number of services in central and southern Illinois compared to Chicagoland areas. By showing the contrast in agencies, programs, and services available in urban to rural counties, it is safe to assume that the accessibility of services would be negatively impacted in the less densely populated areas of Illinois. The SPD Team has worked for quite a while to help assess these “service deserts” and has made considerable progress with adding those agencies, programs, and services into the Statewide Provider Database for use.

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

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

Agency Responsiveness to the Community

The Department made several partnerships over the past year with a number of community partners with formal contracts and in kind supports, such as:

**Breaking Bread:** mentoring contract pending focusing on inner city youth on Chicago’s southeast side; service 40 youth

**UCAN (Uhlich Children’s Advantage Network):** mentoring contract pending targeting youth 12-21 from North Lawndale area; 50 youth in Lawndale and case by case outside of boundaries

**AdoptUsKids.org:** Workgroup formulated lead by Pamela Mills and began April 2017 to coordinate referrals from the AdoptUsKids.org website for fostering and adoption to DCFS for the state of Illinois.

The Department’s **African-American and Advisory Council** developed a Mentoring Thru Trades model engaging known celebrities or experts in a field to provide a two hour “power mentoring session” that enables youth to get the nuances of a respective profession and explore their skill
sets with potential career options. In total there were three power events that mentored to 27 youth total.

In August 2016, DCFS collaborated with the Chicago Fire Department Public Education in its first “power mentoring session” facilitated by two ranking Chicago Fire Department staff and an interface with real firemen/women candidates in training. The 6 adolescent males were engaged in an interactive discussion exploring their respective passions and interests and informed of their opportunities to join the fire department. They viewed the set location for the TV series Chicago Fire, had photo opportunities in a fire engine and with DJ Allstyle.

In the second event, DCFS collaborated with Barbara Bates, a local fashion designer, advocate, activist and breast cancer survivor of Barbara Bates Design, met with 11 teen girls in February 2017 to expose the youth to career options in the fashion industry and share her story of triumph over adversity.

Two events were held April 2017 Power 92.3 radio station’s DJ Allstyle who provided a tour and access to radio personalities at a local radio station to expose youth to various careers within the music industry. The other event was held in a barber shop/studio to allow youth to sing in a studio, hear themselves recorded and learn a little about the mechanics of beats, studio time, and the barber trade in which 10 youth and young adults participated.

The African American Advisory Council coordinated its Second Annual Real Talk Event with a number of local politicians, businessmen and field specialists including: Alderman Roderick T. Sawyer, Representative LaShawn Ford, Larry Roberts of Larry’s Barber College, South Suburban Domestic Violence Center, Breaking Bread and Dr. Obari Cartman in August 2016. All the participants donated their time to speak to 72 youth in care from various group homes, foster homes and residential facilities on career options, what it means to be a man and some community based resource options. The goal was for 100 youth.

DCFS made an agreement with a local performing art school, Curie High School, located on Chicago’s southwest side near a centrally located DCFS office for a Fall 2017 launch. The DCFS Beautification Project is planned for one office in a high risk area of the city utilizing both Curie High School art students and DCFS youth in care to paint, create designs and artwork for the lobby, visitation areas and hallway with the support of a major Chicago sports team to sponsor supplies in order to make the office more child and family friendly.

The DCFS LGBTQ/Rainbow Ad Hoc Committee & Windy City Times helped sponsor an adolescent foster home recruitment event on Kennedy King College’s campus in collaboration with 11 child welfare agencies including DCFS in the Fall of 2016.

The City of Chicago Department of Family and Support Services plan to collaborate on providing programming for youth in care and families who have come to the attention of the Department with resources in the Chicago area. Activities include: pending discussions for interagency agreement on data sharing with the Chicago Police Department to deflect youth from court and engage in services to put them on a track to develop work skills and other supports; coordination of Gang Prevention Services with Chicago Police Department; and the City has a collaboration with the University of Chicago Urban Lab Prevention & Intervention to complete research in this area.
DCFS will launch a Domestic Violence Co-Location Advocate program (similar to the Florida Coalition Against Domestic Violence program) which is set to launch in Sept 2017 beginning with 3 immersion sites. Co-Location advocates are trained in domestic violence services, employed through a local domestic violence provider and spend time in the local child welfare office working with child welfare cases with domestic violence concerns in order to improve collaboration between systems and improve the quality of services provided to families.

The benefits of Co-Location:
Increase child safety and reduce harm to well-being;
Decrease the need for removals;
Increase batterer accountability;
Support non-offending parent’s ability to parent in safety and stability;
And provide family centered, strength based, trauma informed interventions that focus on prevention.

Continuing work:
Legislative changes are pending to support these initiatives.
DCFS is studying the Florida model of incorporating onsite consultation services statewide.
Quality Parenting Initiative (QPI) is rolling out across the state having been seated in DCFS’ northern & southern regions and with a private agency partner in Cook, Children’s Home and Aid Society of Illinois. The website link provides an up to date status report on the activities and plans for expansion in the state of Illinois at www.QPI4kids.org. QPI establishes a brand and a philosophy that engages the foster parent as a critical element to the permanency of children as a partner and not an adversary. The notion is that the foster caregiver intends to act as an extension of the family and not a replacement thus engaging in coaching and shared parenting with biological parents, family or fictive kin.

In addition to the information provided above, the Department has worked hard on strengthening and continuing the collaboration with a variety of stakeholders. One of the key places of interaction with advocates, families, and youth is by and through the 17 councils which are connected to DCFS in pursuit of improved outcomes for the Department. Specifically, recommendations from the Illinois Children and Family Services Council (CFSAC) included improvements to the Significant Event Reporting System (formerly UIR’s), eliminating the Juvenile Sex Offender Registry, and hearing the voices of youth and alumni who expressed concerns over connectivity, and appropriate services and supports. The Child Welfare Advisory Council (CWAC) continues to focus on improving outcomes for youth, and were essential as the Department created new performance-based contracting incentives, and have been driving conversation around workforce issues as a key barrier to real progress. The Workforce group has highlighted the difficulty in keeping highly qualified and highly motivated staff, an issue where the solution is likely as complex as the issue.

These groups and a much larger group of community members, advocates, children, families of origin, and others were engaged over an 8 month period to develop the first 5 year Strategic Plan for the Department. Through in-person meetings held across the state, we engaged 900+ stakeholders in a conversation regarding where the Department should to be headed. A public and private survey was also used, which resulted in 250 pages of responses and insight, a majority of which were integrated into the Plan. This is best demonstrated as our plan doubled in volume during that review. The process of gaining such a wide variety of input and experiences leads to real engagement which is essential for real innovation.
The Strategic plan was introduced at the first Transformation Summit in 2016, where over 900 people joined the Department for an intense 2-day Summit. Sessions at the Summit focused on issues such as normalcy for foster children, new program development, and strengthening parent’s protective factors, and was overall considered a resounding success. One key in the development of the invitation list was engaging families of origin, foster families, and youth in foster care. The Department has continued efforts to keep the public and our communities engaged in the development of new programs to intervene and create better outcomes.

**Foster Parent Licensing Retention and Recruitment:** Standards Applied Equally: The standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B funds. The Child Care Act and respective Administrative Rules & Procedures provide in detail what is required to be issued (and to maintain) a child care facility license. Equal application of the standards is set up through established practices within our system that does not allow someone to be issued an initial license, or remain licensed when they do not maintain compliance with licensing rules. DCFS and POS 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, POS and DCFS licensing staff have received specific training related to Foster Care Rules & Procedures 402 and 383, i.e. initial inquiries, applications and monitoring compliance. Emphasis is put on all staff knowing and applying the Rules in a consistent and uniform manner that is consistent with the Foster Parent Code and the Child Welfare Code of Ethics.

Consistency in practice with initial and renewal foster home licensing applications is documented through a series of prescribed and standardized forms that capture all standards for evaluation of compliance. Central Office of Licensing must receive certified documentation in order to place an application on the system and subsequently issue a license.

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 includes 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. When a violation is not corrected or cannot be corrected, opportunities for due process occur. Due process steps are afforded to the licensee through supervisory and administrative reviews, as well as administrative hearings for conflicts regarding the enforcement of licensing standards that cannot otherwise be resolved.

Each quarter, Department licensing staff conducts peer reviews of licensing files to ensure consistency in practices through standardized evaluation and supporting documentation. Only licensed child welfare agencies can provide foster care services, with each agency required to meet standards and submit to annual monitoring by the Department. This includes file reviews of private agencies to ensure compliance with licensing standards. In addition, all licensed child welfare agencies are required to meet standards and be in good standing with the Council on Accreditation (COA).

Child Welfare Advisory Committee: The Child Welfare Advisory Committee (CWAC) was created by Executive Branch, (20 ILCS 525) Statewide Advisory Council Law to serve as an advisor on child welfare policy and training to the Department. They meet a minimum of four times a year.
Home of Relative Project: The Child Welfare Advisory Committee has a standing Foster Care Committee, from which the Home of Relative ad-hoc subcommittee was created to work on specific recommendations to improve the licensing process and outcomes for relative providers. The CAPSTONE Project out of the University of Illinois-Chicago completed research and made recommendations to the HMR ad-hoc subcommittee as to what could be implemented to improve the quality of care provided to relative children in unlicensed relative homes. The Home of Relative ad-hoc subcommittee submitted the recommendations to the full Foster Care Standing Committee and Child Welfare Advisory Committee who approved work towards implementing the recommendations. This resulted in the ad-hoc committee achieving its objectives and disbanding as a committee, effective June, 2015.

The Standing Committee for Foster Care at the Child Welfare Advisory Committee will continue to monitor, identify and make recommendations related to licensing policy would improve the quality of care relatives provide, while concurrently meeting objectives that are in the relative children’s best interest.

The Department continues to emphasize placement with relatives, which has been enhanced through legislation that allows fictive kin to serve as a relative provider, placing value on the existing relationship, not whether the individual is a blood relative or relative through marriage.

Requirements for Criminal Background Checks: The Department only licenses a foster home, including adopt-only homes that receive subsidized assistance, when they have cleared the required criminal background checks, as outlined within the Illinois Child Care Act (CCA) and Administrative Rules 385. The technology system used does not allow a license to be issued, unless the system also shows the required background clearances have been received and entered. The Child Care Act outlines what criminal history would serve as an absolute bar to becoming a licensed foster home. In addition, the CCA lists what criminal history can be waived, subsequent to required criteria outlined in the Child Care Act.

The Department requires any applicant for a foster home license, as well as all adult members of that household to sign an “Authorization for Background Check for Foster Care & Adoption.” The Consent provides the Department with the authority to request and receive assistance through the Illinois Department of Law Enforcement and U.S. Justice Department to conduct a background investigation.

This same consent also provides authorization for the Department to conduct the initial and periodic search of child abuse and/or neglect reports where a household member is identified as an indicated perpetrator. The Department also requires youth, ages 13 through 17, who are household members, to sign the same consent, along with their legal guardian/parent. This consent provides the Department the authority to conduct a search of child/abuse neglect history to determine if the individual youth has been identified as an indicated perpetrator.

When a household member is found to be an indicated perpetrator of child abuse/neglect, any allegation that is retained for 5 years may be waived, with an assessment of the rationale for the waiver written by the supervising child welfare agency. Only the Director of the Department can waive an indicated finding on a household member for an allegation that will be retained for 20 or 50 years, or when two or more indicated reports concurrently remain on the system.
When applicants and adult household members have signed the consent and the supervising child welfare agency has completed the authorization section, each is required to take the consent and two forms of identification to Accurate Biometrics, a contractual agent of the Department, to conduct and process their fingerprints. Accurate Biometrics provides a receipt to the applicant or household member verifying that their fingerprints have been taken. It is only after the Department receives the receipt from Accurate Biometrics that the application for licensure is formally placed on the system.

The Background Checks Unit receives the consent and completes the checks of the Illinois and National Sex Offender Registry and documents the search on a specific section of the consent form. When results from the fingerprint search are returned, the Department’s Background Checks Unit (BCU) will notify the designated and authorized staff person at the supervising child welfare agency of the results. The Background Checks Unit will subsequently issue a notice to the supervising agency as to whether the criminal history is clear, or there is a non-waivable bar to licensure, or there is a bar that can be waived, after specific criteria is assessed and recommended, as required in the Child Care Act.

Absolute Criminal Bars:
Absolute bars cannot be waived, unless there is a Governor’s Pardon and the absolute bar has been court ordered expunged/sealed, so it does not appear on the criminal record any longer. Absolute Bars as noted in Section 4.2 of the Child Care Act are as follows:

Sec. 4.2. (a) No applicant may receive a license from the Department and no person may be employed by a licensed child care facility that refuses to authorize an investigation as required by Section 4.1.
(b) In addition to the other provisions of this Section, no applicant may receive a license from the Department and no person may be employed by a child care facility licensed by the Department who has been declared a sexually dangerous person under "An Act in relation to sexually dangerous persons, and providing for their commitment, detention and supervision", approved July 6, 1938, as amended, or convicted of committing or attempting to commit any of the following offenses stipulated under the Criminal Code of 1961 or the Criminal Code of 2012:

1) murder;
   1.1) solicitation of murder;
   1.2) solicitation of murder for hire;
   1.3) intentional homicide of an unborn child;
   1.4) voluntary manslaughter of an unborn child;
   1.5) involuntary manslaughter;
   1.6) reckless homicide;
   1.7) concealment of a homicidal death;
   1.8) involuntary manslaughter of an unborn child;
   1.9) reckless homicide of an unborn child;
   1.10) drug-induced homicide;
2) a sex offense under Article 11, except offenses described in Sections 11-7, 11-8, 11-12, 11-13, 11-35, 11-40, and 11-45;
3) kidnapping;
   3.1) aggravated unlawful restraint;
   3.2) forcible detention;
   3.3) harboring a runaway.

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(3.4) aiding and abetting child abduction;
(4) aggravated kidnapping;
(5) child abduction;
(6) aggravated battery of a child as described in
Section 12-4.3 or subdivision (b)(1) of Section 12-3.05;
(7) criminal sexual assault;
(8) aggravated criminal sexual assault;
(8.1) predatory criminal sexual assault of a child;
(9) criminal sexual abuse;
(10) aggravated sexual abuse;
(11) heinous battery as described in Section 12-4.1
or subdivision (a)(2) of Section 12-3.05;
(12) aggravated battery with a firearm as described
in Section 12-4.2 or subdivision (e)(1), (e)(2), (e)(3), or (e)(4) of Section 12-3.05;
(13) tampering with food, drugs, or cosmetics;
(14) drug induced infliction of great bodily harm as
described in Section 12-4.7 or subdivision (g)(1) of Section 12-3.05;
(15) hate crime;
(16) stalking;
(17) aggravated stalking;
(18) threatening public officials;
(19) home invasion;
(20) vehicular invasion;
(21) criminal transmission of HIV;
(22) criminal abuse or neglect of an elderly person
or person with a disability as described in Section 12-21 or subsection (e) of
Section 12-4.4a;
(23) child abandonment;
(24) endangering the life or health of a child;
(25) ritual mutilation;
(26) ritualized abuse of a child;
(27) an offense in any other jurisdiction the
elements of which are similar and bear a substantial relationship to any of the
foregoing offenses.

(I) BODILY HARM

(1) Felony aggravated assault.
(2) Vehicular endangerment.
(3) Felony domestic battery.
(4) Aggravated battery.
(5) Heinous battery.
(6) Aggravated battery with a firearm.
(7) Aggravated battery of an unborn child.
(8) Aggravated battery of a senior citizen.
(9) Intimidation.
(10) Compelling organization membership of persons.
(11) Abuse and criminal neglect of a long term care
facility resident.
(12) Felony violation of an order of protection.
WAIVABLE CRIMINAL BARS:
There is a list of criminal bars in the CCA that are allowed to be waived when 10 years have passed since the date of arrest that led to the conviction. In addition to the 10 year requirement, there is a requirement for the supervising licensing agency to write up an assessment, made up of components also noted in the CCA. When the supervising agency is notified that there is a waivable bar, it includes the assessment questions noted in the CCA, with the option to recommend denial or waiver for the offense.

When the recommendation is to deny the waiver for licensure due to criminal background bar, the applicant has the right to request a review of the decision to deny. Central Office of Licensing Background Review Panel reviews the history to ensure the offense is a bar to licensure and all steps have been followed related to the recommendation to deny licensure. This is also the method for denials of an absolute bar to ensure the individual has the right for the same type of review for the same purpose. If the review results with a finding that the supervising licensing agency followed all requirements to deny licensure due to background history, the applicant is then given the right to appeal the decision to the Department’s Administrative Hearings Unit to determine if the decision to deny was done in compliance with the Child Care Act or any other statute.

When allowed to be waived, the Department follows the criteria outlined in the CCA, below:

(d) Notwithstanding subsection (c), the Department may make an exception and issue a new foster family home license or may renew an existing foster family home license of an applicant who was convicted of an offense described in subsection (c), provided all of the following requirements are met:

1. The relevant criminal offense or offenses occurred more than 10 years prior to the date of application or renewal.
2. The applicant had previously disclosed the conviction or convictions to the Department for purposes of a background check.
3. After the disclosure, the Department either placed a child in the home or the foster family home license was issued.
4. During the background check, the Department had assessed and waived the conviction in compliance with the existing statutes and rules in effect at the time of the hire or licensure.
5. The applicant meets all other requirements and qualifications to be licensed as a foster family home under this Act and the Department's administrative rules.
6. The applicant has a history of providing a safe, stable home environment and appears able to continue to provide a safe, stable home environment.

In addition, the assessment criteria required to be completed before a waiver can be issued are as follows:

(e) In evaluating the exception pursuant to subsections (b-2) and (d), the Department must carefully review any relevant documents to determine whether the applicant, despite the disqualifying convictions, poses a substantial risk to State resources or clients. In making such a determination, the following guidelines shall be used:

1. the age of the applicant when the offense was committed;
2. the circumstances surrounding the offense;
(3) the length of time since the conviction;
(4) the specific duties and responsibilities necessarily related to the license being applied for and the bearing, if any, that the applicant's conviction history may have on his or her fitness to perform these duties and responsibilities;
(5) the applicant's employment references;
(6) the applicant's character references and any certificates of achievement;
(7) an academic transcript showing educational attainment since the disqualifying conviction;
(8) a Certificate of Relief from Disabilities or Certificate of Good Conduct; and
(9) anything else that speaks to the applicant's character.
(Source: P.A. 99-143, eff. 7-27-15.)

POST LICENSURE UPDATES on CRIMINAL BACKGROUND CHECKS
A foster home license is issued for a 4 year time frame. Licensing staff is required to make an initial 2 month monitoring visit to assure the foster/adopt home continues to be in compliance with standards. The second required licensing monitoring visit at the home must occur within the next four months and every 6 months, thereafter. When there is a licensing complaint on a licensed foster home, the licensing representative is required to contact and speak to each caseworker with a child placed in the home and conduct an unannounced visit to the home within two working days to initiate the licensing complaint investigation.

The Department is required to conduct an update on all background checks, including a fingerprint check update through the FBI, before an adoption can be finalized. No adoption petition can move forward without this requirement being concluded.

At the time a license is due for renewal, a new consent is required, i.e. “Authorization for Background Check for Foster Care & Adoption.” Before a license is renewed, fingerprint update search through the Illinois State Police (ISP) and FBI must be completed, as well as all other types of required background checks, e.g. Child & Neglect Abuse Registry, Sex Offender Registry.

The Department receives a daily report from the Illinois State Police that is decrypted by Department staff at Central Office of Licensing’s Background Checks Unit. This allows the Department to be informed of any criminal activity that has been reported to the ISP data system. If there is a licensee or applicant for licensure that is arrested and/or charged for an offense, the supervising licensing agency will receive notice, with a requirement that licensing staff follow-up with a licensing complaint investigation.

The Department’s Central Office of Licensing Background Checks Unit also receives a daily report from the Department’s Office of Information Technology Services related to any child abuse/neglect report activity that has occurred, within a licensed facility, including a licensed foster home, or applicant for foster home licensure. The Background Checks Unit subsequently issues notices to the supervising licensing agency that a child protection report has been taken on a licensed foster home. If the report is indicated, the Background Checks Unit sends a notice of the same, with a requirement to complete an assessment that the home is in compliance, or if licensing enforcement needs to be pursued.
When there is a child protection report taken on a licensed foster/adoptive home, licensing and child protection staff are required to work together, making this a “concurrent” investigation, to assure foster children are assessed as safe, or a protective plan to assure safety is in place and monitored at least weekly by a licensing representative of the supervising agency. Licensing cannot close their complaint investigation until child protection has closed their investigation, with a final finding.

When there is an indicated finding or criminal investigation on a licensed foster home, the Department can place an involuntary hold for new placements and no changes on the license can be made. After the investigation and an assessment as to whether or not the variables that led to the indicated finding or criminal activity can be corrected/remediated, or if licensing enforcement needs to be pursued, e.g. revocation of license.

To summarize, The Department requires the following background clearances before a foster home license can be issued or renewed, or before an adoption is completed:

- Fingerprints – ISP & FBI-National Database – all adult members of the household (18 years and older)
- Indicated Perpetrator of Child Abuse/Neglect – all household members, ages 13 and older
- Illinois and National Sex Offender Registries

In addition, daily reports related to new criminal activity and/or child abuse neglect are received, analyzed and processed by the Department’s Central Office of Licensing Background Checks Unit for any noted hits and subsequent notices to the supervising licensing agency for investigation and resolution. The Department’s licensing technology information system is programmed, so a foster home license cannot be issued, unless all required background clearances have been received and entered by the Central Office of Licensing Background Checks Unit.

In this fiscal year (2017) there were continued efforts in adopting legislative recommendations related to changes in statute that did not transpire. The proposed changes in statute were related to allowing waivers for criminal bars, after 5 years from the arrest date, instead of the current 10 years required for a waiver. The topic and terms of what constitutes a bar and what does not constitute a bar continues to be a point of discussion. Policy changes have occurred where statute does not prohibit it. This includes allowing prospective relative licensees to become licensed when they have a criminal history and no children have yet to be placed in the home. Policy has also been more amenable for applicants who have not disclosed a conviction, prior to submitting the application. Policy now allows for the applicant to withdraw their application and reapply with a new consent where they do disclose the conviction that held them back from becoming licensed. The new application can then be assessed for licensure, including concerns as to why they did not disclose the conviction on the original application.

In May, 2016, there were a total of 3,870 relative homes, of which 2,127 were licensed and 1,743 unlicensed. There were a total of 6,063 relative children being served in relative homes. Of these 6,063 relative children, 3,630 relative children were placed in licensed relative homes, while 2,321 relative children were placed in unlicensed relative homes. This reflects that 59% of relative children were being served in licensed relative homes and 41% served in unlicensed homes.

In May, 2017, there were a total of 3,996 relative homes, of which 2,287 were licensed and 1,709 unlicensed. There were a total of 6,221 relative children being served in relative homes. Of these
6,221 relative children, 3,621 relative children were placed in licensed relative homes, while 2,504 relative children were placed in unlicensed relative homes. This reflects that 58% of relative children are being served in licensed relative homes and 42% served in unlicensed homes.

There continues to be a relatively small number of relative homes each year that are excluded from accountability for being licensed due to criminal convictions that proved to be a bar to licensure. There were 31 such denials for non-waivable bars that prevented licensure of relatives, from May, 2016-May, 2017. However, if the criminal conviction is not a bar, but the conviction has been assessed and denied, the agency maintains accountability for getting the home licensed. The same holds true for denials based upon an applicant or member of the household being indicated as a perpetrator of abuse or neglect. There are also a large number of relative providers who make a choice not to become licensed for their own reasons, regardless of attempts by Department and Purchase of Service providers.

The goal rate of licensure for relative homes continues this year at 70%. The actual licensure rate of relative providers remained relatively consistent from May, 2016 (58.9%) to May, 2017 (58.0%).

Training of Licensing Staff: Training recommendations from CAPSTONE/CWAC have been developed and implemented, with the objective of making staff better informed, so consistency in application of licensing Rules & Procedures is achieved. This has included a new licensing curriculum that was developed and first implemented on 5/4/16, per recommendations of the Child Welfare Advisory Committee. This relates to initial inquiries and applications for licensure as a foster parent. It further entails foster parents’ due process rights, newly adapted process for expanded capacity and best interest waivers, denials of applications, withdrawal of applications and background checks processes. One objective is for licensing representatives to be better informed, make fewer omissions, consistent application and improve efficacy of the process. The training will be on-going for new licensing staff, as well as those in need of a refresher.

More than 450 licensing staff participated and completed the licensing training related to licensing monitoring, complaints, investigations, enforcement and due process that was developed and implemented in October, 2013. The training has just been updated and was implemented on April 27, 2016, with 22 participants. This training will be on-going for new licensing staff, as well as those in need of a refresher.

Licensing training has continued to be offered, with 352 additional participants completing the trainings from May, 2016 to May, 2017. This brings the total of 802 staff having received licensing training related to initial inquiry, initial applications, compliance monitoring and enforcement.

The next foster care licensing training will focus on renewal applications and focus on qualifications of foster parents and general requirements related to the foster home facility. It will also be specific regarding sleeping arrangements and nutrition and meals. This training curriculum has not been completed due to major focus and revisions to the PRIDE Pre-service training.

Licensing Policy: Policy related to expanded capacity and best interest waivers has been developed and implemented, with a detailed Policy Guide being issued on April 4, 2016. This revised policy eliminated the Director’s Waiver Committee and provided a streamlined process where turn around for approval or denial has significantly improved. This has allowed for more timely placements into homes for the purpose of accommodating placement for siblings, parenting
teens, respite and adoption. This piece has been written into the revised licensing training, so all licensing staff will be formally provided with this information.

Policy has also been developed and implemented regarding the monitoring of traditional foster homes on voluntary and involuntary placement holds in order to improve quality of data needed to get an accurate account of available placement resources. In January, 2016, there were 329 foster homes on involuntary hold. As of May, 2017, there were 221 homes on involuntary hold, a reduction of 108 homes, or 33%.

In addition, Policy Guide 2015.16 was released on October 1, 2015 to reflect federal requirements for reasonable and prudent parenting standards, which will afford foster parents more discretion in making decisions related to consent to participate in extra-curricular and other activities. It affords the youth in care to be treated equally with other children in the home and provides a more normal environment within the foster home, school and community.

**Diligent Recruitment of Foster and Adoptive Homes:** See Appendix D

**Recruiting & Maintaining Foster Homes for American Indian/Alaskan Native Children:** The Office of Affirmative Action’s (OOA) Indian Child Welfare Advocacy Program includes two full-time ICWA Program Specialists positions, who are enrolled members of an Indian Tribe and active in the Native American/Alaskan Native community. Our office is currently waiting to fill a vacancy for ICWA Program Specialists. The Affirmative Action Deputy Director and the OAA and another Administrator in OAA are also working with the community. The Program works to ensure 100% compliance with the new June 2016 federal Indian Child Welfare Act (ICWA) Rule and the new December 2016 Federal ICWA Guidelines, by including the identification and provision of culturally appropriate services and activities, providing ICWA compliance information to child welfare staff statewide, and advocacy on behalf of Native American/Alaska Native children and their families. Recruitment of Native American Indian foster homes is a critical component in providing culturally appropriate services to children and families of Native heritage.

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

**COMPLETED and ON-GOING Agency wide:**

- Non-Native foster parents are encouraged to work with the Indian family actively to re-unify, the Indian family, if safe and appropriate. Completed in FY17 and ongoing in FY18.
- Native American/Alaskan Indian culturally appropriate activities are provided to foster families with an Indian child via email and at staffings or meetings or court. Completed in FY17 and ongoing in FY18.
Culturally appropriate services are provided to the Indian family when assistance is requested and depending on the needs of the family. Completed in FY17 and ongoing in FY18.

Working with Illinois child welfare staff, agencies and the court system to ensure ICWA compliance throughout the life of ICWA cases. Completed in FY17 and ongoing in FY18.

THE ICWA PROGRAM:
The ICWA Program consults with a Recruitment and Resources Specialists on the development of Native American foster homes through the following:

- Continue working with a group of Native American /Alaskan Native community leaders throughout the state to enlist their participation on the Illinois Indian Child Welfare Advocacy (IICWA) Council to obtain guidance on matters involving or affecting the provision of child welfare services to American Indian/Alaskan Native children and their families and support efforts to recruit Native American Indian foster homes .Completed in FY17 and ongoing in FY18.
- Continue to Collaborate with Native American/Alaskan Native programs within the State including Chicago Public School’s Native American Title VII Program, the American Indian Center, American Indian Health Services, American Indian Association of Illinois, Kateri Center of Chicago-American Indian Ministry of the Archdiocese of Chicago Completed in FY17 and ongoing in FY18.
- The ICWA Program is listed under the Office of Affirmative Action’s website on the Department’s Internal and External website, The ICWA Program section includes extensive links to other resources within the Native American /Alaskan Native community throughout the State, including contact information for prospective Native American/Alaskan Native foster parents. Completed in FY17 and ongoing in FY18.
- The program’s foster care recruitment brochure was completed in FY17 and was distributed to Native American/Alaskan Native community organizations and agencies throughout the Chicago area for further distribution into the community. The brochure is available and circulated during community outreach activities throughout the year. Completed FY17 and ongoing in FY18.
- Initiate inquiry with federally recognized tribes identified by the family to determine membership enrollment and/or eligibility options. Completed FY17 and ongoing in FY18.
- Initiating, maintaining, and cultivating connections with the identified tribes of the child [ren] and families involved. Completed in FY17 and ongoing in FY18.
- Attending child and family meetings (including any clinical staffings), ACRs, and any case related meetings, including court hearings and legal staffings. Completed in FY17 and ongoing in FY18.
- Identifying community support organizations, programs and activities for Native American /Alaskan Native children and families. Completed in FY17 and ongoing in FY18.
- Providing training to IDCFS licensed foster parents and community members on ICWA, its history, and relevance to the child welfare and Native American Indian community. Getting verification/confirmation.
- Giving two-hour presentations involving ICWA’s historical foundation and relevance to the child welfare system, including information regarding the Department’s ICWA Program. Through the work of the ICWA Program Specialists, the Specialists developed an interactive training program and was launched in FY17 to train IDCFS staff and other child welfare stake holders in both the public and private sectors Statewide. Completed in FY17 and ongoing in FY18.
- Participating on the Chicago American Indian Community Collaborative (CAICCC) with Native American community leaders, directors of programs/agencies and community members with the identified goal of building unity and collaboration within the Native American/Alaskan Native population. Developing in FY17 and will continue to develop in FY18.
• The CAICC is developing a website where the ICWA Program’s contact information and program content will be available for a broader audience for the community to become aware of available IDCFS ICWA program services for all Native American children and families who come to the attention of the child welfare system in Illinois. Developing in FY17 and will continue to develop in FY18.

• Participating monthly in community outreach and advocacy activities within the Native American/Alaskan Native community, Completed in FY17 and ongoing in FY18.

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

The Interstate Compact on the Placement of Children Unit (ICPC) continues to serve as a gatekeeper and clearing center for Illinois children who need to be placed outside of Illinois, as well as for children from other states who need to be placed in Illinois. Reciprocal agreements among the states and the American Public Human Services Association (APHSA) help states to coordinate this work and assist one another with case management and other needed services.

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

In order to expedite the placement of children across state lines, ICPC continues to send all parent, relative, adoptive home studies and foster home licensing requests to other states and to local Illinois DCFS offices and to private agency offices via overnight mail. In addition, when appropriate, the ICPC office uses fax and the recently implemented Document Transfer System which has the capacity to scan and transmit documents electronically. Illinois is also a participant in the NEICE (National Electronic Interstate Compact Enterprise) which is a software program that allows for the electronic exchange of referral material from one state to another instantaneously. At this time there are only 13 NEICE participating states so we use a combination of overnight packages and electronic transfer to send and receive case related material. In an effort to expedite the completion of home studies in compliance with the “Safe and Timely Interstate Placement of Children” Act the ICPC office continues to purchase home studies from private agencies within Illinois. The annual renewal of those contracts takes into account the success of those agencies in complying with the mandates of the Safe and Timely Act.

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

Interstate Data for FY17 to the end of April

Incoming Referral Information:

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td># of Referrals INTO IL</td>
</tr>
<tr>
<td>Completed Cases</td>
</tr>
</tbody>
</table>

~ 103 ~
Average # of Days for Decision - 70

Outgoing Referral Information:  
# of Referrals OUT of IL - 598
Completed Cases – 412
Average # of Days for Decision – 102
Chapter 3 – Plan for Improvement

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

**Rationale:** NCANDS data and the Department’s internal case review results from the Outcome Enhancement Review (OER II) suggested relatively flat but declining performance that was below the federal CFSR 2 standard (99.68%):

**Illinois performance/CFSR 2 indicators**

As reported in the 2015-2019 CFSP, a review of administrative data between FY06 and FY13 in addition to an analysis of the data from a special review conducted by QA in February 2012 of indicated maltreatment cases in FY11 involving children placed in out of home care suggested the following:

- The majority of children abused/neglected were placed in relative care at the time of the hotline report
- For most, maltreatment in substitute care occurred within the 1st year of placement, and in the child’s initial placement

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![Federal Data Profile: Safety Indicators (from NCANDS)](image)

**OER II Data (updated)**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Absence of maltreatment in substitute care</td>
<td>94.9%</td>
<td>96.3%</td>
<td>98.3%</td>
<td>0.0%</td>
<td>90.0%</td>
<td><strong>Down</strong></td>
</tr>
</tbody>
</table>

* OER data corrected during 2014 targeted items 4, 18 and 20 as these were federal items the state remained out of compliance with.
Most children who were abused and/or neglected were between the ages of 0-5. Neglect was the most common type of maltreatment (i.e. allowing parents/perpetrators access to the children, unsupervised children or inadequate supervision). Whether or not the home was licensed appeared to have no bearing on whether the maltreatment occurred (i.e. half were licensed, half were not).

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

While evaluating maltreatment in foster care differently in the CFSR 3 than the CFSR 2, current CFSR 3 data (see below) shows that Illinois is not meeting the national standard based on our Risk Standardized Performance, and is trending in the wrong direction:

### CFSR 3 Safety Indicators/Illinois performance

<table>
<thead>
<tr>
<th>CFSR National Statewide Indicator</th>
<th>National Performance</th>
<th>Illinois Observed Performance</th>
<th>Illinois RSP*</th>
<th>IL Performance Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?</td>
<td>9.68 victimizations (preference is less)</td>
<td>7.98 (FFY13)</td>
<td>11.17 (FFY13)</td>
<td>IL Performance Trend</td>
</tr>
<tr>
<td></td>
<td>*state result multiplied by 100,000</td>
<td>9.88 (FFY14)</td>
<td>12.92 (FFY14)</td>
<td>(adjusted for age at initial victimization)</td>
</tr>
</tbody>
</table>

*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children’s Bureau’s CFSR Round 3 Resources page.

As noted in the discussion of S1, during the spring of SFY2016, IDCFS requested the assistance of a University Partner to review and assess all reports of maltreatment in foster care that were reported to NCANDS in FFY2015 to understand causes, patterns and trends related to the data. Previous reviews (noted in the CFSP and FY16 APSR) of this population focused on (and addressed) the use of perpetrator codes and incident date fields.

The Maltreatment in Foster Care Review (FFY15) included a review of 125 reports of maltreatment of children in foster care by a relative foster parent, non-relative foster parent, or group home/facility staff. Findings indicated that:

- A large portion of children being maltreated in care have significant needs (special needs, mental health needs, substance abuse) that require advanced and nuanced care, but foster parents/staff are not adequately trained or supported by the system to meet the caretaking needs of those children.
- Most reports occurred in the Central region of the state, with a sizable number of reports involving heinous abuse at the hands of non-relative, Caucasian male foster parents (Caucasian males were also the common perpetrator in the Southern Region).
- Victims of maltreatment were equally African American or Caucasian (reflecting the disparity of children of color in the child welfare system compared to the state.}
population), between the ages of 5 – 11 years old, and as likely to experience abuse in care as neglect (whereas the reason for entry into foster care was over 70% due to neglect).

- Maltreatment in foster care tends to occur early in a placement episode.
- Relative foster parents were more likely to be indicated for failing to provide supervised visitation between parents and children.
- Group home/facility staff was typically indicated for lack of adequate supervision (particularly of youth with histories of sexual abuse/aggression), sexual abuse of youth, and/or excessive corporal punishment.
- Parents and other relatives (non-parents) are more frequent perpetrators of maltreatment in foster care than are relative foster parents, non-relative foster parents, or group home/facility staff.

Comprehensive reports, including recommendations, were completed and submitted to IDCFS.

The same University Partner has been asked to conduct a review of FFY16 reports, and that review is currently in progress. All perpetrator types are included in the current review; 152 reports (of 362) are being reviewed.

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

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

**Measures of Progress:**

1. **Achieve a 10% reduction in the occurrence of indicated reports with a relative foster parent as the perpetrator by 2019.**

<table>
<thead>
<tr>
<th>Baseline (CFSP) (SFY13)</th>
<th>FY16 APSR</th>
<th>FY17 APSR (review of FFY15 reports)</th>
<th>FY18 APSR (review of FFY16 reports)</th>
<th>FY19 APSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>No review conducted</td>
<td>7.37%*</td>
<td>8.29%^</td>
<td></td>
</tr>
</tbody>
</table>

* This data updated for the FFY18 APSR, based on review of all indicated reports of relative foster parents, non-relative foster parents, and group home/facility staff data reported to NCANDS in FFY15. In FFY15, there were 502 perpetrators, 37 of whom were relative foster parents.

^ This data based on review of FFY16 NCANDS data. There were 362 perpetrators, 30 of whom were relative foster parents.

2. **Reduce the occurrence of maltreatment in foster care for the CFSR Round 3 measure of absence of child abuse and neglect in foster care by 2019.** **Note:** this measure of progress is amended from the CFSP and previous APSRs in order to reflect the fact that national indicators are no longer considered when determining substantial conformity as part of a state’s CFSR (Round 3).

<table>
<thead>
<tr>
<th>Baseline (CFSP)</th>
<th>FY16 APSR</th>
<th>FY17 APSR</th>
<th>FY18 APSR</th>
<th>FY19 APSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>99.32%</td>
<td>No new data</td>
<td>7.98, observed</td>
<td>9.88, observed</td>
<td></td>
</tr>
</tbody>
</table>

~ 107 ~
Monitoring Plan:

1. Ongoing monitoring of progress toward the measures identified above will be done through the analysis of NCANDS data and through annual FY reviews by QA of all cases involving indicated child maltreatment while in substitute care.

2. Ongoing monitoring of progress toward the Measure of Progress #2 will be done through the monitoring of the state rate of victimization per the CFSR national indicator “Maltreatment in Foster Care” as reported on the Mindshare CFSR dashboard*. These data will also be supplemented by internal case review data through the OER 3 review process, or other data as available. In the round of OER 3 reviews conducted in the Fall of 2016 and the Spring of 2017, there were no cases in which the reviewable child was a victim of maltreatment in foster care.

*In early 2016, DCFS contracted with Mindshare Consulting Group to develop a comprehensive suite of data dashboards. Among the first dashboards to be developed were to monitor and track the CFSR indicators. These dashboards are currently being validated.

Intervention #1 Implement an enhanced foster parent training program that will include:

1) a mandated training component for relative caregivers;
2) a focus on trauma; and,
3) an enhanced Relative Caregiver Checklist.

A revised curriculum for the traditional foster care training will be facilitated as classroom, hybrid and online training. The added modalities will meet the request of nontraditional professionals who desire to become foster and adoptive parents. A self-directed online option will be added for the relative foster care training.

The following changes are being made to foster parent training during FY 16 and ongoing into FY 17:

Updated videos
Inclusion of Foster Child and Youth Bill of Rights training component
Inclusion of Fictive Kin training component
Inclusion of Childhood Obesity training component
Inclusion of Grief and Loss training component
Inclusion of Shared Parenting training component
Update of Lifebook training component
Inclusion of Sibling Contact training component
Inclusion of Human Trafficking training component
Inclusion of Social Media training component
Inclusion of Life of a Case training component
Inclusion of Trauma training component

The 27 hour foster parent training was enhanced to include the following changes which resulted in the training hours increasing to 39 hours.
Updated videos
Inclusion of Foster Child and Youth Bill of Rights training component
Inclusion of Fictive Kin training component
Inclusion of Childhood Obesity training component
Inclusion of Grief and Loss training component
Inclusion of Shared Parenting training component
Update of Lifebook training component
Inclusion of Sibling Contact training component
Inclusion of Human Trafficking training component
Inclusion of Social Media training component
Inclusion of Life of a Case training component
Inclusion of Trauma training component

The training was piloted statewide from January 2017 through March 17 as classroom, online and hybrid training. The training is on track to be rolled out statewide beginning July 2017. The enrollment during the pilot was as follows:

Classroom-90
Online-30
Hybrid-34

A mandatory two-hour orientation training for relative caregivers has been developed and is due to be implemented in FY18. The training emphasizes DCFS policy, rules, procedures, and expectations and will be facilitated within the first two weeks of a child being placed in relative care. This training will address the issues that are impacting relative placement such as - visitation, court orders, and safety planning.

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

New child protection procedures were approved and implemented October 2015. All child protection staff including Child Abuse and Neglect Hotline staff, Supervisors, and Administrators were trained on the updated procedures. Training was completed in January, 2016.

The re-write covers all requirements and expectations related to child abuse and neglect investigations from allegations to findings. Redundancy was removed and sections added to assist and guide the investigator throughout the investigation. Allegations’ definitions were updated utilizing appropriate medical and legal language. Revising Procedures 300 and training all child protection supervisors and staff put forth clear and succinct guidance and best practice to support the critical decisions that need to be made in the field. A key decision point that was emphasized in the revised Procedures and subsequent trainings was to ensure that foster parents, especially relative caregivers, are prepared to provide care and safety for children. This assessment and decision-making process is crucial at the beginning of the case. With the updated Procedures, Child Protection supervisors will be supported through targeted supervisory training that specifically addresses how to guide, support, and monitor staff on the concepts and procedures in the revised policy. In addition the roles of Supervisor and Area Administrator are defined and much of the decision making has been returned to the front line Supervisors.
From this point forward, as recommendations are received and legislation enacted that impacts Procedures 300, the Procedures are updated on an ongoing, regular basis and policy transmittals sent to staff informing them of the updates. Staff will not perform child investigation activities based on practice memos but on updated, succinct child protection guidelines contained within Procedure 300.

With Procedures 300 update and training completed, the CERAP (Child Endangerment Risk Assessment Protocol) and Safety Assessment/Risk Assessment workgroup has resumed meeting to consider adjustments to those protocols. The CERAP Advisory Group was also reconvened in FY15. They have presented recommendations to the Illinois Legislature and DCFS regarding studies they performed in both FY15 and FY16 concerning safety decision making and documentation. Recommendations from these studies centered on the need to ensure the CERAP was completed at required milestones and focused on permanency cases with a return home goal. The Illinois Rapid Response group facilitated by the Casey Foundation also focused a small group on the connection between safety decision making and the supervisory process. Focus groups, individual interviews, and survey of child protection staff and supervisors were completed to further inform the DCFS leadership on next steps toward improving child protection practices and ensuring the safety of children in Illinois. A review of that information has resulted in discussions with the field regarding the use of CERAP and also initiated the formulation of a multidisciplinary workgroup composed of staff from legal, intact services, permanency, Office of Child and Family Policy, child protection and IT services coming together to review and update the current CERAP procedures to enhance the policy and provide better direction on how to complete a CERAP and safety plan. Parent, worker, and monitor rights and responsibilities have also been updated. The updated procedures for child protection have been completed and are under review at this time. Once approved, training will begin for child protection staff regarding the use of CERAP and implementation of safety plans. Once this is accomplished Procedures related to CERAP for intact and permanency services will be updated and training provided to all workers and supervisors.

In addition, foundations training for new child protection staff are reviewed regularly to ensure the most up-to-date and accurate information is being presented and the focus is placed appropriately on training sections. The current review is set to begin by June 2017.

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

**Rationale:** Illinois’ performance on CFSR measures related to the timeliness of permanency, as reported in AFCARS data, has been in need of improvement for years.

CFSR 3 data (see below) evaluates permanency differently than in the CFSR2. Illinois is not meeting the national performance for the indicators related to this goal:

<table>
<thead>
<tr>
<th>CFSR National Statewide Indicator</th>
<th>National Performance</th>
<th>Illinois Observed Performance</th>
<th>Illinois RSP* (age at entry: State entry rate)</th>
<th>IL Performance Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency</td>
<td>42.1%</td>
<td>11.3% (FY13-14)</td>
<td>12.5% (FY13-14)</td>
<td>↑</td>
</tr>
<tr>
<td>CFSR National Statewide Indicator</td>
<td>National Performance</td>
<td>Illinois Observed Performance</td>
<td>Illinois RSP* (age at entry, State entry rate)</td>
<td>IL Performance Trend</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------</td>
<td>------------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>within 12 months of entering care?</td>
<td></td>
<td>12.3% (FFY14)</td>
<td>13.6% (FFY14)</td>
<td></td>
</tr>
<tr>
<td>(P4) Of all children who enter foster care in a 12-month period, who discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?</td>
<td>8.4% (preference is less)</td>
<td>.3% (FFY14)</td>
<td>1.8% (FFY13B-16A)</td>
<td>2.1% (FFY14a-16B)</td>
</tr>
<tr>
<td>(P2) Of all children in foster care the first day of the year who had been in foster care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day of the 12-month period?</td>
<td>45.9%</td>
<td>21.3% (FY13-14)</td>
<td>21.2% (FY14)</td>
<td>22.2% (FY14-15)</td>
</tr>
</tbody>
</table>

*Risk Standardized Performance. For more information about how these indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page: [https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards](https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards)

**Objectives and Measures of Progress:**

Objectives and measures of progress were submitted in the current CFSP, and were based on performance on the CFSR 2 permanency and composite measures. However, they are amended below to align with the CFSR Round 3 Indicators (noted above):

1. Achieve goal of 16.4% of for children entering foster care during a 12-month being discharged to permanency within 12 months of entry (while also maintaining positive performance on the companion indicator: re-entry [threshold of 6.8%])
2. Achieve goal of 25% of children who had been in care on the first day of a 12-month who had been in care (in that episode) between 12-23 months and who were discharged to permanency within 12 months of the first day
3. Achieve goal of 27.7% of children who had been in care on the first day of a 12-month who had been in care (in that episode) between 24 months or more and who were discharged to permanency within 12 months of the first day

**Monitoring Plan:**
1. Ongoing monitoring of progress toward the Measures of Progress listed above will be done through the monitoring of the state percent of achievement of permanency per the CFSR national permanency indicators as reported on the Mindshare CFSR dashboard*. These data will also be supplemented by internal case review data through the OER 3 review process, or other data as available. See also the discussion of OER 3 data in the discussion of P1.

*In early 2016, DCFS contracted with Mindshare Consulting Group to develop a comprehensive suite of data dashboards. Among the first dashboards to be developed were to monitor and track the CFSR indicators. These dashboards are currently being validated.

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

Rationale: This procedure will guide the Illinois child welfare workforce on permanency practice. It will also provide the field with best practice standards and procedural requirements for managing cases with an emphasis on returning children home, as well as completing adoptions and permanency more expediently.

Revised Procedures 315 will:
- Reflect best practices that were embedded in the tenets of practice initiatives implemented over the past few years but never set forth in policy and procedures;
- Reinforce and support overall agency messaging regarding permanency for all children;
- Connect and bridge the roles of different disciplines impacting permanency (e.g., Division of Child Protection (DCP), Child Welfare Specialists (CWS), Administrative Case Review (ACR), Office of Legal Services (OLS), Permanency Specialists (PAS), etc.);
- Reflect key strategies, tenets and core practices critical to achieving timely permanency:
  - Describe Notification to Relatives and Intensive Family Finding;
  - Describe Intensive Family Finding for children currently in care/waiting for a permanency resource;
  - Expand the definition of “family” and engaging fictive kin as placement and permanency options;
  - Explain strong, viable concurrent plans that support realistic alternative permanency paths for children unable to achieve reunification;
  - Emphasize the importance of Child and Family Team meetings;
  - Stress the child’s sense of time and focus on the urgency of permanency for child wellbeing;
  - Explain the use of Lifebooks to understand, cope and heal from abuse, neglect, separation, loss and recognizing the child’s story;
  - Accent the importance of the “caregiver dyad” (birth and foster parents) in achieving permanency through a shared responsibility to the child while supporting and empowering birth parents;
  - Explain the importance to keep fathers involved and engaged
  - Help staff to recognize the resources available to children through paternal connections
  - Describe supervision as a key to timely permanency; AND
  - Explore thinking outside of the box in terms of permanency plans for children in care (“Just because we’ve always done it this way does not mean we must keep doing it this way”)

In October of 2015, the Department launched an intensive messaging campaign “Permanency for All, Our Work, Their Lives” by conducting a permanency symposium featuring keynote speaker Dr. Gerald P. Mallon, DSW, LCSW, and Julia Lathrop Professor of Child Welfare, Silberman

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School of Social Work at Hunter College. As part of the launch, a short video was developed in-house by Operations and Information Technology staff which featured children’s voices telling adults what it means to achieve permanency from their eyes.

Subsequently, the Department released a weekly series of email blasts with each week focusing on a core tenet of permanency practice. In addition, a web portal was developed and will be continually refreshed with relevant content to inspire staff. There are also plans to expand the web portal to showcase adoption and post adoption specific content as a life of case approach to viewing and supporting permanency for all.

The Department has made significant progress in implementing practices associated with improving permanency and outcomes for children and families with an emphasis on supportive connections for all children. Enhanced permanency procedures were posted for public comment in December 2015, and went through a series of reviews and revisions. The Department conducted a training of Procedures 315 (P315) “Permanency for All” to Trainers of Trainers (TOT) and child welfare supervisory staff from February 2016 to April 2016. Additional revisions were required prior to fully implementing the training component. Training of Trainers and supervisor training resumed in December 2016 and the full roll out to DCFS and POS permanency staff began late February 2017.

A change management strategy will support policy and practice improvements. DCFS and POS supervisors will be supported through targeted supervisory training that specifically addresses how to guide, support and monitor staff on the concepts and procedures in the revised policy.

On January 1, 2017 the Illinois law expanding the definition of ‘fictive kin’ became effective; and Fictive Kin rulemaking is underway. These critical changes in law, rules and Department procedures support permanency and lifelong connections for all children and serve as a guide to enhanced permanency practice in Illinois. Training on fictive kin is included in P315.

The Department also launched a Lifebook messaging endeavor in support of enhanced permanency procedures and in effort to impress upon staff, caregivers, children, and youth the importance of developing Lifebooks for children in care. The Department deployed over 15,000 Lifebooks in 2015 and 2016 and is currently procuring books for FY 17. One adjustment to the Lifebook practice that occurred over the last year includes providing books for youth up to age 21. Previously the books were available up to age 18.

Benchmarks end of Year Two:
The Department completed benchmark for Year 1 by completing revisions of Procedures 315 along with the development of the training curriculum for staff; and a separate module for supervisors. These first year achievements allowed for moving towards the completion of the End of Year 2 benchmarks. The Supervisory training was completed concurrently with the trainer of trainers concluding in December of 2016. Procedures 315 final revisions occurred in the early fall of 2016. Operations and the Office of Professional Development worked diligently to schedule all trainings. The training schedule took into account regional and statewide resources as the training is a co-trainer model that utilizes a staff from the Office of Professional Developmental as well as a field staff from either DCFS or a Purchase of Service agency (POS). The training for staff began in January of 2017. The training for permanency staff and their respective supervisors is anticipated to be completed by May of 2017. The Office of Professional Development and Permanency Administration are currently developing an abbreviated Procedures 315 curriculum specifically
designed for Child Protection and Intact staff. This training will focus on those activities in Procedures 315 that are germane for all child welfare staff, as the first initial contact frequently sets the tone for engagement with families that come into contact with the child welfare system. The abbreviated version of Procedures 315 is anticipated to be available for staff in July of 2017.

Procedure 315.105 places emphasis on the importance of Lifebooks for our children in care. The Department began statewide training in November of 2016. The trainings are regionally based and stress that all children should have this option, not just children who are on track for adoption and guardianship. It is important to assure that the time spent in an out of home placement be chronologically documented for our children to avoid have missing pieces of their life story. Lifebook trainings continue to be available from the Office of Professional Development.

Benchmarks Year Two: Outstanding
Completion of Procedures 315 training for Child Protection and Intact staff

**Intervention #2:** Utilize Permanency Achievement Specialists to implement a process to help address permanency issues for children ages 0-5.

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

As part of a re-organization of staff in FY13, DCFS was able to create and fill new positions called Permanency Achievement Specialists (PAS) with responsibility to assist DCFS and POS staff in moving children to permanency. A key focus area for these positions is the 0-5 foster care population. In 2013, PAS staff began the quarterly review process. These reviews support permanency planning and decision-making. The purpose of the review is to identify and plan for a reduction of the barriers that delay permanency. The review is done with the primary caseworker, supervisor and adoption staff. The Department believes that the gold standard for permanency is “legal” permanency, which consists of reunification, adoption and subsidized guardianship. When these permanency paths are not achieved for a child or youth in care, the importance of connections and relational permanency is crucial in that our children and youth need support and supportive relationships well into adulthood, just as any child or youth needs to be successful in their transition to adulthood.

Effective July 2016, Permanency Achievement Staff were assigned to assist with Family Finding efforts. Family finding which has been incorporated into Procedure 315 is now well structured and defined with a goal of locating a number of supports for the family and the youth. When requested, PAS assist permanency workers with locating supports for youth in residential programs that are ready to be stepped down. Each individual that has been identified by the family or youth will be interviewed and the contents of the interview will be documented in a contact note. During the interview, the permanency achievement worker shall ask about the individual’s involvement in the child’s and family’s life, including their past and current roles. They will also ask about other individuals that the family may have relationships with who could be contacted. The worker will ask if the individual is willing and able to be a formal, natural or informal support for the child/family.
The role of formal, natural or informal supports includes, but is not limited to the following: Formal Support: placement, backup placement, extended respite; Natural Support: short term respite, mentoring, coaching parents, child care, transportation to services, supervise visitation; and/or Informal Support: phone calls, email, social media contact, cards for special occasions, provide family photographs, offer emotional support, plan outings, or celebrate important events in a child’s life. This formalizing of family finding will assure that every identified support is documented in the case record.

“File mining” is a strategy that is used by PAS staff. Staff is to review the case records in an attempt to identify connections that may have been previously overlooked. When an individual is identified, they are contacted and asked if they would serve as a support to the youth. Although PAS has been doing the file mining during the last three years, the Department has now included the process in Procedures 315 and in the Family Finding Practices virtual webinar training.

PAS also assist with youth aging out of the system that require the ongoing support of Community Integrated Living Agreement (CILA) as a living arrangement upon identification and request from regional staff. PAS gather documentation to support the need for a CILA placement as well as reaching out to medical staff for certification of need. If the youth requires an adult guardian, PAS can assist in that process as well.

PAS often work in collaboration with the resource recruitment specialist to secure appropriate placements. Additionally, PAS work with the adoption staff to expedite the adoption/subsidized guardianship process when needed. Permanency Achievement Specialists are committed to improving permanency outcomes for children and youth that are impacted by length of stay in care, placement stability, racial disparity, disproportionality and other contributing factors that delay a child/youth’s sense of permanency.

The PAS model of support has not been widely used by private agencies. Private agencies can request a quarterly review of their cases, as well as additional technical assistance. The private agencies that have utilized PAS for technical assistance have found the support for the case workers and families to be beneficial in moving cases forward.

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

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

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

To enhance the Department’s ability to find parents and family members, the Diligent Search Services Center secured access to new databases. For example, the Department’s access to data provided by the Illinois Dept. of Human Services regarding child support case information, and data on Voluntary Acknowledgments of Paternity have both proven to be valuable diligent search and match resources. In addition, access to data from the Illinois Dept. of Employment Security on employment and unemployment compensation cases has been useful. Combined with new data sources that were purchased last fiscal year, the Department now has a minimum of 30 databases to access when completing a diligent search.

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

- Expediting the process of finding able and willing biological and fictive kin relatives at the front end of the case who are willing to provide and assist with long term care
- Expediting finding non-custodial parents
- Emphasizing the value/importance of finding relatives of parents and family friends
- Making the process user-friendly for case workers

Benchmarks End of Year 1: Completed
- The Diligent Search Services Center program has expanded to include the capability to find grandparents, other relatives and family friends/associates
- Draft of Rule and Procedures 301 is in process
- Meetings have been held with executive staff and the DSSC provider to closely examine the effectiveness of the Diligent Search Services Center
- The DSSC provider has increased their resources for finding relatives and fictive kin of parents

Benchmarks End of Year 2
- The draft of the Diligent Search Rule and Procedure will be circulated within DCFS for review and comments. This will be completed by the end of calendar year 2016.
- The training curriculum will be finalized by the end of calendar year 2016.
- Registration for the Diligent Search training will commence by the end of 2016 and the training will be scheduled statewide during 2017.
- The Diligent Search Rule will be submitted to JCAR by January 2017.

The Benchmarks for Year 2 have been delayed, largely because of the Department’s primary focus on accelerating permanencies. Training staff on Rule 315 Permanency Planning, moving over 2000 cases to adoption, and improving the adoption and guardianship subsidy process was
the priority. Reducing the amount of time that children are in care took precedence over drafting and implementing Diligent Search Rule and Procedure.

While the Benchmarks for Year 2 were not achieved regarding a new rule, procedure and training, the Department has seen improvement in family finding diligent searches and has continued to improve results for diligent searches for missing parents.

Benchmarks for Year 3 are:

- The draft of the Diligent Search Rule and Procedure will be circulated within DCFS for review and comments. This will be completed by the end of calendar year 2017.
- The training curriculum will be finalized by the end of calendar year 2017.
- Registration for the Diligent Search training will commence by the end of 2017 and the training will be scheduled statewide during 2018.
- The Diligent Search Rule will be submitted to JCAR by January 2018.

Goal #3 – Increase capacity of families to provide for children’s needs

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

As reported in the CFSP, the above OER data further indicates that the needs of fathers and paramours in particular are not consistently being met, and that improvements are warranted in the on-going assessment of parent and foster parent needs as well as in the engagement of parents and foster parents in the case planning process.
In the 2016 APSR, Illinois reported data from a round of OERs, termed “OER Round 7”, conducted between March 2015 – May 2015. The data from this review suggest significant improvement for WB1 (81.8%). In the 2017 APSR, we reported that data from the OER 3 “pilot” review launched in the Spring 2016 suggested a decline in performance in WB1 (75% substantially achieved. For this APSR (FFY18), data for the well-being outcomes shows that performance continues to decline for WB1 (to 62.3% substantially achieved):

Table 7: WB1 Items, OER 3 data over time:

<table>
<thead>
<tr>
<th>% of cases rated a “Strength”</th>
<th>OER II R1-6 (reported in the 2015 - 2019 CFSP)</th>
<th>OER II R7 (reported in the 2016 APSR)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR)</th>
<th>OER 3 (current APSR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 12: Needs and Services of Child, Parents, and Foster Parents</td>
<td>69.4%</td>
<td>86.4%</td>
<td>76.56%</td>
<td>66.67%</td>
</tr>
<tr>
<td>12a: Needs Assessment and Services to Children</td>
<td></td>
<td></td>
<td>93.75%</td>
<td>85.51%</td>
</tr>
<tr>
<td>12b: Needs Assessment and Services to Parents</td>
<td></td>
<td></td>
<td>78.57%</td>
<td>62.07%</td>
</tr>
<tr>
<td>12c: Needs Assessment and Services to Foster Parents</td>
<td></td>
<td></td>
<td>89.47%</td>
<td>95.24%</td>
</tr>
<tr>
<td>OUTCOME WB1 overall</td>
<td>63.4%</td>
<td>81.8%</td>
<td>75.0%</td>
<td>62.32%</td>
</tr>
</tbody>
</table>

Objectives:
1. Enhance the capacity of birth parents to provide for their children’s needs upon return home.
2. Enhance the capacity of foster parents to provide for the needs of children while placed in their care.
3. Enhance the capacity of parents as part of Intact families to provide for their children’s needs.

Measures of Progress:
1. Achieve a 10% increase in performance for applicable cases reviewed for Item 12 (old 17) by 2019.
   a. Baseline: 69.4% (OER II). Goal: 76.34%
   b. This measure of progress was achieved in the OER II Round 7 review and in the OER 3 Round 1 data, but not in the current OER 3 data
2. Achieve a 10% increase in performance for applicable cases reviewed for Well-Being Outcome 1 by 2019.
   a. Baseline: 63.4% (OER II). Goal: 69.74%
   b. This measure of progress was achieved in the OER II Round 7 review and in the OER 3 Round 1 data, but not in the current OER 3 data
3. Based on the findings from the OER Round 7 (which show significant improvement and achievement of the 2019 goals), DCFS will continue to monitor these results through future qualitative reviews and other data sources.

**Monitoring Plan:**

1. Ongoing monitoring of progress toward the identified measures will be done through the analysis of data obtained through the annual implementation by QE of the OER 3 process.

**Intervention #1:** Implement the evidenced based TARGET Program

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

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

**Implementation activities included:**

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

**Benchmarks End of Year:** Discontinued

The Office of Learning and Professional Development’s (OLPD) involvement in the pilot ended this past fiscal year, with formal funding ending to the OLPD in late 2016. The Field Implementation Program’s last assigned TARGET field support staff ended support to the last TARGET therapist at the end of February 2017. Ongoing work in the remaining TARGET program was carried forward directly through Northwestern University without continued support of staff from within the OLPD.

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

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

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

The expansion of the NPP model is based on its successful use with the IB3 Waiver. In the expansion, the model will be primarily delivered in group settings with up to 15 participants with two co-facilitators. In certain areas of Illinois that do not lend geographically to the conducting of groups, sessions may be implemented as individual, home-based sessions with parents. Sessions run approximately 2 hours, delivered over 16 weeks for the Nurturing the Families of Illinois for families with children aged 5 to 19. The NPP version for families of children aged 0 – 5 will also be used where appropriate. 16 group sessions and 7 home coaching sessions are to be delivered or 23-27 individual, home-based sessions. Home based observations and coaching sessions are conducted to observe and reinforce the implementation of the skills that have been acquired within the group.

Specific outcomes that are demonstrated by the use of this intervention include: Parents participating in NPP developed more appropriate developmental expectations of their children, an increased empathic awareness of children’s needs, more appropriate attitudes toward the use of corporal punishment, and a decrease in parent-child role reversal behaviors. The model receives a ranking of 3 from the California Evidence-Based Clearinghouse with a score of High for relevance to child welfare. This intervention will target birth parents whose children are ages 0-19 and will serve intact and placement cases.

The benchmarks identified for FY 2016 and the status of each were to:
End of Year 1: To be completed in FY16 (see Update below)

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire staff to manage the implementation</td>
<td>Staff have been assigned from the IB3 Waiver to work on the implementation of this task</td>
</tr>
<tr>
<td>Review data for each region to determine number of potential participants based on established criteria</td>
<td>Complete. IB3 determined the target population with the assistance of Northwestern University, with data reflecting the target population by region as of 10/30/15.</td>
</tr>
<tr>
<td>Review provider capability to train and provide NPP program</td>
<td>Complete</td>
</tr>
<tr>
<td>Select provider and schedule training of</td>
<td>Complete</td>
</tr>
</tbody>
</table>
Budget constraints prevented the completion of some steps towards this implementation in FY 2016. Under DCFS Operations Division, the intervention was able to progress substantially.

**Benchmarks for FY 2017:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete the identification of state regions in greatest need of the evidence-based NPP practice</td>
<td>Completed</td>
</tr>
<tr>
<td>Assess provider capacity to implement the NPP in their regions</td>
<td>Completed for first roll-out. New providers will be identified for the next fiscal year (FY’ 2018)</td>
</tr>
<tr>
<td>Select and train provider agencies to begin offering NPP training of referred DCFS placement and intact cases</td>
<td>Selection completed. Training dates have been scheduled in June, 2017, and are being scheduled for FY’ 18.</td>
</tr>
<tr>
<td>Establish plan for sustainability and fidelity of NPP model</td>
<td>The plan is established. Implementation support and consultation dates are contracted during FY ’18.</td>
</tr>
</tbody>
</table>

**Updates:**

Agency selection was determined in FY 2017, based on geo-mapping of DCFS families throughout the state and the launching of 4 Immersion Sites throughout the state. The Immersion sites were selected by DCFS Leadership as priority areas for the implementation of the NPP expansion, along with other high need areas in Illinois.

In preparation for the expansion, DCFS discovered that NPP is working with 2 other states on statewide implementation of the model, using a newly developed curriculum, Nurturing the Families of (identified state) – in this case, Illinois. The principle co-author of the curriculum with Dr. Stephen Bavolek, Sonya Thorn, was identified as the trainer to prepare Illinois facilitators in the new curriculum.

Agencies were invited, by DCFS Operations, to express their interest in providing NPP. The decision was made to offer NPP in the 4 Immersion Sites (Rock Island, Mt. Vernon, St. Clair County and, Lake County) along with 3 non-Immersion Site areas (Peoria, Vermillion County, and Champaign County). Twelve agencies and 5 Family Advocacy Centers throughout the state were assessed for their experience, capacity, and willingness to offer NPP to local Placement and Intact
families. A webinar with all interested provider agencies (16 agencies participated.) was conducted by IB3 staff to provide information on the NPP, the expansion of this parent education program in Illinois and the agency capacity requirements to implement the program.

- Twelve agencies were selected to provide NPP expansion in the first year's roll-out of the program.
- The Program Plan and Budget for NPP Expansion is in the process of being finalized and receiving full approval from DCFS leadership.
- 2 NPP- 3-day facilitator training events were scheduled for May, 2017 and June, 2017. Unfortunately, the May training had to be postponed awaiting final approval of the contract by DCFS Procurement. Half the Illinois NPP facilitators are tentatively scheduled to be trained in June, 2017. The second training will take place sometime during FY '18.
- The training of Illinois NPP facilitators will include, in addition to the initial 3-day training, ongoing implementation training to support sustainability and fidelity of the model:
  - A one-day training for facilitators on the AAPI pre and post-assessments of parents
  - A one-day training to address implementation needs with the new 5 – 19 curriculum
  - 1 two-day training on conducting fidelity audits for CQI and contracts staff on monitoring and supporting the NPP model.
  - 6 video-conferences for facilitators to provide consultation with the NPP master trainer. These meetings will form a statewide Learning Collaborative among all Illinois NPP facilitators.

An implementation plan identifying the number of groups and families to be served by each provider agency was completed. Agencies are in the early process of reviewing the program plans and requirements to participate in NPP expansion.

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

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

In middle of 2013, DCFS convened a statewide workgroup comprised of DCFS and private agency providers to develop credentialing criteria and requirements for treatment providers (and their supervisors) of trauma focused interventions. Although an exact count of eligible providers is difficult to establish, it is estimated that between 1000-1500 DCFS counseling and POS treatment providers will be eligible. The workgroup has been focused on the development of a three-tiered credentialing approach to achieving a statewide preferred provider treatment network. Work with the Office of Training is proceeding to augment an existing data base and IT capacity to process and store provider credentialing information. An estimated budget of $80,000 for database enhancements, data entry, and management has been identified.
While all 3 Tiers have the same baseline credentialing requirements related to initial training, Tier I has a lower entry level education requirement (Bachelors) than Tiers II and III (Masters). All Tiers will need to provide documentation of completion of a number of specified DCFS and National Child Trauma Stress Network (NCTSN) sponsored educational and training activities.

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

During this past year, applications were sent to over 400 treatment providers who are providing treatment services under three different DCFS contracts (Foster Care Counseling (CSA), Intact Family (CSI), or Individual Treatment Provider (CSL)).

Benchmarks achieved end of Year 3:
Applications mailed to over 400 treatment providers
280 providers have returned initial applications
259 have completed the initial 90 days of training
62 providers will have completed all training requirements by September 1, 2017
Two additional Medicaid based contracts have been identified, totaling 22 agencies for Phase II implementation due to begin September 1, 2017

Title IV-E Review

The Department is halfway through the IV-E Eligibility Review PIP. The Division of Licensing has been working to improve their processes and documentation of background checks consistent with the action steps outlined in the approved PIP. Our mock reviews have identified a need for clarifying information and the Internal Audit in underway. Consistent with the action steps related to the one case in the review that didn’t meet court order language requirements, Federal Financial Participation and the Division of Legal have worked with the Administration of Illinois Courts to develop training material for Judges and court personnel. Trainings are scheduled for September and October 2017.

These are the findings from this review:

During the June 2016 Eligibility Review it was determined that a total of 8 cases were errors. Seven of them failed to satisfy the requirement for safety checks in child care institutions, as per 45 CFR 1356.30(f). The ACF Review Team found it difficult to determine who worked in the institutions during the specific review period and identified some personnel whose background checks had not been completed per state policy. The suspected root cause of this issue is insufficient communication of staff changes and monitoring of background check compliance. The management of the institutions were not timely in notifying DCFS of new hires and DCFS did not have a clear process by which information related to new hires and their status as conditional employees was to be communicated to the employee and/or DCFS. In addition, employees did not always react to Re-Print Notices sent from the Background Check Unit; thus delaying the
completion of background checks. The combination of these factors contributed to lack of documentation of the eligibility criteria. Another contributing factor includes lack of documentation of Sex Offender Registry checks that took place prior to a data field becoming available to record the information in the DCFS system. DCFS should have had a timelier requirement for reporting new hires and a clear process by which institutions informed new employees of their conditional status and documented the beginning and end of conditional status. DCFS should have more actively monitored the status of employees working with youth placed by DCFS. One case did not have the required court finding of reasonable efforts to prevent removal, as per 45 CFR 1356.21(b). The ACF Review Team also noted concerns with the quality of court orders. These concerns related to the lack of clear identification of the child, parent and others pertinent to the court case, including specifics relating to the removal home. They stressed the need for all interested parties to have a clear and complete depiction of the court case and subsequent decisions. The ACF team also questioned why each order associated with a case did not have a specific finding of the agency’s placement and care authority as required per 45 CFR 1356.71(d)(1)(iii). While some county court orders made a specific finding for each hearing, others relied on The Juvenile Court Act that vested the authority with DCFS until it was specifically ordered otherwise by the Court. Previous court orders delineating custody remain in full force and effect until vacated or the provision is specifically changed by a subsequent court order. The suspected root cause of this issue is the variances between court personnel in Illinois’ 102 counties.

Staff Training, Technical Assistance, and Evaluation: Staff training and technical assistance activities have been outlined as part of the discussion of each CFSP goal. In order to support the successful implementation of the goals and objectives outlined in the CFSP, Illinois will implement a Model of Supervisory Practice. The tenets of the Supervisory Practice Model will be incorporated into BH Consent Decree immersion site training plan to ensure that all supervisors achieve a high standard of knowledge and practice. The Supervisory Practice Model is based on four functions of supervision: administrative, developmental, supportive, and clinical which are inter-related throughout the Model of Supervision in support of the Department's strategic plan and the Family-entered, Trauma-informed, Strength-based child welfare core practice model. The Model of Supervisory Practice requires that supervisors balance these four functions, recognizing that each is a necessary component of effective supervision.

The Model of Supervisory Practice requires weekly protected time for individual supervision and monthly group supervision at all levels of direct and non-direct service supervisors. It is during this dedicated time with supervisees that supervisors will focus on ensuring that day-to-day guidance and decision-making are provided related to child safety, permanency, and well-being and that operational outcomes are met.

The training, content reinforcement and coaching used to implement and sustain the Model of Supervisory Practice is aimed at enhancing the skills and capacity of supervisors needed to achieve the strategic goals of the CFSP. Improvement in the skill and ability of supervisors to provide frequent, consistent, and quality supervision to casework staff will lead to sustained improvements in child welfare outcomes such as child safety, support for relative caregivers, enhanced parental capacity and family well-being, and permanency through timely family reunification or adoption. Employee satisfaction surveys and other survey methodologies will be used measure the effectiveness and impact of the Model of Supervisory Practice over time. The
Model of Supervisory Practice demonstration pilot feedback is being used to refine the curriculum based on the participant’s feedback to improve the practical application of the content.

The delivery of the Model of Supervisory Practice training starting in FY18 will occur within the context of immersion sites as a component of the larger Core Practice Model. As learning needs are identified, standalone modules can be developed to support supervisors in applying the tenets of the Model of Supervisory Practice to ensure that the requirements of Procedures 300 and 315 are consistently applied in child welfare direct service practice. Procedures 300 training was conducted during FY16 and Procedure 315 training began in FY17. In addition to the Model of Supervisory Practice, the Core Practice Model includes training on “Family-centered, Trauma-informed, and Strength-based Practice (FTS)”, along with “Child and Family team meetings (CFTM).” The FTS training component began within the immersion sites in FY17 and will continue in future fiscal years at the beginning of each immersion site. The FTS training will provide a baseline foundation for all staff within the immersion site regarding the fundamentals of the Core Practice Model. The CFTM training and the Model of Supervisory Practice training build upon the tenets taught in FTS. The CFTM training will launch in FY18 with the consultation of the Child Welfare Policy and Practice consulting group. Office of Learning and Professional Development staff (through the Field Implementation Support Program) will be developed as “Master Coaches” as qualified trainers of both the consultant’s CFTM model and training curriculum. Field Implementation Support Program Staff will in turn develop regional supervisory into qualified coaches and regional staff into qualified facilitators of this CFTM model.
Chapter 4 – Update on Service Description

Safety Intervention 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 they need and deserve until they may return home safely or achieve permanency through other means.

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

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

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

Intact Family Services: Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse or neglect report to remain safely with their families. High Risk Intact Family Services are also offered and information regarding this program can be found
on page 139. Intact family services are designed to promote permanency by maintaining, strengthening and safeguarding the functioning of families to: A) prevent substitute care placement, B) ensure the safety, permanency and wellbeing of children and, C) facilitate a safe, stable family environment. Adequately assessing the family’s strengths and needs and assisting the family to achieve minimum parenting skills are essential to the success of those efforts. We continue to offer intact family services to those families who have been indicated for abuse or neglect, to families court-ordered to cooperate with DCFS, and on a limited basis to those families in need of support resulting from an unfounded investigation. Primary components of this performance driven program include: a professional assessment of family issues that led to the Department’s involvement and identification of service needs; short term arrangement of appropriate safety plans, if needed; and provision of direct intervention, and linkage to community services. The goal being that families will demonstrate an enhanced capacity to provide for their children’s physical, educational, and emotional needs in a safe and stable home. Service provision is geared toward a six month time period, although services may continue beyond that time if needs remain and the family is cooperative. Intact Family Services continue to be provided mainly by private agency partners; they continue to service over 80% of families referred for intact services. Currently DCFS does not provide intact family services in Cook County and there are several areas downstate where private agency partners provide all intact family services. The Intact Dashboard is a tool to measure outcomes for Intact Family Services which drive the Leveling assignment completed by the Agency Performance Team. This Dashboard reports on 11 Performance Measures related to services provision for Intact Family Services. Please find additional information, as well as the FY17 final dashboard on page 337. The column titled “Goal” is the performance expectation in percentage of cases. The Intact program demonstrates its greatest success in the measure #2 “Family case will not reopen within 12 months of case closing”. There are improvements in scores from the previous fiscal year in 9 of 11 measures.

The SAFE Families Program: The Safe Families for Children program was developed in 2002 by LYDIA, a Chicago based Christian social service agency, in partnership with churches, ministries, and local community organizations to offer voluntary placement arrangements to families whose children are at risk of being removed from their custody by child protective authorities. Safe Families for Children (“SFC”) is a program oriented to prevent child abuse recurrence and removal into state protective custody by recruiting and overseeing a network of host families with whom parents can voluntarily place their children in times of need. Families retain legal custody and voluntarily place their children with SFC host families. The families share decision-making authority, and SFC volunteers and paid staff serve as case coordinators for the birth parents and the host families. The average length of stay is 45 days, with ranges from 2 days to 2 years. Additional volunteers may be recruited to help both sets of families in other ways, such as providing transportation assistance, child care, moral support, job search assistance and providing hard goods, such as furniture. This program is used in coordination with Intact Family Services as well. The Intact Family Services providers placed children into host family homes as well. In FY16 Child Protection investigators worked planfully with parents and the Safe Families program to place 143 children in host family homes statewide. 90% of children return to their families.

There is currently a randomized study being performed at the Department to assess the efficacy of this program. This study will continue into FY18. The evaluation of the program is as follows:
The evaluation will answer the following well-built PICO (population, intervention, comparator, and outcome) research question: Are Illinois children whose parents are investigated by child protective authorities for alleged abuse and neglect (population) less likely to enter the child welfare system (primary outcome) and more likely to avert subsequent abuse/neglect episodes and to be maintained in or reunified with their birth families (secondary outcomes) if they are referred to SFC’s host families network (intervention) as compared to children from similar families who are served through child protective services as usual (comparator)?

A four month review was completed to assess a point in time analysis to assess the study findings to date.

Below is a chart to provide evidence of the usefulness of the program. The comparison group is the control group cases. The chart demonstrates that the children in the Safe Families program are deflected successfully from Foster Care placement. The data presented in Table 2 indicate that children assigned to the intervention group were more likely to be deflected from protective custody and less or no more likely to be removed into foster care after allocation than children assigned to the comparison group. The pattern was most pronounced in the non-Cook regions of the state with those differences trending toward statistical significance.

<table>
<thead>
<tr>
<th>Proximal/Intermediate Outcomes (per Outcomes in Logic Model)</th>
<th>Region</th>
<th>Program (%)</th>
<th>Comparison (%)</th>
<th>Explanation of Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>%, # of children deflected from protective custody</td>
<td>Cook</td>
<td>84.3%, 70</td>
<td>78.7%, 59</td>
<td>Both Cook and non-Cook regions show higher rates of deflection from protective custody in the intervention group, but only the difference in non-Cook regions is trending toward statistical significance.</td>
</tr>
<tr>
<td></td>
<td>Non-Cook</td>
<td>95.5%, 63</td>
<td>75.9%, 60</td>
<td></td>
</tr>
<tr>
<td>%, # removed into foster care</td>
<td>Cook</td>
<td>22.9%, 22</td>
<td>18.8%, 18</td>
<td>Both Cook and non-Cook regions show lower rates of removal in the intervention group, but only the difference in non-Cook regions is trending toward statistical significance.</td>
</tr>
<tr>
<td></td>
<td>Non-Cook</td>
<td>12.5%, 8</td>
<td>41.7, 35</td>
<td></td>
</tr>
<tr>
<td>%, # of subsequent oral reports</td>
<td>Cook</td>
<td>25.0%, 24</td>
<td>16.7%, 16</td>
<td>In spite of the lower rates of removal into foster care, the children allocated to the intervention group experienced no statistically significant higher risk of subsequent oral reports of maltreatment than children allocated to the comparison group.</td>
</tr>
<tr>
<td></td>
<td>Non-Cook</td>
<td>18.8%, 12</td>
<td>17.9%, 15</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Protective custody calculated from data supplied by Chapin Hall at the University of Chicago. Removal into foster care and subsequent oral reported were calculated from the spreadsheets downloaded from the Mindshare dashboard developed to track key performance indicators for the SFC pilot project.
Based on the findings documented above, the major difference between Safe Families and Child Protection staff is that families retain legal custody and voluntarily place their children with Safe Families host families. If safety concerns warrant the children's removal, CPS must take legal custody and place the children in licensed foster care or approved kinship homes. The voluntary nature of the SFC hosting arrangement is posited to be a critical factor that contributes to the success of the program. The arrangement is intended to foster cooperation, reciprocal exchange, and mutual trust between birth parents and the host family. This may provide additional support for the family that is often otherwise lacking.

Family Advocacy Centers: Family Advocacy Centers are an additional resource for our families. There are twenty seven Family Advocacy Centers (FAC) operated by twenty one service providers located throughout the state. Family Advocacy Centers maintain a prevention-focused, holistic 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. Outreach efforts to community and private agencies also serve families involved with the Department.

FAC’s provide support to parents to follow through on their goals that allow them to preserve and reunite their families. The FAC tailor’s their services to the unique needs of the communities they serve. In addition to traditional counseling, referrals and training services, the FAC’s may also offer the following services:

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

Each provider has a specific array of services that is responsive to their communities as well as core services. Most offer parenting classes or other types of family enrichment programs. All FAC providers work collaboratively with “Be Strong Families” an agency contracted by the Department to provide Parent Cafes and quarterly trainings to FAC Advocates. Referrals are accepted from DCFS/POS staff, child protection staff, community stakeholders and self-referrals. Most do not have geographical service boundaries. They do work directly with DCFS Field Offices.

FAC providers transitioned into budget grant funding this year and this has helped them to operate more effectively increasing community outreach and forming better working relationships with local Department offices. This has also allowed them to reach a greater number of their targeted population. A database was developed over the last three years solely for FAC use to track services and other metrics and is in operation this year with minor changes being made in FY18. The Department intends to open four more centers in FY 18 to help meet the growing need for these services in areas where there are no other resources, two of which have begun operation.
already in East St. Louis and Peoria. The other two facilities are in negotiation for a contract in Whiteside County, an immersion site, and Joliet.

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

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

In FY16 (July 1, 2015 and June 30, 2016) the program referred 655 caregiver families referred between. In the first ten months of FY 17 (July 1, 2016 through April 30, 2017), 634 caregiver families were referred.

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

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

The program provided cash assistance to 2,112 families and the housing advocates reported serving 1,285 families between July 1, 2015 and June 30, 2016. During the first ten months of FY17 cash assistance was given to 1,839 families and housing advocacy served 952 families.

DCFS understands the importance of collaborating with local providers serving low income families. To this end, a cross-training for child welfare workers, homeless service and supportive housing providers, teachers and early education staff was created and implemented. The goal of the training is to help attendees better understand other systems and increase collaboration between systems. In FY17 this training was offered to providers in suburban Cook County on November 4, 2016, and it will be offered to providers in Lake and McHenry County on May 15, 2017.

Youth Housing Assistance: The Youth Housing Assistance Program (YHAP) provides housing advocacy services and cash assistance to youth under the age of 21 who are aging out, or have aged out, of DCFS care. The program intends to prevent youth from becoming homeless after leaving DCFS care. Some assistance is provided to youth under the age of 21 who have a closed
case to prevent the youth from re-entering foster care. The program almost always serves these youth for less than $500 per month.

In fiscal year 2016, the program provided cash assistance to 64 youth and the housing advocates reported serving 217 youth between July 1, 2015 and June 30, 2016. The program provided cash assistance to 78 youth and housing advocacy services to 132 youth in the first ten months of FY2017.

DCFS looks for creative ways to increase our youth’s ability to obtain and maintain housing. In FY17 an online version of our Housing Handbook was posted to help youth aging out of care obtain and maintain adequate housing. The Housing Handbook can be found at:

https://www.illinois.gov/dcfs/brighterfutures/independence/Housing/Pages/default.aspx

DCFS also understands the importance of collaborating with local providers. Every year, 20 homeless Continuum of Cares agencies in Illinois apply for federal funding for supportive housing and services for homeless persons. The application requires that the local Continuum of Care describe services the agency provides to prevent youth aging out of care from becoming homeless. In FY17, DCFS wrote to each Continuum of Care to provide information on the Youth Housing Assistance Program and other services DCFS provides to youth aging out of care to prevent homelessness. Each Continuum of Care agency was also polled to see if DCFS can provide other assistance to meet their goals to prevent and end homelessness for youth and families.

Be Strong Families: In FY2017, the department continued its partnership with Be Strong Families (BSF), NFP whose role is serving child-welfare-involved families and youth & young adults by providing services that build the Strengthening Families™ Protective Factors in families and children involved with the child welfare system. All services provided by Be Strong Families contribute to achieving child welfare goals. These include training workshops and cafes for both parents (Foster, Birth) and youth and young adults (teen parents/youth in care). Youth and young adult services contribute to building the Center for the Study of Social Policy’s Youth Thrive ™ Protective/Promotive Factor framework.

Training topics offered for parents and youth included:

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

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

BSF provides its services statewide through other agencies: Family Advocacy Centers and Immersion Sites, Child Welfare (POS) agencies, DCFS offices, Youth Providers, and community agencies (churches, schools, early childhood centers, libraries). Thus far, BSF has partnered directly with 86 agencies statewide to deliver services, which include the 26 DCFS Family Advocacy Centers. BSF also provides tailored staff development workshops for staff members of the Family Advocacy Centers and child welfare service professionals.

Training topics offered to professionals this year have included:

- Assisting Families with Living the Protective Factors
- Integrating Youth Thrive Protective Factors / Promotive Factors
- Shared Parenting: Developing Collaborative Relationships between Birth and Foster Parents for Professionals
- Trauma Stewardship for Professionals
- Maintaining Family Connectedness
- The Art of Parent Engagement
- Living the Protective Factors
- Assisting and Supporting Birth Parents with Getting Their Kids Back
- Developing Collaborative Relationships between Families and Providers
- Wake Up to Your Potential
- Life Books: A Trauma Informed Parenting Practice
- Recognizing and Responding to Signs of Family Stress
- Trauma Informed Strength Based Family Centered Practice

Within this program year BSF has served:

- 774 youth and young adult participants (211 unduplicated)
- 664 birth parent participants (217 unduplicated)
- 582 foster parent participants (278 unduplicated)
- 66 DCFS alumni (51 unduplicated)

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

- 91% of Foster Parents who participate in cafes report meeting someone they can add to their support system
- 93% of Birth Parents and 89% of Foster Parents report their intent to change their behavior relative to the Strengthening Families™ Protective Factors
- 85% of Youth and Young Adults report their intent to change their behavior relative to the YouthThrive™ Protective and Promotive Factors Factors
- 84% of Youth and Young Adults participating in Youth Thrive™ Strongly Agree or Agree that they learned something that will help them in their life and 85% Strongly Agree or Agree that they felt more positive about themselves.
Youth and Young Adults who participated in the Wake Up to Your Potential Series:
- 88% Strongly Agree or Agree that the training will help them deal with negative people and negative situations in life
- 85% Strongly Agree or Agree that they understand the importance of a positive attitude.
- 83% Strongly Agree or Agree that they feel more positive about their lives and the future.

Living the Protective Factors Training Evaluation Highlights:
- 93% Strongly Agree or Agree that they learned something that will help them as a parent
- 3% Strongly Agree or Agree that they learned ways to strengthen their family that they will put to immediate use in their lives.
- 86% Excited / Motivated or Optimistic when describing their current attitude about building protective factors in their home

Shared Parenting Training Evaluation Highlights (Birth Parents and Foster Parents)
- 88% of participants agreed there are commonalities between birth parents and foster parents.
- 89% of participants agreed that they understand the need to collaborate with the birth parent or foster parent.
- 84% of participants agreed that they developed strategies to work together to benefit their children
- Get on the Fast Track to Getting Your Kids Back Workshop Evaluation Highlights (Birthparents)
- 91% Strongly Agree or Agree that they learned valuable information about getting their kids back that they have not received elsewhere
- 94% Strongly Agree or Agree that the information from the training will assist them with reunifying.
- 97% Strongly Agree or Agree that they understand how to prepare for visits with their children as a result of the workshop
- 95% Strongly Agree or Agree that they understand the importance of having positive social connections.
- 79% Strongly Agree or Agree that since starting Get on the Fast Track workshops, they have moved forward on action steps they identified to help strengthen their relationship with their caseworker.

In FY18 Be Strong Families is planning to provide a similar service array to child welfare involved parents, youth and young adults, and professional staff. There will be an emphasis towards increasing services to the birth parent populations in the southern region of the state as well as increasing youth and young adult and foster parent services in the Northern Region. BSF will continue focusing on building the capacity of all populations in being able to organize and deliver cafes. We anticipate continued interest in new workshops such as Using Lifebooks, Maintaining Family Connectedness, Shared Parenting and Trauma Stewardship as well as Get on the Fast Track sessions. Professional development offerings to staff in FY18 will remain at the same level as this year and will include new topics based on some of the priorities identified by the department and other partners.
Public Education: The DCFS Communications Office conducts ongoing efforts to connect parents, caregivers and the public with child abuse prevention and child safety information. These efforts include the following initiatives in Fiscal Year 2017:

ABCs of Safe Sleep Campaign: This ongoing campaign educates parents and caregivers about safe sleep practices to reduce the risk of Sudden Infant Death Syndrome and other sleep-related deaths. This year the Communications Office released audio and video Public Service Announcements in English and Spanish to media outlets statewide.

Adoption Month (November): The Communications Office recorded a new audio Public Service Announcement and made it available to media outlets statewide. On National Adoption Day, November 19, DCFS partnered with the Chicago Children’s Museum and more than 100 adoptive family members to celebrate the creation of new families in Chicago. On that same day, DCFS joined Madison County adoption attorneys and others as the Madison County Courthouse in Edwardsville opened their doors for a special Saturday session to finalize the adoptions of 13 Southern Illinois children.

Baby Safe Haven Campaign: DCFS partners with the Save Abandoned Babies Foundation to educate the public about the Newborn Infant Protection Act which allows a mother to legally, safely and anonymously relinquish her unharmed newborn, aged 30 days old or younger, to safe haven locations across the state without fear of prosecution. In the fall of 2016, the Communications Office sent letters to 7,335 school principals reminding them of their responsibility to inform students about the law. This effort resulted in mailing posters and brochures to schools in 54 counties with a reach of nearly 84,000 students.

Car Safety Campaign: Collaboration between DCFS and KidsandCars.org, a nationally-known child safety organization, to educate the public about keeping kids safe when they are in or around cars. The Communications Office provides auto safety information, including posters and safety checklists for anyone to download and print, on the department’s public website and mails auto safety materials to businesses statewide upon request. In the summer of 2016 the Communications Office partnered with the Harrisburg police and fire departments, KidsandCars.org and the Saline County Sheriff’s department at a joint press conference to demonstrate a rescue from a hot car and offer tips to parents and caregivers on how to keep children safe in and around cars during the hottest months, July and August.

Child Abuse Prevention Month (April): The Communications Office partnered with Prevent Child Abuse-Illinois, the Peoria Zoo and other community partners to hold “kickoff” press events in Peoria, Chicago, Edwardsville and Collinsville to build public awareness; promoted local child abuse prevention month events via social and mainstream (earned) media; distributed over 5,000 blue ribbons and bookmarks across Sangamon County; and voiced a public service announcement that was made available to radio stations statewide. The Communications Office organized and staffed a week-long art exhibit at the James R. Thompson Center in Chicago highlighting the work of abused and neglected children to help build awareness. The office also partnered with CASA of Cook County and Prevent Child Abuse-Illinois to keep the conversation going about the role we all play to prevent abuse and neglect during an hour-long Twitter Chat social media event.
Get Waterwise...SUPERVISE! Campaign: This year-round, ongoing campaign reminds parents and caregivers about the importance of actively supervising children when they are in or near water to avoid accidental drowning. This year, the Communications Office released audio and video public Service Announcements in English and Spanish to media outlets statewide and worked in partnership with the Fox Valley Park District to hold a press event at Splash Country Water Park in Aurora, Illinois.

HHS Transformation: During his 2016 State of the State address, Governor Rauner announced the “HHS Transformation” as a call to action of Illinois state agencies to better collaborate with one another in order to find solutions to complex human services issues utilizing a holistic approach. Since that time, 13 government entities, including DCFS, joined together to create a system that that places a focus on prevention and public health; pays for value and outcomes rather than volume and services; makes evidence-based and data-driven decisions; and moves individuals from institutions to community care to keep them more closely connected with their families and communities. The DCFS Communications Office partnered with HFS and other partners to plan and carry out two public town hall meetings on the transformation (Springfield and Chicago) and create a public website where information about the transformation is housed.

Illinois Legislative Shadow Day 2017: Illinois DCFS partnered with Foster Care Alumni of America – Illinois Chapter, the Illinois Statewide Youth Advisory Board and Be Strong Families for Shadow Day 2017. The event brought approximately 60 youth in foster care and alumni from across the state to the Illinois capitol and paired them with members of the Illinois General Assembly. Shadow Day allows foster youth to share their experiences in foster care directly with Illinois legislators to help inform and improve child welfare policy. It also serves to show our leaders in action.

Junior Achievement of Chicago: The DCFS Communications team volunteers for career days and career panels at middle-grade and high schools in Chicago. This partnership was made possible through Junior Achievement of Chicago, a non-profit organization which provides programming on financial literacy, work and college readiness and entrepreneurship. The career days/panels are a good way to engage middle grade and high school students in the field of social work/government and provide them with insight on what steps they need to take to achieve a career in social work/government.

LGBTQ Rainbow Youth outreach: The Communications Office created posters and informational cards in English and Spanish outlining the rights of LGBTQ youth in care.

“You Are Not for Sale” Human Trafficking campaign: This ongoing campaign began in 2014 and continues to grow. In January, National Human Trafficking Awareness Month, the Illinois Holocaust Museum & Education Center and YWCA Evanston/North Shore in partnership with Illinois DCFS and other local organizations, hosted a film screening of the Sundance Film Festival award-winning documentary, “Dreamcatcher,” an unflinching exposé that follows Brenda Myers-Powell, who grew up in one of the poorest neighborhoods of Chicago and eventually fell into the dark world of prostitution. The In addition to that event, the Communications Office facilitated several TV and radio interviews between media outlets across the state and the department’s human trafficking coordinator and other DCFS subject matter experts throughout the year.

The Office of Communications proactively places positive media stories to recruit foster and adoptive parents on television, radio, online blogs, newspaper articles and social media platforms, including Facebook, LinkedIn, Twitter and YouTube. Collateral materials with all of the
department's prevention and education messages are distributed at approximately 100 events annually.

Social Media Outreach
The Office of Communications manages the department’s presence on Facebook, Twitter, YouTube and LinkedIn. The department is connected with nearly 1,000 individuals on LinkedIn; and receives hundreds of profile views each week. Over 1,000 individuals follow DCFS on Twitter; and the department has over 4,100 "Likes" on Facebook.

Example of social media reach using Facebook

<table>
<thead>
<tr>
<th>Published</th>
<th>Post</th>
<th>Type</th>
<th>Target</th>
<th>Reach</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/21/2017</td>
<td>Congrats to Foster Care Alumni of America – Illinois Chapter, walking to empower youth and build stronger families.</td>
<td>Photo</td>
<td>Public</td>
<td>1.2K Organic</td>
<td>101 post clicks, 20 engaged</td>
</tr>
<tr>
<td>05/16/2017</td>
<td>DCFS hosts training aimed at keeping 'intact families intact'</td>
<td>Link</td>
<td>Public</td>
<td>1.5K Organic</td>
<td>174 post clicks, 22 engaged</td>
</tr>
<tr>
<td>05/09/2017</td>
<td>SPRINGFIELD - Tonight Governor Bruce Rauner, First Lady Diana Rauner and DCFS Director George Sheldon joined current and former youth in care for dinner on the eve of tomorrow's Illinois Legislative Shadow Day.</td>
<td>Photo</td>
<td>Public</td>
<td>1.7K Organic</td>
<td>477 post clicks, 26 engaged</td>
</tr>
<tr>
<td>05/03/2017</td>
<td>CHICAGO – Interested in adopting a child from foster care? Check out this event and learn how you can be the hero for a child in need of a forever family. May 13, 2017, 10 a.m. to 1 p.m. University of Illinois at Chicago</td>
<td>Link</td>
<td>Public</td>
<td>3.9K Organic</td>
<td>183 post clicks, 114 engaged</td>
</tr>
<tr>
<td>05/01/2017</td>
<td>May is Foster Parent Appreciation Month in Illinois. Thank you to the thousands of foster families across the state who have opened your hearts and homes to provide a temporary safe haven to abused and neglected children!</td>
<td>Photo</td>
<td>Public</td>
<td>7.1K Organic</td>
<td>309 post clicks, 238 engaged</td>
</tr>
</tbody>
</table>

~ 136 ~
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 adequate and 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 close to 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. Through March 2017, the Child Abuse and Neglect Hotline has received 186,292 calls reporting alleged abuse and/or neglect. This is a 1% increase in call volume compared to the same date in FY16. These calls resulted in 55,737 investigations being transmitted to Child Protection field staff for initiation, which is a slight decrease from the previous year.

During this fiscal year, the Hotline increased staff count by three staff. A satellite office was created in Chicago to house three Spanish-speaking workers. Because the State Central Register (SCR) operates with a Voice-over Internet Phone (VoIP) system, these workers are able to log in to the system remotely and process both English and Spanish calls. This has improved our capacity to serve our Spanish-speaking callers, as well as assisting in responding to the overall high call volume and serve our callers with a sense of urgency.

In January 2017, SCR moved to a new physical site within Springfield. At the previous facility, the units within SCR were scattered across multiple floors of the building and managing operations was often cumbersome. At the new site, all of the units are contained on one floor, which allows for more hands-on management and support of staff. Each worker has his/her own cubicle and work space. As a result of this move, SCR received an updated VoIP system that serves SCR only. The redundancy built into the system is expected to decrease the capacity for the phone system to experience outages. The system has proven to be effective and resilient.

Another effort SCR has engaged in over the past year is developing an on-line reporting system for mandated reporters. SCR partnered with the Office of Information and Technology Systems (OITS) to build this on-line reporting system. A review of other states that have working on-line systems provided SCR with enough outcome data and information to launch the project here in Illinois. OITS is currently building the system. The expectation is that SCR will pilot the on-line system in July 2017 with a few select entities (i.e. law enforcement, school, and medical) across the state. After a three-month pilot process, the collected data will be aggregated and analyzed to identify the strengths and weaknesses of the system and work with OITS to resolve issues. After a thorough evaluation of the pilot outcomes and the approval of the Director, SCR anticipates implementing the on-line reporting system statewide by the end of 2017.

SCR continues to engage in Continuous Quality Improvement (CQI) activities. Several CQI activities during FY 17 have included:

Team Goal Setting (TGS) was implemented over the past year to encourage staff participation in the CQI process. All units and teams have established goals based on their processes and what
areas they determine can be improved upon. One example of a team goal that has shown success is to reduce the Hotline call abandonment rate. As a result of the plan that was developed and implemented, the call abandonment rate decreased almost 3% over the past several months. Many of the Hotline teams have set team goals to increase the number of calls workers are able to process during a single shift.

Customer Satisfaction and Peer Review are two components of the CQI process that continue for Hotline staff. IDCFS purchased a Survey Monkey application license for the SCR Administrator, which will allow SCR to build surveys and Peer Review tools within an automated system. This automation will improve the capacity of SCR to survey our callers and field staff, as well as conduct quality peer reviews of outcomes.

One of the clinical improvements implemented during FY17 is the revision of the call monitoring tool used by Hotline supervisors to evaluate the performance of a Hotline worker. The tool was enhanced to ensure that the worker’s assessment of child safety is clinically focused and documented, as well as ensuring all the technical components of an investigation are completed accurately in the intake.

SCR Administration has set three major goals to better serve callers:
- reduce the call-back response rate;
- decrease the number of messages taken: and
- increase the number of intakes each Hotline worker completes per hour.

Based on the staffing and shift analysis completed December 2015 thru March 2016 and weekly data analysis thereafter, the call volume, specifically the hourly call rate, requires an increase in staffing levels in order to achieve the overall goals. Improved call triage strategies are in place to immediately identify emergency child safety situations and to better manage the response to callers. SCR Administration along with the Hotline supervisors developed daily call response strategies that are employed at the beginning of every shift based on call volume and staff count. These strategies have been in place since April 1, 2017 and are proving to impact the call-back response rate. In addition to focused strategies, the revised staff performance objectives that increase the per hour intake completion rate have been approved and will be implemented in the very near future. All of these efforts are aimed toward improving Hotline operations, which will result in increased child protection.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Call Volume</th>
<th>Average Daily Call Volume (Monday-Friday)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2016</td>
<td>16,369</td>
<td>604</td>
</tr>
<tr>
<td>August 2016</td>
<td>19,056</td>
<td>708</td>
</tr>
<tr>
<td>September 2016</td>
<td>22,297</td>
<td>868</td>
</tr>
<tr>
<td>October 2016</td>
<td>21,581</td>
<td>859</td>
</tr>
<tr>
<td>November 2016</td>
<td>21,631</td>
<td>863</td>
</tr>
<tr>
<td>December 2016</td>
<td>19,541</td>
<td>780</td>
</tr>
<tr>
<td>January 2017</td>
<td>20,952</td>
<td>691</td>
</tr>
<tr>
<td>February 2017</td>
<td>21,393</td>
<td>932</td>
</tr>
<tr>
<td>March 2017</td>
<td>23,472</td>
<td>895</td>
</tr>
</tbody>
</table>
Child Abuse Investigations: DCFS continues to make diligent efforts to maintain sufficient Child Protection Investigators on the front-line to ensure lower caseloads and timely, thorough investigations. In addition, all new child protection investigators receive foundations training and have the ability to engage in experiential learning through the use of a simulation lab. Staff have the opportunity to utilize skills learned the classroom in a realistic practice setting, building both their confidence and skill when investigating reports of abuse and neglect. Other key strategies to ensure protection of children include a focus on answering calls to the State Central Registry quickly so information is transmitted to local investigative units in the field, providing intact family services to children who are victims of abuse/neglect, and linking children/families who were not subjects of an indicated finding of abuse/neglect to community resources such as Safe Families, local mental health centers, or DCFS-supported Family Advocacy Centers.

High Risk Intact Services and Child Welfare Intakes: The Department continues to meet the needs of high-risk intact families in downstate regions by assigning those families to a High-Risk Intact Specialist where available. These caseworkers carry smaller caseloads and provide more intensive contact and services in an effort to maintain the family unit and prevent disruption. All intact family cases in Cook County are served by private agency partners. Areas downstate not served by a high risk intact worker continues to be served by private agency partners. All intact family services across the state are provided pursuant to guidelines set forth in Intact Family Services Procedures 302.388. These interventions are intended to be short-term, usually 6 months or less. When a call to the hotline does not meet state criteria for an investigation of abuse or neglect, but a service need is identified, the Child Welfare Intake referral system provides a casework contact with the family to assess service needs and provide linkage to appropriate community services. Community resources include such programs as our Family Advocacy Centers and the SAFE Families program.

Strengths and Challenges of Safety Services: The 2015-2019 CFSP contains the Illinois spectrum of Safety Services. Illinois built a best practice Safety Intervention System over the last several years. The strength of this system begins with a focus on child safety and includes tools, process, partnerships, supervision and critical decision making in the field. Illinois continues to have one of the lowest removal rates in the nation. Illinois remains committed to keeping children at home with their families when it is safe to do so, as we recognize removal from the home is a traumatic, life-altering experience for a child and their family. The workforce is provided with the tools, supervision and critical decision making skills needed to enhance the ability of staff to make these decisions. DCFS engaged with the Casey Foundation in January 2015 with a focus on strengthening the connection between supervision of child protection staff and the child safety decision. This work has continued into 2016 and has been incorporated into the Departments’ strategic planning process. The CERAP Advisory group was also reconvened in 2015 to renew discussions on further enhancement of the protocol and SACWIS functionality to support intact, permanency, and investigative field staff as they make safety decisions on behalf of children and their families. Their report and recommendations regarding a study of CERAPS completed upon reunification of children and families was sent to the Legislature and DCFS May, 2015. This Advisory Group continued with their 2015 study to determine if CERAPS were being completed for reunification cases in hard copy rather than within the computerized file. Recommendations to DCFS and the legislature for FY16 focused on the completion of CERAPS at required milestones and within the computerized file. The research focus for FY17 relates to how staff and court
services utilize the CERAP in make decisions to return home from foster care. Based on the recommendations from this advisory group and the Casey Foundation, there have been ongoing discussions regarding CERAP formulation and completion with the field. In addition a multi-disciplinary group composed of DCFS legal, child protection, intact, permanency, IT and Office of Child and Family Policy have formulated a workgroup to review current CERAP procedures, incorporate recommendations and enhance the procedures to provide clearer direction and information to the field when making safety assessments and decisions. The group has just completed updating CERAP procedures for child protection and they are in review at this time. Once approved, staff will be presented and trained on the procedures and safety planning. The focus of the workgroup will then turn to enhancing CERAP procedures for specific applications to intact and permanency cases.

Since the 2012 reorganization to put more staff on the front line, the Department has remained committed to sustaining adequate staffing levels in child protection to ensure child safety, in spite of statewide budgetary issues. In addition, July 2015, Area Administrators’ duties were reorganized with the Area Administrators able to focus on one specialty such as child protection. As a result, compliance with meeting 24-hour mandates has improved, with number of missed mandates falling from 179 reports (.26%) in FY14 to 142 reports (.20%) for FY15. Fiscal Year 2016, however presented some challenges for the division of child protection as vacancies increased while qualified candidates for child protection investigators positions decreased. Lists of eligible candidates were depleted. As a result, caseloads have increased and as a consequence, the 100% compliance goal of initiating new reports in 24 hours also increased slightly. The Department has taken major steps over the past year to increase the pool of eligible candidates to include additional expanded degrees which will qualify, requested special grading sessions with Central Management Services to review applications, and enhanced recruitment activities for qualified candidates by the Division of Employee Services. This is beginning to result in reduced vacancies and caseloads and should assist in attaining compliance with the 24 hour initiation mandate. Caseloads are reviewed monthly to ensure staffing levels are adequate based on intake and as vacancies develop they are reviewed and approved weekly for posting to hire. The Department realizes adequate, well trained staff is the key to child safety.

Intact Family Services continue to be provided mainly by private agency partners; they continue to service over 80% of families referred for intact services. Currently DCFS does not provide intact family services in Cook County and there are several areas downstate where private agency partners provide all intact family services. The Statewide Intact Utilization unit, which oversees services by the private agencies and monitors compliance as well as fiscal issues, is fully staffed. This has resulted in better utilization of capacity and improved service delivery to intact families across the state. Child Abuse Prevention remains a necessary component to our Safety Intervention System, but budget constraints continue to impact our ability to meet these needs. DCFS will continue to engage with our private agency partners, governmental agencies, and community to develop prevention services.

**Partnership:** The description below highlights how partnerships with various organizations show the side-by-side work with the Department and how they continue to be involved in the implementation of the Department’s goals, objectives and interventions, and in the monitoring and reporting of progress in the areas of safety, permanency, and well-being.
Although the Department and other government agencies are charged with the responsibility to care for and serve the families of Illinois, there are other entities also working in this endeavor. It is therefore a chief priority for the Department to continue our efforts to forge partnerships with our sister agencies as well as law enforcement, schools, medical providers and members of the legislature. Below will be described a number of agencies and programs with which DCFS collaborates in partnership.

Human Trafficking: The DCFS Human Trafficking Unit continues to develop and implement departmental response to human trafficking and to collaborate with other agencies/stakeholders. The Department’s overall response to human trafficking includes:

- Implementation of human trafficking operating procedures for caseworkers and child protection investigations
- As of February 1, 2017, suspected and confirmed human trafficking incidents are now reported via the new Significant Event Report, which has replaced the old Unusual Incident Reporting process. The Significant Event Report provides the Department with an operational method to obtain data on both suspected and confirmed reports of human trafficking of youth in care
- From January 01, 2016 to December 31, 2016, the Department investigated 239 reports of child abuse/neglect with an allegation of human trafficking
- A media campaign was launched in 2016 titled, “Our Children are Not for Sale”. The campaign included development and distribution of posters and brochures to educate mandated reporters of human trafficking as an allegation of child abuse and neglect. In March 2016, the Department mailed posters to: 156 law enforcement entities, 162 schools/education facilities, 197 hospitals, 102 Circuit Clerks, 197 Department of Human Services offices, 95 county health departments, 177 members of the House and Senate, 39 Child Advocacy Centers, and 18 Planned Parenthood locations
- Human trafficking training for caseworkers and child protection investigators was developed and implemented in 2012. From January 1, 2016 to January 31, 2017, the Department delivered 27 human trafficking trainings to 621 caseworkers and child protection investigators. These trainings are provided on an ongoing basis
- Human trafficking training for residential facilities, group homes, and shelters was developed and implemented in 2015. From January 1, 2016 to January 31, 2017, the Department provided 8 human trafficking trainings for these entities to 84 individual providers
- Training for mental health providers was developed and implemented in 2016 in an effort to equip providers to serve trafficked youth. From January 01, 2016 to January 31, 2017, the Department has provided 7 human trafficking trainings to 59 mental health providers
- Human Trafficking training for foster parents was developed and implemented online in 2016. From November 19, 2016 to December 31, 2016, 51 people completed this training
- “You are Not for Sale” prevention curriculum for youth placed in residential facilities, group homes, and shelters was developed and implemented in 2015 and continues to be provided on an ongoing basis
- The Department contracted with Salvation Army and Hoyleton to provide human trafficking training to child welfare professionals, mental health providers, caregivers and stakeholders (numbers for trainings are included above)

In addition to the trainings provided by Salvation Army and Hoyleton, the DCFS Human Trafficking Unit, provided human trafficking training to the following in 2016: Cook County Human Trafficking Task Force Conference, Illinois Coalition Against Sexual Assault, Illinois Department of Juvenile

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

The Department continues to work on establishing informed practice and enhanced service methods for youth who have been identified as victims of human trafficking. From January 01, 2016 to January 01, 2017, the Department developed and implemented a workgroup to comply with Illinois Senate Bill 1763 (SB 1763). SB 1763 required the Department to convene a multi-disciplinary workgroup to review treatments programs for trafficked youth in care and make recommendations regarding a continuum of care for these vulnerable youth. The workgroup was comprised of DCFS staff, law enforcement, private providers, clinicians, the National Center for Missing and Exploited Children, Salvation Army, FBI, and residential facility and group home staff. The SB 1763 workgroup submitted their recommendations to the legislature in January 2017 which included developing specialized placements for trafficked youth in care. In response to those recommendations, the Department is currently exploring collaboration between a federally qualified health center and a survivor led stabilization program for trafficked youth in care. The Department is also considering other “safe house” placement options for trafficked youth in care. Additionally, the Department plans to partner with the child welfare community to develop specialized foster homes for trafficked youth. Also in response to SB 1763, the Department is developing a contract with Love 146 to obtain their “Not a Number” prevention curriculum for youth in care and provide required training to facilitators in Illinois.

Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC): MPEEC primarily provides expert medical evaluations for abuse allegations of serious harm and/or injuries to children under three, including bone fractures, internal injuries, head trauma, burns, and bruising for children up to 36 months of age in Chicago. MPEEC is a consortium of the Chicago Children’s Advocacy Center (CCAC), John H. Stroger, Jr. Hospital of Cook County, Lurie Children’s Hospital, and the University of Chicago Comer Children’s Hospital. MPEEC provides mandated medical expert consultation and written opinions; education of DCFS personnel, medical professionals, and police investigators on the medical determinations of child abuse and MPEEC investigative procedures; and expansion of medical expertise in the field of child abuse. In FY16, a total of 221 MPEEC assessments were completed.
Similar expert medical evaluation resources are available in all Regions of the state to assist child protection staff and law enforcement in the investigation of child abuse. These resources also provide ongoing education for staff and community providers on child abuse issues.

**Engaging Experts to Prevent Child Deaths:** Under Illinois law, the state’s 9 Child Death Review Teams (CDRT) review the death of every child related to abuse or neglect as well as any death of a child for other causes who had current or recent involvement with the Department. CDRTs bring together experts from child welfare, medicine, law enforcement, public health, and other fields in a multi-disciplinary effort to keep all children safe. Since their creation in 1994, CDRTs have made hundreds of recommendations to the Department not only to improve investigations and case management, but also to support advocacy to reduce preventable child deaths, whether from abuse, neglect, or accidental causes. Many of the CDRT recommendations have been incorporated into Procedures 300 (Reports of Child Abuse and Neglect). The Department is currently seeking the input of the CDRTs in the revision of safe sleep practices.

**Illinois Partnerships to Reduce Child Deaths:** Vital Statistics on all child deaths are reported to the Child Death Review Team Executive Director. The DCFS system is then searched to determine if the Department has had any previous contact or cases with the deceased child or his/her family. Many of the cases that have had prior DCFS contact will require a Child Death Review Team Review of the death per the Statute (20 ILCS 515). Many other deaths can be reviewed on a discretionary basis.

The Child Death Review Teams are comprised of professionals from several different areas of expertise including: 1) pediatricians or other physicians knowledgeable about child abuse and neglect; 2) representatives of the Department (DCFS); 3) State’s Attorneys or States Attorney Representatives; 4) local law enforcement; 5) a psychologist or psychiatrist; 6) local health departments; 7) school districts or other education or child care staff; 8) coroners or forensic pathologists; 9) child welfare agencies and/or child advocacy organizations; 10) hospital, trauma or emergency medical services; and 11) State Police.

In recent years, accidental infant deaths due to co-sleeping with a parent or sleeping in an inappropriate environment have emerged as a major and preventable tragedy in Illinois. In response to these deaths, the Department partnered with the National Center for Fatality Review and Prevention as well as other Region Five States (The Midwest Coalition). Resources are frequently shared amongst these partners.

Within the past year, legislation was recently considered to merge the CDRTs with the Department of Public Health in order to increase the independence of the CDRTs and better coordinate that Department’s role in statistical assessments of population health and patterns indicating risks to public health. Senate Resolution 1941 called for the Director of the Department of Children and Family Services and the Director of Illinois Department of Public Health to submit a joint report to the General Assembly and the Governor that sets forth its transition plan and recommendations regarding the merits of transferring the administration of all child death review teams (CDRT) from the Department of Children and Family Services to the Department of Public Health.

Based on their own inquiry and experience as well as their consultations with members of the Child Death Review Teams and other knowledgeable and experienced people, Directors Sheldon
and Shah recommend that the Child Death Review Teams remain an administrative function of Department of Children and Family Services.

The teams have been very successful and effective in their work. The Department of Children and Family Services has improved its procedures and its handling of investigations in countless ways because of the recommendations of these teams.

A theoretical concern that has been mentioned is that Department of Children and Family Services administration of teams that in fact critique the Department of Children and Family Services performance. There is, however, no recorded instance of the Department of Children and Family Services leveraging of its administrative authority to influence the teams’ work, and there is confidence that the teams have the stature to resist any such effort. The concern does not rise to a level that justifies the effort to transfer administrative control.

The report also calls for adding the engagement of the Department of Public Health to the process. Steps have already occurred to include the Department of Public Health as their input and expertise is an important factor in preventing child deaths.

Additionally, in partnership with the Illinois Department of Public Health, DCFS has developed and released a public service announcement aimed at educating parents about the dangers of co-sleeping (available at: https://www.youtube.com/watch?v=v07iVCE1vEA&feature=youtu.be).

The Department continues to strategize in reducing sleep-related deaths and child deaths overall. The following charts highlight some of our recent work in this area.

<table>
<thead>
<tr>
<th>Total Number of Child Deaths Investigated</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Indicated Child Deaths - Abuse</td>
<td>202</td>
<td>194</td>
<td>214</td>
<td>211</td>
<td>139</td>
<td>257</td>
<td>168</td>
</tr>
<tr>
<td>Total Indicated Child Deaths - Neglect</td>
<td>38</td>
<td>32</td>
<td>33</td>
<td>36</td>
<td>21</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>Total Unfounded Child Deaths - Abuse</td>
<td>57</td>
<td>66</td>
<td>80</td>
<td>69</td>
<td>54</td>
<td>53</td>
<td>22</td>
</tr>
<tr>
<td>Total Unfounded Child Deaths - Neglect</td>
<td>21</td>
<td>10</td>
<td>13</td>
<td>14</td>
<td>9</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Total Pending Child Death Investigations</td>
<td>86</td>
<td>86</td>
<td>88</td>
<td>89</td>
<td>55</td>
<td>157</td>
<td>60</td>
</tr>
<tr>
<td>Total Indicated Child Deaths</td>
<td>95</td>
<td>98</td>
<td>113</td>
<td>105</td>
<td>75</td>
<td>75</td>
<td>28</td>
</tr>
</tbody>
</table>

The reduction in the number of child deaths investigated in FY15 is primarily due to a change in DCFS Policy. Late in FY14, Policy was changed so that sleep-related deaths would no longer be accepted by the CA/N Hotline solely based on unsafe sleep practices. There needed to be additional safety factors such as substance abuse or domestic violence or other safety issues in order for the Hotline to accept an investigation. The reduction of the number of Deaths Investigated naturally results in fewer Indicated and Unfounded Deaths. There has been a steady decrease of death cases in which the Department has had recent contact. This suggests some degree of effectiveness of the Department’s interventions.
In the past 6 years, the CDRT has reviewed between 154 and 261 child deaths per year. Over the same time period, the CDRTs have made between 40 and 92 system and case specific recommendations to DCFS. DCFS is mandated to respond to each recommendation. This entire process is greatly valued by the Department as it provides essential analysis of child deaths and recommendations to strengthen Department practice with the overall goal of eliminating child deaths in the future.

State law also requires that professionals working with children and families serve as “mandated reporters”. If a mandated reporter suspects child abuse or neglect, they are required to call in a report. Deaths due to abuse or neglect are often called in by these mandated reporters. DCFS offers training for mandated reports as needed.

OIG Education Initiatives:

Error Reduction: Recognizing that multiple weaknesses in organizational processes can align to create a tragic outcome such as the death or serious injury of a child, the Office of the Inspector General used a systems perspective and root cause analysis to develop recommendations and trainings to reduce those errors that may result in the death or serious injury of a child. Although occasional accidents cannot be avoided, a systems perspective makes it possible to introduce a systematic and comprehensive approach to investigation and prevention efforts with the goal of decreasing their occurrence.

In 2008, legislation was enacted requiring the Office of the Inspector General 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 Office of the Inspector General’s error reduction initiative is aimed at building better organizational processes and reducing the incidence of child injury and death. The error reduction initiative informs both administration and front-line staff and promotes critical thinking and decision-making.

Since the implementation of Error Reduction protocols, the Office of the Inspector General has conducted state-wide trainings of child protection investigators, supervisors and managers in investigative principles when investigating allegations of cuts, bruises and welts. Additionally, Mental Health/Error Reduction Training for Intact Family Services Worker has been conducted with DCFS Intact Family Services providers. In response to child deaths resulting from improperly stored methadone, the Office of the Inspector General developed educational materials illustrating the “Do’s and Don’ts of Safe Methadone Storage.” The material was distributed to DCFS staff, private agency staff, substance abuse treatment providers, and the general public. In conjunction with the methadone poster and educational brochure, the Inspector General collaborated with DFCS Division of Training, the Clinical Division, and substance abuse treatment providers to develop and subsequently train state-wide Department staff on Methadone and Methadone Safe Storage.

The Office of the Inspector General developed and distributed educational material including posters highlighting safer sleep practices; strategies for calming a fussy, or crying infant; and the dangers associated with alcohol/drug and co-sleeping to DCFS Field Offices, drug treatment centers and public health and WIC providers. The “Helpful Guide for Parents and Caregivers” (CFS 1050-69) and “Caring for Children with Chronic Heath Care conditions: A Guide for Caregivers and Child Welfare Professionals” are being updated and due to be distributed in the
Fall of 2017. DCFS is incorporating the Inspector General's Harsh Punishment training curriculum into its Foundations training. The training is also being used in the University of Illinois Springfield Simulation House trainings for new investigators with props provided by the Inspector General's Office.

The Office of the Inspector General developed an Error Reduction training series entitled Lessons Learned from Physical Abuse Fatalities. The training curricula and guide were designed to remedy patterns of errors or problematic practices that compromise or threaten the safety of children. In FY 2016, the Office of the Inspector General trained 300 private agency and DCFS staff in Cook and the Southern regions on one component of the training curriculum addressing incidences of egregious acts of child maltreatment, legal provisions to deny reunification services in cases of egregious acts of maltreatment, and referral for specialized assessment in cases of extreme abuse. The Inspector General's Office developed the Maltreatment Continuum which is used in assessing and reviewing case of egregious acts of maltreatment. The Continuum is a visual tool illustrating child abuse characteristics and their severity. This tool is based on research of child abuse instruments, the Abuse Dimensions Inventory (ADI), the Conflict Tactic Scales for Parent and Child (CTSPC), literature on child abuse, and Inspector General’s death investigations of children fatally abused within a year of contact with the Illinois Department of Children and Family Services. The Specialized Assessment is among the first steps in determining whether to by-pass reunification and seek a permanency goal other than reunification. Expedited termination of parental rights would be sought in those egregious cases where no evidence-based treatment exists to remedy extreme acts of violence against a child.

In FY 2017, the Office of the Inspector General will coordinate with the DCFS Training Division to deliver the Error Reduction training to DCFS and private agency staff in the Central and Northern regions.

Young Parent Training: In 2011 the Office of Inspector General conducted a 10 year review of the deaths of infants and children of DCFS parenting youth in care. The review revealed that a significant number of these deaths were attributed to either caregiver violence or placement in unsafe sleep environments. The most tragic deaths were ten young children killed by their parent. Six of these young children were killed by their mother, who was a youth in care or former youth in care, including two deaths where the mother and her boyfriend were criminally charged. In four of the ten cases the child’s father was charged, and three of the fathers were youth in care. In these four cases the father’s inability to cope with their baby’s behavior, particularly crying, appears to have been the event that precipitated the murder.

Similarly tragic were the deaths of 11 infants who died as the result of being placed in an unsafe sleep environment. Seven of the infants deaths, all four months of age or younger, were from overlay. Of the remaining deaths, two were caused by asphyxia from trapping; one from accidental suffocation; and one from hyperthermia after the infant was left bundled in a crib next to a heated radiator.

As part of its Error Reduction mandate the Office of Inspector General designed Young Parent Training in an effort to lower the mortality rate among DCFS young parents’ children. The training drew on literature regarding the most challenging developmental stages of childhood as well as research on the prevalence of accidental bruising versus non-accidental bruising in children and current research on infant brain development. The interactive training, designed to provide open ended discussion, educates young parents on practical alternatives to violent responses as well as encouraging safe sleep practices. Young parents were trained on how to:
- recognize warning signs for potential domestic violence to a child and/or a parent;
- develop appropriate and supportive responses to challenging developmental behaviors of toddlers and preschoolers;
- develop non-violent and soothing responses to infant crying;
- understand the mechanics of abusive head trauma, and accidental vs. non-accidental bruising;
- understand the importance of always placing their child to sleep in a safe environment (alone, on its back, in a crib, without any heavy blankets/bedding/toys/bumpers); and
- encourage new activities to stimulate their child’s brain development through touch, talk, read and play

Ongoing Monitoring: Through the continuous efforts of the Office of Inspector General and Teen Parent Service Network (TPSN) the Young Parent Trainings are tracked and monitored to assure attendance and consistency with the trainings’ methodology. TPSN has the responsibility to coordinate the Young Parent Trainings statewide. In FY17 TPSN coordinated twenty trainings. Eighty percent of the trainings took place in the metropolitan area of Chicago and twenty percent occurred in southern and central regions. Seventy-four percent of the youth (106) who registered for training attended. Eighty-nine young mothers attended training. Seventy-five percent attended training in the Chicagoland area while twenty-five percent attended training in other regions. With regards to the seventeen young fathers who attended training, ten attended training in the Chicago-metro area and seven attended other regional trainings.

Train the Trainers: As part of the Office of Inspector General Error Reduction mandate, TPSN coordinates Young Parent Training certification for welfare professionals interested in facilitating the training. During FY17 three “train the trainer” events were held. Forty-one child welfare staff were certified at south and central Illinois trainings. Metro-Chicago area training is scheduled for May 2017.

To support the national efforts of the Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality, OIG staff met with representatives of the Illinois Chapter of the American Academy of Pediatrics (ICAAP). The CoIIN Safe Sleep Workgroup reviewed data from the Illinois Pregnancy Risk Assessment Monitoring System (PRAMS), which indicated that non-Hispanic, black women under the age of twenty, who had not completed high school, were most at-risk for placing their child in an unsafe sleep position. The Office of Inspector General provided an overview of the Young Parent Training materials, which ICAPP can adapt in their effort to develop educational materials, designed for young at-risk parents as well as provide educational resources for physicians who care for this at-risk population.

Adaptation of Young Parent Training for DCFS involved Mothers residing in a Recovery Home: In FY17 the Office of Inspector General presented a revised version of the Young Parent Training at the request of an agency that had recently opened a recovery home for women involved with the department after giving birth to a substance exposed infant. The recovery home provides housing and supportive services for approximately 18 mothers and their children. Twelve mothers attended the training adapted to meet the specific needs of this population. Pertinent issues, such as the safe storage of methadone and choosing appropriate caregivers, were incorporated into discussion scenarios. The supervising parenting coach and lead trainer for the program participated as co-facilitators in order to be certified to conduct future trainings at the recovery home.
Successfully Engaging Critical Community Support for Child Safety and Wellbeing-Community Map Training: Over 10 years ago, the Office of Inspector General and TPSN trained staff working with pregnant and parenting youth in care on the use of an Eco-map, a working tool that identifies both formal and informal support systems within the young parents’ neighborhood. The case manager and the young parent were expected to collaborate to identify resources, and through the caseworker’s modeling, establish in-person relationships with the young parents’ community providers. The initial trainings took place at state-of-the-art Head Start programs. The training activity required workers to walk through the neighborhood and visit community resources such as early childhood education centers, settlement houses, title x clinics, local libraries, and park districts. The three-fold intent of the training was to: 1) give the caseworkers knowledge of existing community-based agencies; 2) to understand the importance of developing personal relationships with community-based agencies that enrich a young family’s well-being; 3) to model for the young parent how to utilize services for his/her family. A young parent should not be expected to seek out services in isolation, and as was stated often during the training, a referral should never be a blind date.

While TPSN incorporated the Eco-map training as part of their annual multi-day specialty trainings for caseworkers, a 2014 Office of Inspector General investigation determined that these workers were unfamiliar with the communities in which their clients resided and consequently, had failed to personally introduce the youth to neighborhood resources. To remedy the training deficits, staff from the Office of Inspector General and TPSN jointly conducted revitalized community map trainings, emphasizing in-person contacts with neighborhood service providers. To demonstrate the process of “getting out into the community,” the training was held at four different neighborhood service providers in the Roseland neighborhood of Chicago.

The training was replicated in Springfield, and similar to the Chicago training, caseworkers got out into the community by visiting community based providers. Upon the conclusion of the trainings, caseworkers were assigned to complete a community map with the parenting youth in their respective neighborhoods. Teen Parent Services Network monitors the completion of community maps to assure that caseworkers comply with the expectations of the training. Since 2014, the revised community map training has been conducted each spring as part of TPSN specialty training. In FY17 twelve staff from the southern and central areas of the state were trained. Community Map training is scheduled for May 18, 2017 for the Metro-Chicago area.

In early June, the Office of Inspector General will provide Community Map training to case workers, supervisors, and monitors of the Intact Family Recovery program (IFR). Intact Family Recovery integrates child welfare and substance abuse disciplines to maximize child safety and effective participation in substance abuse treatment for families receiving intact services when the primary circumstances underlying the risk of harm to children is substance abuse. Two private child welfare agencies provide Intact Family Recovery services to families residing in Cook County.

A review of IFR case records revealed that IFR caseworkers had strayed from the original intent of community mapping and reverted to designing a community map on paper with no active participation by the caseworker to introduce the family to critical resources in their neighborhood. In response, the Office of Inspector General has developed a community map training to be conducted in the neighborhood where a recovery home is located that serves substance effected families and where a number of Intact Family Recovery families currently reside. IFR staff will be introduced to critical neighborhood resources within walking distance of their client’s residence.
The Office of Inspector General and IFR monitors will review completed maps to assure fidelity to the training methodology.

**DASA Collaboration:** Abuse of alcohol and other drugs are frequent accompaniments to incidents of child abuse or neglect. The Department’s intervention with Substance-Affected Families (SAF) is a collaborative effort between DCFS and the Department of Human Services, Division of Alcoholism and Substance Abuse (DHS-DASA).

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

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

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

Children and family members involved with DCFS are assessed at entry, transition, and multiple other milestones within the life of a DCFS case. DCFS caseworkers, clinicians, and specialty staff primarily use the Child and Adolescents Needs and Strengths (CANS) tool to identify and measure service needs. The table below indicates the number of children and adults involved with DCFS who were identified on a CANS assessment as having actionable substance abuse needs during 2016. The CANS assessment tools actionable items are defined as those needing action with a moderate degree of severity or those needing immediate, intensive action.

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>58</td>
<td>6.58%</td>
</tr>
<tr>
<td>6-14 years</td>
<td>58</td>
<td>6.58%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver Type</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Father</td>
<td>1,591</td>
<td>34.02%</td>
</tr>
<tr>
<td>Biological</td>
<td>3,085</td>
<td>65.98%</td>
</tr>
</tbody>
</table>

Youth with Actionable Substance Abuse
Any CANS CY 2016

Bio-Parents with Actionable Substance
Any CANS CY 2016

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

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

DCFS staff contacted staff from the Illinois Division of Alcoholism and Substance Abuse (DASA) about the treatment service capacity that had been lost during the state’s budget crisis. DASA indicated that they were not aware of any programs closing due to the lack of a state budget. There were however, program downsizing, consolidations, and closings that occurred during this time period. Most notably, a comprehensive treatment center in central Illinois closed its doors in FY-17 after many decades of operation. This left a gap in treatment services for DCFS families in that region of the state. During the same period one of the youth residential substance abuse providers decided to consolidate two of their youth residential treatment programs into a single site in southern Illinois. A Chicago based provider of residential and outpatient substance abuse services in the Cook County area made the decision to consolidate and/or close some of their Chicago area treatment locations. The same was true for a treatment provider serving the East St. Louis area who cut back on services during this time period.

DASA made diligent efforts to keep their available federal funds flowing to their providers during the period that state funds were not available and/or delayed. The leadership at DCFS and DASA also worked together to get state funds that were targeted to serve DCFS families released to DASA providers. These actions helped mitigate the impact of no state budget for services to DCFS families impacted by substance use disorders. DASA service data from fiscal years 2016 and 2017 are not yet available. A review of that data when it becomes available will
give a clearer and more complete picture of the impact on services over the last two years.

Substance Abuse Services to DCFS Involved Individuals and Families

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 2011 Services</th>
<th>FY 2012 Services</th>
<th>FY 2013 Services</th>
<th>FY 2014 Services</th>
<th>FY 2015 Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>3,261</td>
<td>3,089</td>
<td>2,838</td>
<td>2,877</td>
<td>2,938</td>
</tr>
<tr>
<td>Females</td>
<td>6,939</td>
<td>6,778</td>
<td>6,601</td>
<td>6,795</td>
<td>6,832</td>
</tr>
<tr>
<td>Children (&lt;13)</td>
<td>19</td>
<td>18</td>
<td>19</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Adolescents (13-17)</td>
<td>996</td>
<td>948</td>
<td>623</td>
<td>738</td>
<td>786</td>
</tr>
<tr>
<td>Adults (18+)</td>
<td>9,185</td>
<td>8,901</td>
<td>8,797</td>
<td>8,919</td>
<td>8,982</td>
</tr>
</tbody>
</table>

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

FY-15 Services to DCFS Family Members

by Age Group

<table>
<thead>
<tr>
<th>Total</th>
<th>Children (&lt;13)</th>
<th>Youth (13-17)</th>
<th>Adult (18-64)</th>
<th>Senior (65+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,770</td>
<td>2</td>
<td>786</td>
<td>8,965</td>
<td>17</td>
</tr>
</tbody>
</table>

by Race and Ethnicity

<table>
<thead>
<tr>
<th>Total</th>
<th>Native Amer.</th>
<th>Asian/Pacific</th>
<th>African Amer</th>
<th>White</th>
<th>Hispanic</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,770</td>
<td>41</td>
<td>33</td>
<td>2,826</td>
<td>5,418</td>
<td>1,346</td>
<td>106</td>
</tr>
</tbody>
</table>

by Primary Drug of Abuse

<table>
<thead>
<tr>
<th>Total</th>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Cocaine Crack</th>
<th>Heroin</th>
<th>Rx &amp; other Opioids</th>
<th>PCP</th>
<th>Amphetamines</th>
<th>Benzos</th>
<th>Inhalants</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,770</td>
<td>2,497</td>
<td>2,524</td>
<td>702</td>
<td>2,133</td>
<td>533</td>
<td>116</td>
<td>500</td>
<td>84</td>
<td>11</td>
<td>670</td>
</tr>
</tbody>
</table>

by Level of Care

<table>
<thead>
<tr>
<th>Total</th>
<th>Non Residential</th>
<th>Outpatient Methadone</th>
<th>Detoxification</th>
<th>Residential Treatment</th>
<th>Residential Extended Care</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,770</td>
<td>6,680</td>
<td>358</td>
<td>528</td>
<td>1,414</td>
<td>396</td>
<td>394</td>
</tr>
</tbody>
</table>

Source: Illinois Department of Human Services, Division of Alcoholism and Substance Abuse

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

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

The IFR program serves families who have open cases with the Department and who are approved for referral by the designated DCFS IFR staff person. To be eligible for this program, a family must have an open case with the Department, and the decision must have been made by the Department, based on the information gathered at the time of the investigation, that with services, the family can safely remain intact. Families reported to the Department for the birth of substance exposed infant, or where substance abuse is identified as a significant barrier to the safety and wellbeing of the children are served by the IFR program.

A Child Proactive Service Worker (CPSW) identifies potential families and in consultation with the Child Protection Supervisor and/or Manager contacts the Department's IFR program manager. Cases will be referred to the IFR program as soon as the Child Protection Investigator has completed the Child Endangerment Risk Assessment Protocol (CERAP), the initial substance abuse screen, contact notes, LEADS check, and the Child Protection Supervisor has made the decision not to place the child (ren) in substitute care. It is expected that referrals to the IFR program will be made within five business days following completion of the DCP investigation.

The IFR program supervisor will contact and discuss referrals with the referring Department Supervisor or worker, in person or by telephone within 24 hours of receiving a referral. The discussion or handoff will review the investigation, address clients’ current situation, and designate a time for all parties to meet in the family's home, within 48 hours of referral to the IFR program. This transitional meeting may also take place at a hospital or treatment facility if neither mother nor infant have been released. At this meeting, the findings of the investigation will be discussed with the family.

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

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

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

The program is intended first and foremost to ensure the safety of the newborn child. The IF/R team, acting on behalf of DCFS, will monitor the infant to ensure that he or she, as well as other

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minor siblings, receive appropriate care. The IF/R case managers also advocate for the family with schools, doctors, DHS, and other agencies when necessary to improve child well-being.

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of families served</td>
<td>186</td>
<td>212</td>
<td>237</td>
<td>269</td>
</tr>
<tr>
<td>Referrals to the IFR program</td>
<td>76</td>
<td>78</td>
<td>97</td>
<td>122</td>
</tr>
<tr>
<td>Successful case closures</td>
<td>36</td>
<td>42</td>
<td>56</td>
<td>59</td>
</tr>
<tr>
<td>Neutral outcomes (relocation, private guardianship, other outcomes)</td>
<td>12</td>
<td>14</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Families moved to Temporary Custody</td>
<td>12</td>
<td>20</td>
<td>28</td>
<td>36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol and other drug treatment summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients served (all adults)</td>
</tr>
<tr>
<td>Clients receiving AODA treatment</td>
</tr>
<tr>
<td>Residential treatment</td>
</tr>
<tr>
<td>Outpatient treatment</td>
</tr>
<tr>
<td>Medication assisted treatment</td>
</tr>
<tr>
<td>Methadone</td>
</tr>
<tr>
<td>Suboxone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Completions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients successfully completed treatment</td>
</tr>
<tr>
<td>Clients with unsuccessful treatment discharge</td>
</tr>
<tr>
<td>Clients successfully re-engaged after unsuccessful discharge</td>
</tr>
</tbody>
</table>

*clients had multiple outpatient admissions

Children’s Advocacy Centers: The 39 Children’s Advocacy Centers (CACs) across the state serve 95 of 102 Illinois counties. The Department, together with the CACs remain focused on the goal to
ensure all counties are eventually served by a CAC. This work has resulted in 3 more counties being served over last reporting year and the addition of 2 centers. There are 34 centers distributed downstate, some serving multiple counties, while 5 are located in Cook County. CACs were initially created to meet the special needs of children who have been sexually abused and this remains the highest population served via the CACs. In FY 2016, the CACs completed 10,551 forensic interviews, which is an increase of 7.6% over FY15. Total referrals to the CAC’s over fy16 were 11,630, which is up 7.8% from the preceding fiscal year. Most referrals and interviews were initiated by DCFS. 7,991 interviews were conducted for DCFS with 2,560 conducted for law enforcement. Those DCFS referrals include children identified as victims of child abuse and neglect within three major categories: those who could be at imminent risk of entering state custody based on uncontrolled safety issues within the home; those children already in DCFS custody (wards) who report abuse or neglect by a caregiver while in care or before entering state custody; and children not at risk of entering state custody as the child can be protected safely in the home. In 2008 the CACs began assisting with serious harms including death and physical abuse. In addition they have also begun assisting with cases related to human trafficking. Human Trafficking cases referred to the CACs continue to increase as DCFS staff and the community receives more training and information related to this topic. During FY 16 DCFS investigators and child welfare specialists received additional training from experts in dealing with human trafficking which included the FBI. These specialized trainings have continued into the current fiscal year to ensure all staff has the latest information and education regarding human trafficking. Currently the Child Advocacy Centers do not track or collect data specifically on the human trafficking allegations. There is discussion with the Child Advocacy Center of Illinois that as their data collection changes they may include this. FY16 DCFS received 270 allegations of human trafficking across all investigations. Data collected from 7/1/16-6/15/17 reveal that DCFS received 246 allegations of human trafficking across all investigations; however FY17 was not quite complete when this data was gathered. All allegations related to human trafficking are to be referred to the local CAC. In addition, DCFS has identified a Statewide Human Trafficking Coordinator to assist and support the field in the identification and ongoing tasks specific to this allegation.

The CACs continue to play a critical role in coordination of investigative activities utilizing a multi-disciplinary approach. They bring together child protective services, law enforcement, state’s attorneys, medical and mental health providers to ensure thorough, victim sensitive interviews and interventions. Level of children receiving forensic interviews have steadily increased in Illinois since 2011. The CACs also provide support and services to families after the victim sensitive interview. Our statewide Children’s Advocacy Centers of Illinois, based in Springfield, works in partnership with the local CACs to strengthen practice & policy, track outcomes, promote achievement of accreditation standards, and assist with financial management. During FY16 they provided 13 trainings to members of the MDT’s, DCFS, and community and served over 700 participants. Most CACs receive local funding from their counties or townships. DCFS, other state agencies, and national organizations supplement the local funding of these programs.

April 2016, the Child Advocacy Centers of Illinois (CACI) and DCFS entered into a Memorandum of Understand to show support and commitment to each other and with a realization of the important role the Centers play. In addition, an expectation regarding the role of DCFS child protection staff working in conjunction with their local CAC has been placed into DCFS Procedures 300. The Department acknowledges the important work performed by the CAC’s in keeping children safe, improving prosecution of abusers, and supporting the families of victims to heal.
The Illinois legislature charged a workgroup to address and formulate recommendations on the best way to serve children and ensure their safety when addressing allegations of sexual abuse and serious physical harms. The CACI was an integral representative on that committee. Recommendations were presented during FY 16. DCFS and the CACI have embraced the recommendations which focus on the use of the multi-disciplinary team approach and co-chair a workgroup to implement the recommendations. Four Pilot sites have been identified across the state to begin implementation and strengthening of the MDT process. The plans are in the formulation stage—a timeline has been developed, a dashboard is in place to track actions, community has been engaged, needs assessments performed and training scheduled. Baseline data to determine the efficacy of the pilot and recommendations is being gathered. At this time this is a work in progress with implementation hoped by fall 2017.

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

No single agency or system can successfully undertake all of the broad tasks and initiatives that encompass family welfare today. Rather, these activities necessitate collaboration and cooperation. This calls upon service providers, community members, and government agencies to be creative in thinking about these issues and in designing action plans. The lead agency is dedicated to reaching out to address the unique needs of families, schools, and communities, from rural to urban.

IDCFS through collaboration with a multitude of other local, state, and federal partners will be responsible for providing CBCAP primary and secondary activities and program direction. The expectation is to strengthen partnerships and maintain service coordination through the use of current and new cross-jurisdictional resources, joint funding of some programs, and interagency agreements. Contract language has been amended and new rules and procedures have been developed. These collaborative efforts will ensure consistency, accessibility, accountability and the efficient use of primary and secondary prevention services and resources.

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

All CBCAP-supported agencies are established as Not-For-Profit entities. They are operating in a less-than-ideal environment as Illinois has been experiencing recurring budget shortfalls.

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

Individuals experiencing the following special circumstances were served last year:

- Incarcerated Parent: 390
- Mental Health Needs: 1,076
- Substance Abuser/Addict: 478
- Domestic Violence: 1,333
- Homeless: 3,036
- Trafficked: 385

CBCAP will maintain its contractual relationship with Prevent Child Abuse Illinois (PCAI) that has existed for many years. Prevent Child Abuse Illinois assists CBCAP with statewide coordination of primary and secondary prevention activities in many ways and promotes systemic change everywhere across the state. It is the most visible project funded through a blend of CBCAP and CAPTA grant monies. Last year alone, 3,832 people from across the state attended 122 child abuse prevention public awareness activities hosted by Prevent Child Abuse Illinois.

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

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

Client satisfaction surveys are utilized and compiled for all trainings and conferences. Quarterly reports track literature distribution, resource and referral requests, as well as participation in ongoing workgroups, networks and collaborations. Prevent Child Abuse Illinois Annual Conference last year reached 430 attendees. The next conference will be held in October 2017.

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

1. Child Abuse Prevention Coalitions

   Project staff members provide leadership and coordination for community-based Child Abuse Prevention Coalitions. They form new coalitions to address specific child abuse issues and needs within local communities. Staff members facilitate meetings, chair committees and help plan events. They also coordinate the activities of the coalitions with other groups, including IDCFS, the Family Violence Coordinating Council, the Children’s Mental Health Partnership,
and others. Support includes identifying grants and funding sources, coordinating Child Abuse Prevention month activities, developing resources, and addressing local issues. PCA Illinois provides Child Abuse Prevention Coalitions with reduced registration fees for the PCA Illinois Annual Conference, and access to all PCA Illinois workshops, trainings and prevention education materials. When needed, PCA Illinois is available to act as a fiscal agent for coalitions receiving grant funds. Program staffers chair the Child Abuse Prevention Coalitions Advisory Committees which are made up of representatives from the various local coalitions. In addition staff plan and coordinate an annual Child Abuse Prevention Coalition Summit.

2. Preventing Child Sexual Abuse

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

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

3. Promoting Infant Care and Safety

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

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

Shaken Baby Syndrome (Abusive Head Trauma) is a medical term that describes the injuries that occur to infants who are violently shaken by an adult caregiver. The purpose of PCA Illinois’ Shaking a Baby Can be Deadly Campaign is to provide public awareness and education throughout the state on Shaken Baby Syndrome and its prevention. Components of this campaign include literature and material distribution, parent and professional training, and area wide Train-the-Trainer events.

4. Addressing the Connection Between Substance Abuse and Child Abuse

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

5. Addressing the Connection between Family Violence and Child Abuse

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

6. Child Abuse Prevention Month Leadership and Prevention Awareness Activities

PCA Illinois has provided leadership for Child Abuse Prevention Month Activities for the past 16 years. Activities include launch events, media conferences, Community Campaign Awards, local community involvement, collaborative efforts with other statewide groups, and a state calendar of events. This effort is in partnership with IDCFS and includes these additional components each year:

- Advisory Committee
- Regional Subcommittees
- Community Resource Packet
- Blue Ribbon campaigns
- Pinwheels for Prevention campaigns
- Involvement of Child Abuse Prevention Coalitions
In addition, program staff conducts training, provide community workshops, organize Child Abuse Prevention month events, coordinate Child Abuse Prevention month committees, provide technical assistance, and distribute prevention materials.

7. Promoting Home Visitation Programs for New Parents

Home-Visitation is a strategy that is essential to enhancing support for our country’s youngest children. Project staff works with all types of home-visiting services including Parents as Teachers, Early Head Start, Healthy Families Illinois, Nurse-Family Partnership, and others. Project staff serves on the Healthy Families Illinois Workgroup, its Executive Committee, and co-chair its Public Awareness Committee. Staff facilitates regional networking groups, provide training, provide specific home-visiting workshops and other opportunities at the annual conference, and support the federal Maternal Infant Early Childhood Home-Visiting grant (MIECHV), originally the Illinois Department of Human Services Strong Foundations Home-Visiting project. Staff works with home-visitation programs to help their staff become Happiest Baby Educator certified. Staffs also assist Healthy Families Illinois sites with accessing credentialing and affiliation support.

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

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

Additional detail about Illinois’ primary and secondary Community Based Child Abuse Prevention activities can be located in the CBCAP Annual Progress Report submitted in February, 2017.

Permanency Services

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

The Department at times must remove children from their home to ensure their short-term safety. Research however shows that there are serious consequences when children are not reunified with their parents within a short period of time. The Department makes every effort, under court supervision, to reunite children with their families whenever possible and as quickly as possible. Department and private agency staff engage parents to assist them in making the positive changes necessary to remediate the safety issues that caused their children to be removed from the home in the first place. All children entering care have a concurrent plan for permanency. When children are unable to be reunited with their family their concurrent plan of adoption or guardianship will be pursued.
The following initiatives or programs have been identified to help assist in a child and family gaining timely permanency.

**Out of Home Care**

**Foster Care**: Foster families and relative caregivers are responsible for meeting the daily care and supervision needs of children, and to ensure their attendance at school and participation in other services determined necessary to ensure the youth’s well-being. In 2016 the Illinois General Assembly passed Public Act 99-839 which amended the Child and Family Services Act to include ‘normalcy” language. Procedures 315-Permanency Planning was revised to include this language. Reasonable and Prudent Parenting Standards ensures that foster parents (both related and non-related) are able to make decisions for youth placed in their home to participate in appropriate extracurricular, enrichment, cultural and social activities. This allows the caregiver to support the youth’s emotional and developmental growth, as any parent would do. Foster families and relative caregivers also play an important emotional role supporting either the reunification of a child with his/her family or adoption by a new family. Foster parents are expected to support the permanency goal identified for youth in their care. Shared parenting which was also introduced in revised Procedures 315-Permanency Planning, aides in keeping the focus towards reunification. It allows for the birth parent to continue in the parenting role, provides for mentoring opportunities with caregivers and parents, and consistency for youth while in care. Shared Parenting stresses engagement between parents and caregivers in order to develop a partnership focused on the well-being of child.

Specialized licensed foster care provides youth who have serious medical or behavioral health issues with a more intensive level of case management and therapeutic services. These specialized foster families provide a loving home setting that avoids the more costly and traumatic placement in a residential facility. Caseworkers assigned to these youth have smaller caseloads and have access to mental health clinicians and medical professionals to address needs identified in each youth’s individual treatment plan. Specialized foster parents receive additional training to meet the unique needs of the youth placed with them as well as supportive services including respite and 24 hour consultation and crisis response. It has always been a challenge to cultivate and provide resources for particular populations within the child welfare system. It becomes increasingly difficult to secure placement for youth, when that youth is dually involved in both the child welfare system and the juvenile justice system. DCFS has answered this call with the introduction of a pilot program to provide Therapeutic Foster Care. The current pilot is being held in Cook and Northern Regions. The pilot program eligibility is youth 12-17 years of age and dually involved. Many of the eligible youth are placed in congregate care without step down options for placement. The pilot is in its infancy; however the program is being continually evaluated to review efficacy and success.

It is imperative to be mindful that permanency begins with the first contact a family experiences with the child welfare system. Permanency is not achieved by having a residence but moreover when the youth has lifetime connections, feels supported and has a family that can be present in their life. Permanency is gained through multiple avenues. The first is keeping the family together through preventative services. Preventative services can be provided via community resources/community programs or through intervention from the Department through intact case management preservation services. However, there are times that safety cannot be gained through these services or the family's issues are too great to provide services while the minor
remains in the home, and the placement of the minor is necessary. Regardless of the level of intervention, it is paramount to the Department to provide services in a child’s sense of time. It is important to assure that permanency for children is addressed from a team approach, including the parents, foster parents, youth, community partners, natural or identified supports and department staff.

**Therapeutic Residential (TR) Services:** Therapeutic Residential (TR) services are provided to youth who consistently demonstrate severe emotional and behavioral disturbances such that the youth’s family or current or previous caregiver may not safely manage or adequately respond to the youth’s needs. Youth that present with the most severe behavioral issues are typically served in residential campus settings with on-grounds schools. Youth whose behaviors have been stabilized or do not present risks requiring this level of service intensity may be served in community group home settings. Community-based group homes are also staffed by professional child care staff to provide daily therapeutic services, but the youth attend community schools. TR services are trauma informed, youth-guided, family-centered, time-limited, intensive interventions provided within a continuum of mental and behavioral health services to children and youth with complex service needs. These services are provided by 24-hour “awake” staff.

Several Divisions within the Department including, Clinical Practice and Program Development, Residential Monitoring, along with University of Illinois and University of Chicago, Chapin Hall consultants have been working together to create therapeutic residential practice procedures. These procedures simultaneously focus on addressing primary treatment issues of youth and the environment to which the youth will transition in order to ensure a timely, safe, and stable adjustment of youth post discharge. TR service goals are interrelated, mutually reinforcing, and include but are not limited to: ameliorating the youth’s presenting problems; promoting resiliency; improving the youth’s ability to interact with the environment while also mitigating and/or eliminating risk; enhancing the well-being domains of physical health, development, and safety; supporting cognitive development and education; monitoring psychological and emotional development; improving social development and behavior beyond the actual treatment episode; and developing safe, stable and nurturing relationships between the youth, the caregiver, and other committed adults.

TR procedures are in the process of being designed to guide treatment, including the discharge and transition planning process, and to facilitate placement stability and continuity of care in the step down setting for children and youth served through TR services. The procedures draw on a collection of evidence based best practices where comprehensive services and supports are individualized, family-centered framework is established which promotes active youth voice and engagement in strengthening of family connections. Consistent with research, the procedures promote strengths-based, culturally and linguistically competent practices, leading to sustained positive outcomes and enhanced community-based services to support the youth’s transition. An emphasis on shared team decision making is intended to ensure proactive and inclusive planning as well as clear identification of responsibilities. Communicating expectations to TR providers for incorporating best practices into existing core program functions will help to establish a trauma-informed, strength-based and family-centered framework, and share the decision making process intended to promote active youth engagement, strengthen family connections, increase access to community based services and natural supports to support youth before, during, and after residential treatment.
The TR procedures workgroup continues to convene to complete and plan implementation. The workgroup paused work on TR procedures for a short period of time to review proposed procedures for the Principles of Permanency Planning and ensure Permanency Planning and Therapeutic Residential Procedures were in line with each other. The time line for completion of the implementation plan is the first quarter FY 2018. Procedures will be rolled out in phases. The procedures call for the creation of a Residential Application built into SACWIS so that treatment providers can capture residential treatment activities in the youth’s case record. At this time there is no identified time line for the creation of a Residential Application. The implementation plan will roll out parts of the procedure that can be completed where IT infrastructure is not required. Practice framework pieces like Child and Family teams, family finding, and engagement will be implemented first. The identification of a discharge plan prior to the youth entering residential treatment is in the planning process. With these practice changes our goal is to increase family involvement by having the Child and Family Team take a leadership role in the youth’s treatment, to shorten length of stay in treatment, and increase discharge to family type settings.

In FY 2017 some providers have faced staffing issues, performance issues, and program closures. There were three providers experiencing staffing issues where a temporarily hold was put in place on any new admissions for 1-2 months. Two programs closed several of their programs. Jewish Child and Family Services closed 4 of their group homes, 3 of which served intellectually delayed teenage males and 1 served pregnant and/or parenting females. This was a total loss of 30 group home beds. Maryville Academy closed their Des Plaines campus that served intellectually delayed and severe mentally ill teenage males. They also closed one program on their Bartlett Campus program that served severe mentally ill teenage females and one unit that served intellectually delayed teenage females. Maryville program closures resulted in a total loss of 27 beds that served intellectually delayed youth and 24 beds that served severe mentally ill youth. Two providers in Lake Villa saw increased police involvement due to management of very problematic youth. Due to these factors an increased strain has been placed on the residential treatment system for the need of services for intellectually delayed and severe mentally ill youth. Additionally, although TR Providers overall face fiscal challenges in this economy and report feeling financially strained, TR Providers were continually paid for services rendered, even though there was a lack of a State budget. Due to the loss of TR Program services in specific areas, the Department is determining the next most appropriate clinical setting for youth, be it other TR Programs with vacancies, possible program expansion, specific program development and serving them in relative and non-relative family settings. Both TR Provider staff and Case Management Staff have increased efforts in relation to family finding and engagement, either as a possible placement option or to increase family network connections. The Department has also developed several Therapeutic Foster Care programs with the goal of these programs serving some youth from TR programs.

TR providers continue to treat approximately 1,100 youth in therapeutic residential and group home programs. Youth in TR present with significant risk behaviors, such as an inability to be safely managed in a community based settings. Additionally, many youth present with a history of suicidal/homicidal ideation, frequent elopement from placement, sexually inappropriate behaviors, aggressive behaviors, fire setting, self-harm, substance use/misuse, and difficulties in school (i.e. truancy, academic and/or behavior problems). Most youth have experienced multiple placements, psychiatric hospitalizations, and involvement with police. Over the past few years DCFS has been working to reduce the number of youth served in TR programs. Although TR Programs have closed or reduced services, the vision and goal has been to increase home and community based services so more youth with complex emotional and behavioral needs can be supported in home
based family, relative or non-relative, settings with comprehensive wraparound supports and services.

<table>
<thead>
<tr>
<th>Number of Youth in Residential and Group Home Treatment</th>
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<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>July 2015</td>
</tr>
<tr>
<td>June 2016</td>
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<tr>
<td># Change</td>
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<td>% Change</td>
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<tr>
<th>Number of Youth in Residential and Group Home Treatment</th>
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<tbody>
<tr>
<td>Month</td>
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<tr>
<td>July 2016</td>
</tr>
<tr>
<td>Feb 2017</td>
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<tr>
<td># Change</td>
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<td>% Change</td>
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Therapeutic Residential programs are also able to serve youth with specialized needs such as sexually problematic behaviors, young children, pregnant and/or parenting females, juvenile delinquency and those diagnosed with a severe mental illness. The average age of youth in residential treatment is 14-17.

The Department is in the process determining the length of stay for residential treatment. Based on research, the optimal length of stay is 12 months. Statewide, the Department's overall residential length of stay for FY14 was 19 months. The Department's goal is to decrease the length of stay by 10% annually until we meet the optimal length of stay. We plan to achieve this by targeting and implementing trauma informed, evidence based interventions, focused on enhancing family connections and developing community based resources. The average length of stay varies by specialty population, classification level and discharge type.

<table>
<thead>
<tr>
<th>Average Length of Stay for FY16” Year to Date</th>
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<tbody>
<tr>
<td>&quot;Performance Contract Discharges&quot;</td>
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<tr>
<td>Specialty Population</td>
</tr>
<tr>
<td>BD</td>
</tr>
<tr>
<td>DD</td>
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<tr>
<td>DD/SBP</td>
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<tr>
<td>PP</td>
</tr>
<tr>
<td>SBP</td>
</tr>
<tr>
<td>YC</td>
</tr>
<tr>
<td>Classification Level (no Specialty)</td>
</tr>
<tr>
<td>Moderate Group Home</td>
</tr>
<tr>
<td>Moderate RTC</td>
</tr>
</tbody>
</table>

~ 163 ~
Severe RTC | 17.3 | 13.1 | 16.2  
Chronic RTC | 25.7 | 10.1 | 13.2  
System-wide Total | 20.1 | 13.2 | 18.1  

Specially populations include: BD - Behavior (Conduct) Disorder, DD - Developmentally Disabled, DD/SBP - Developmentally Disabled with Sexually Problematic Behavior, PP - Pregnant/Parenting females, SBP - Sexually Problematic, and YC - Young Children.

The Classification Level refers to the designated treatment intensity and relative restrictiveness of the program/contract. The classification levels as they are presented do not have any specialty population associated with them. There are 4 classification levels: Moderate GH - moderate group home, Moderate - moderate therapeutic residential treatment center, Severe - severe therapeutic residential treatment center, and Chronic – such as chronically mentally ill older youth typically transitioning to the adult mental health system.

Negative Discharges = account for the number of youth served who negatively discharged (did not successfully complete treatment) during the evaluation period.

Favorable Discharges = measure the number of youth served who are considered to have positively discharged during the evaluation period. Favorable discharges comprise both neutral discharge dispositions (such as to chronic residential treatment settings) and positive step-downs to a less restrictive residential classification or non-residential settings.

LOS Total Discharges Days/Months = average length of stay across all discharge types. This is the agency’s contract official length of stay number.

The Department has been working with TR providers and Northwestern University to prepare a Length of Stay (LOS) report to be released FY17. Although residential treatment serves a relatively small proportion of youth in out-of-home placement in Illinois at any given time, there is a desire to more fully explore and understand provider and system trends relating to residential LOS. Furthermore, awareness of available data and cohesive understanding of definitions relating to length of stay appears to be limited. With those issues in mind, the residential LOS subcommittee was formed to examine the following questions:

1. How can we better define, explore, and conceptualize length of stay through our existing data?
2. What factors make a difference in youth experience of care and length of stay?
3. What are the challenges faced by youth entering out-of-home placement and residential in Illinois?
4. What needs to be changed in our system to positively impact length of stay?

The Department determined it needed to utilize an assessment tool to assist with residential treatment admission and discharge decision-making. In January 2017 The Therapeutic Residential Performance Management Initiative (TRPMI) began using the Child and Adolescent Service Instrument (CASII) and Early Childhood Service Intensity Instrument (ECSII) to assist in assessment of service needs for youth stepping down from residential. The CASII/ECSII provide a common framework for making decisions on the level of service intensity placement, continued stay, and outcomes in the treatment of children and adolescents. The Clinical Intervention for
Placement Preservation (CIPP) teams also began using CASII and ECSII as way to determine service intensity needs as well as level of care assessment.

In partnership with Department of Human Services/Department of Mental Health Child and Adolescent, DCFS had been working on enhancements to Department of Mental Health DAT-STAT treatment database for counseling and residential services to accommodate data-entry for current DCFS providers. This has not been able to be implemented as planned in FY16 due to lack of a state budget. The Individual Care Grant program was moved from the Department of Human Services/Department of Mental Health Child and Adolescent to HealthCare and Family Services. In this move, HealthCare and Family Services decided to not use the DAT-STAT treatment database and the Columbia and Ohio Scales as a measure of youth progress in treatment. As a result of this decision, the collaboration between DCFS and DMH to use the Columbia and Ohio Scales has been put on hold.

In working with Casey Family Programs the Department developed a Residential Strategic Plan to address key areas of practice and program issues with the following goals:

- Children and youth receive the appropriate level of treatment and care
- Children and youth have appropriate lengths of stay
- Residential care is a treatment intervention, not a placement
- Adequate therapeutic residential and community based resources exist to meet the needs for children and youth in care
- Children and youth are safe from abuse, neglect, violence or exploitation
- Instead of separate strategic plans the Department determined these goals will be integrated into the Department’s overall strategic plan

As part of the Department’s TR work, plans were made to include youth voices because youth are the primary users of the TR services. It was expected that their feedback would provide critical insights. An implementation team was created and tasked with visiting residential facilities across the state to hold focus groups or “listening circles” with youth in TR programs and with compiling youth perceptions from these meetings to inform systems improvement efforts. These visits resulted in several recommendations:

1. The Department should continue to hold listening circles with youth at residential treatment centers in order to continue meaningful dialogue with this stakeholder group.
2. The Department should create ongoing opportunities for executive managers and key managers to interact with youth in care so operating procedures and guiding documents are focused on meeting the needs of youth served.
3. The Department should devise and implement effective and varied strategies for youth to confidently share complaints and concerns without fear of retaliation.
4. The Department should reiterate monitoring and case management expectations requirements with staff to ensure that youth in facilities increase connections with caseworkers.
5. The Department should review sibling visitation procedures and ensure providers afford youth-in-care opportunities to interact with family on a regular and ongoing basis.

The Department has worked to increase youth voice input to both the Department as well as within provider agencies. Installed in all treatment centers are youth suggestion boxes that only Department staff have access to. The Department continues to determine the most effective and efficient manner in which to gather youth perception of their residential experience. Providers have
been encouraged to come up with various strategies to increase youth voice. Providers have responded in various ways from surveys, youth groups, and the inclusion of youth as part of agency administrative meetings. In the development of TRPMI, youth were one of the stakeholder focus groups. As a part of residential monitoring there is increased attention paid to DCFS/POS case management and family involvement.

In June 2017, Building Bridges Initiative (BBI) and the Department are partnering to host a training event involving a number of Illinois residential program leaders to explore the use of best practices and positive outcomes for youth and families served in their systems of care. During this event, BBI consultants, including residential and family advocate leaders who have worked on residential transformation in other states, will share information both to support all Illinois stakeholders in continuing their good work with youth and families, and in making improvements to residential interventions that correlate to sustain positive outcomes post residential discharge.

Participant Training Goals:
1. Increase their understanding of national residential transformation efforts;
2. Advance understanding of critical factors for achieving long-term positive outcomes for youth and families served in residential programs;
3. Increase their understanding of practice elements used in a residential program that has engaged in transformation towards improving long-term positive outcomes post-discharge;
4. Widen their knowledge-base about the importance of family-driven and youth-guided care, and increase understanding of different practices/strategies to operationalize these values into practice;
5. Leave the training program with renewed enthusiasm for going back to their programs to continue:
   - Improving overall focus on evidence-based/informed, trauma-informed, family-driven, and youth-guided practices; and/or
   - Improving their overall focus on ensuring sustained positive outcomes post discharge for youth and families.

This training project is made possible by the support of the Annie E. Casey Foundation (AECF) and represents collaboration between AECF, the Building Bridges Initiative, the Illinois Department of Child and Family Services, and residential stakeholders throughout Illinois.

Residential Monitoring: DCFS partnered with Northwestern University and the University of Illinois at Chicago to develop an improved monitoring system – the Therapeutic Residential Performance Management Initiative (TRPMI). Chapin Hall was selected as the evaluator for this initiative. The TRPMI pilot is designed to enhance youth treatment, progress and well-being as well as to effectively monitor, evaluate and promote therapeutic residential program effectiveness. TRPMI teams consist of internal and external staff, and include a Team Coordinator, Clinical Specialists, Monitors, and a Quality Improvement Specialist under the direction of a TRPMI Manager.

The TRPMI is clinically driven, trauma-informed and team oriented with a focus on utilizing Continuous Quality Improvement (CQI) methods and addressing organizational culture and climate. TRPMI was implemented in Northern and Southern regions on January 9, 2017 and now includes 17 different residential treatment provider agencies in the Northern, Southern, and Cook Regions. The TRPMI pilot includes almost 50% of youth in residential treatment programs in Illinois. The activities of the TRPMI teams include:
• Identifying effective practices for transitioning youth from therapeutic residential programs so that youth are stable and thriving in their step down placement
• Addressing issues and barriers, both within residential programs and the larger service system, to improve outcomes
• Conducting reviews and administering surveys and tools to collect data on a variety of program and youth-specific indicators
• Engaging relevant stakeholders to improve youth connections, build/enhance child and family teams, encourage youth voice and develop post discharge supports

TRPMI is collaborating with Therapeutic Residential Providers and other BH initiatives including Immersion Sites, Therapeutic Foster Care, FTS Practice Model, Case Management Entity/Choices, Regenerations, Pay for Success, and Family Finding and Engagement.

Between April of 2016 and June of 2016, Success! Academy (SA) Leaders assisted the Residential Monitoring Unit with gathering stakeholder feedback to inform a redesign effort of the monitoring standards and processes for congregate care facilities, as a compliance measure for the BH Consent Decree. 9 Listening Circles were held at venues throughout the state and included participation from state agency partners, residential and monitoring staff, case management staff, and legal stakeholders. Members of the Residential Monitoring Redesign Team attended the sessions but did not participate in the discussion to ensure an organic, free flow of information. Sessions were facilitated by SA Leaders who led the discussions, took notes, and managed logistics. The listening circles were structured with a prepared set of questions, each session lasted 90 minutes, and provided valuable feedback and suggestions which helped to shape the development of the current Therapeutic Residential Performance Management Initiative.

The Department’s effort to capture and respond to youth voice evolved and now combines data from the residential youth suggestion boxes, the Youth Advisory Board, DCFS Advocacy Office and the Youth Email box. Data collected through November 2016 show youth concerns regarding clothing, facility maintenance, food, peer and staff interaction, visitation and programming. DCFS has established a workgroup to develop “Youth Voice” procedures which will provide guidelines regarding response to concerns identified by youth.

Initiatives to Assist with Achieving Permanency: Permanency is one of the primary overarching outcomes for youth who are involved in the foster care system. The Department 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 the youth. Family Advocacy Centers (pg 129) and Permanency Achievement Specialists (pg 114) are both programs that assist with achieving permanency, but have been discussed on prior pages of the APSR. As well, Partnership for Permanency Casey Family Programs is no longer involved with any new permanency initiatives, and components from previous Casey Family initiatives are now embedded in policy and procedure. The current disposition and evaluation of the Department’s additional permanency programs will be discussed in the following paragraphs.
Clinical Intervention for Placement Preservation (CIPP) program: The Department has established the CIPP program. CIPP is intended to support foster care placements and reduce placement disruptions. CIPP uses a facilitated team decision-making process to identify and meet the appropriate intensity of service support for the youth and caregiver through creative and flexible interventions that preserve the youth’s current connections within his/her home, school, and community. The CIPP’s goal is to improve placement preservation and increase placement stability, improve the youth’s well-being and functioning by building and maintaining connections to family, social supports and community, access to and use of local, community-based support services, and improve the timeliness of interventions, prior to placement disruptions.

CIPP was reorganized from Child and Youth Investment team (CAYIT) on 01/01/13. It kept its focus of being a family-centered, youth-focused team decision making process. CIPP became more about assessing the current situation, placement, and team development and to focusing on the youth. In creating the CIPP Policy, an emphasis was put on getting to the youth’s situation earlier in the youth’s placement rather than during a crisis or after the placement disrupted.

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

Budget: The FY’18 proposed budget is 1.7 million (approx. $300,000 increase) to help staff youth in hospitals and residential settings in FY’18. The increase in dollars will allow us to conduct the approximately 3500-4000 staffings in FY’18 compared to 2800 in FY’17 and 2500 in FY’16. Approximately 75% of this comes from federal funding. In FTEs this accounts for 16 (increase of 4) for FY’18 Facilitators, 5 (increase in of 1) Intake staff, 2 QA/QI staff, one Supervisor and one Administrator. Through the CIPP process the recommendations for increased services and higher end placements exceeds over $200 million annually.

CIPP Data:
• In over 40% (1100) of all CIPP staffings the youth is not in a current foster home. They are in the shelter, detention, Dept. of Corrections, runaway and unauthorized placements.
• CIPP has continued to decrease their recommendations for higher levels of care (Group Homes and Residential care) another 15% (345 to 300) during FY16 over the 20% decrease of the previous fiscal year. FY’17 will show about a 10% decrease in residential placements from CIPP (310).
• CIPP has made recommendations for the youth to remain in the current FH with increased services over 80% (740) of the time, which is a 10% increase from the previous year.

Changes Implemented in FY17:
• All youth where recommendations were made to remain in the current foster home will be seen in 30-60 days for a follow up CIPP to help assure implantation of increased services and to assist in keeping team support intact, this will continue through FY’18.
• All youth recommended for Group or Residential care will have a follow up CIPP within 30-60 days, to help identify and include adult connections in the youth’s residential treatment and to keep the focus on the top two concerns for why residential was recommended. This practice will shift toward helping the development of child and family teams as they enter or exit residential care during FY’18.
• The CIPP Program brought in a Trauma Consultant who has trained all the facilitators, and consults monthly with our Supervision and QI staff to bring a more trauma-informed practice for all the stakeholders involved with our youth. A major focus has been on shifting the perspectives of the stakeholders and youth regarding their behaviors and how they are seen and how they are to be addressed. This continued through FY’17 and will through FY’18.
• The CIPP Program evaluation, the second one completed by UIC, in FY’17 showed data from over 3500 surveys from youth, caseworkers, caregivers, GALs and family showed 85-95% (900 surveys completed) high satisfaction on feeling their voice was heard through the process, that the meeting was productive and they could support the plan that was developed. The pre and post (4 months following the CIPP) showed trends in improved collaboration and relationships among stakeholders and improvement in the home with youth and caregiver.

The key findings of the study are as follows:

“The facilitator was really good about refocusing [the] group and making sure everyone's voice was heard... He made me feel like my opinion mattered.”
- CIPP participant

• **High fidelity to the team decision-making model (TDM) is indicated**

☐ 90% or more of participants endorsed meeting characteristics consistent with TDM, including knowing and following ground rules, supporting participation, and listening to each participant.

• **The CIPP meeting process meets its primary goal of increasing consensus and forming an effective service plan for most youth**

☐ Over 85% of each participant type agreed with the plan developed (ranging from 86.2% for birth parents to 95.1% for case managers).

☐ Most participants believed that the services planned would meet the youth’s needs (87% of youth, 85.6% of foster parents, and 86.7% of case managers).
• Positive changes in youth wellbeing occur when comparing wellbeing prior to and 4-6 months after the CIPP meeting

- Caregivers reported significantly higher rates of foster home integration, reduced need for childcare support, and a reduction in youth’s emotional and behavioral problems.

- Caseworkers also reported a significant reduction in youth’s behavioral and emotional problems.

- Wellbeing reports from youth suggested that youth fared at least as well at post-test than they were before the CIPP. However, there were no statistically significant differences in youth wellbeing reports. A low response rate (42%) limits confidence in these results, as youth who responded to the survey might have had different perceptions than youth who did not.

• Provision of services and goal attainment is low for some youth

- 28% of youth who completed a post-wellbeing survey reported not having received any of the services planned.

- Case managers report no progress towards goals for 17.5% of youth and some progress for 42.5%. Caseworkers report no service provision for 8.9% of youth and only some services for 21.7%.

- Foster parents report none or some of the planned services for 30.1%.

- While meeting goals might realistically take longer than 4-6 months for many youth, service deficits could contribute to lack of progress for some youth.

This evaluation provides initial support for the role of CIPP in formulating goals and service plans that support youth wellbeing. Given that the CIPP meeting typically occurs during a period of instability in the youth's life, findings that participants perceive the CIPP process positively are particularly promising.

Further recommendations to be implemented in FY18:
• Identify and prioritize ways and means to work with teams prior to reaching the level of high potential for disruption.
• Develop an improved information system to better measure outcomes and support a team decision process to increase consistency.
• Improve action plan development to identify intensity of service needs as opposed to just higher placement needs.
• Conduct multi-disciplinary staffings with clinical facilitators and clinical coordinators for youth who are hospitalized, clinically supported child and family teams in our Immersion sites and with youth near ready to step down from residential settings

- Central Matching: The purpose of the Centralized Matching Team (CMT) is to facilitate, expedite and support the placement of children and youth in a stable placement with the capacity to provide, or to access, timely and effective services. CMT has a statewide perspective to equitably manage services and resources throughout the state. 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.

Keeping in mind the factors mentioned above, CMT matches youth in several ways. Typically, documents are sent to CMT after a CIPP, Residential Transition Discharge team meeting or a clinical staffing has occurred, which provide a recommendation for level of care. A match is made to specific programs that can meet the needs of the youth and family. CMT staff may also participate in Clinical Intervention for Placement Stabilization (CIPP) meetings to provide expertise around placement resources during the staffing process. Their purpose in participating is to bring their knowledge of services and placement resources to the meeting of which other participants may not be aware, with the goal of supporting foster care placements, reducing placement disruptions and, when necessary, providing information as to what placement resources, such as Residential or Group Home, or Independent/Transitional Living programs, may meet a youth and family’s needs. In addition, CMT staff utilizes their expertise around placement resources, for youth stepping down from residential or group home programs, youth needing placement resources that are psychiatrically hospitalized, or in detention/Department of Corrections (DOC). Thus far in FY’17 CMT staff has been involved in matching 2755 youth to various placement resources.

- **Statewide Provider Database (SPD):** The SPD is an easily accessible online tool with searchable information on community based services for children and families. The SPD allows users to identify and locate DCFS-contracted and non-contracted service providers across Illinois, and includes detailed agency and program specific information. The information on each program is extensive and includes eligibility criteria, service features, evidence based practices, staff credentials, and more. The SPD supports the efforts of caseworkers by locating services in the catchment area in which the child has been placed, or near the school the child attended prior to removal from the home. The SPD is available to public and private agencies and may also be used to locate services as a preventative measure.

Outcomes:
- 2,174 programs updated
- 132 new programs added
- 525 new DCFS & POS staff persons trained on SPD
- 881 non-DCFS staff persons trained on SPD
- SPD presented in 45 Foundations Training webinars
- 18 community partner trainings

Usage:
- Total annual DCFS & POS searches: 2859
- Total annual community partner searches: 8691

2017 Goals:
• Increase outreach and collaboration with Southern and Central Illinois DCFS & POS agencies and staff persons
  ▪ Goal Met: The SPD team increased outreach efforts to agencies in Central and Southern Illinois.
• Identify gaps in services, especially in Southern and Central Illinois and increase searchable resources in these areas
  ▪ Goal Met: The SPD team did increase searchable service listings in in each of 5 program types: Mental Health, Domestic Violence, Early Childhood, Parenting, and Substance Abuse. Numbers are presented on page 88.
• Increase participation in DCFS administrative meetings to increase awareness of SPD
  ▪ Goal Met: The SPD Team attended and presented in multiple larger administrative meetings throughout the State.
• Increase the comprehensiveness and accuracy of resources in SPD
  ▪ Goal Met: The SPD team updated nearly twice the number of program listings during the reporting period as compared to the previous reporting period.

2018 Goals:
• Continue outreach and collaboration with Southern and Central Illinois DCFS & POS agencies and staff persons
• Continue to identify gaps in services, especially in Southern and Central Illinois and increase searchable resources in these areas
• Launch an SPD Training on the Virtual Training Center (VTC)
• Train and set up access for Illinois Licensed Foster Parents
• Rebuild, re-program and upgrade the Statewide Provider Database

❖ Reunification Foster Care: Members of the Reunification Team include the parent, caregiver, caseworker and the child. A Family Reunification Support Special Service Fee provides reimbursement for caregivers who team with parents to work toward reunification in eligible activities. This specialized type of foster care is aimed at identification of caregivers who are prepared to support family reunification and provides 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. Shared parenting is also a vehicle towards reunification. It allows for the birth parent to continue in the parenting role, provides for mentoring opportunities with caregivers and parents, and consistency for youth while in care. Shared Parenting stresses engagement between parents and caregivers in order to develop a partnership focused on the well-being of 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. Well-being for a child in such a placement is improved in seeing the important adults in his life cooperate in caring for them, contributes to their placement stability and facilitates productive work toward early and safe reunification with their family.

❖ Permanency Innovations Initiative: The Intensive Placement Stabilization Services (IPS) program is a community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to clients for whom DCFS is legally responsible with trauma reactions, emotional and behavioral problems, and who are at risk of losing their current placement/living situations and their families. IPS was developed in response to the BH
Consent Decree that requires the Department to provide services to children in the least restrictive setting. Clearly, children prosper and flourish in homes that provide stability and structure, and ones that promote bonding and attachment within the family. Moving from home to home has dire consequences for the child as they often must leave their school, communities, friends and social connections with every move. Placement stability and increases in client functioning are the primary outcome goals of the Intensive Placement Stabilization program. IPS agencies are expected to provide a mix of formal and informal supports to families to promote placement stability. As such, each service array is flexible, individualized and tailored to the needs of the child and family. A typical service array might include individual and/or family therapy, respite, crisis intervention, school advocacy, tutoring and psychoeducation. The length of stay in FY 17 is six months though providers can ask for extensions 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 for 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. IPS providers must make contact with the Caseworkers within 2 days of receiving the referral and, upon acceptance of the referral, must make a home visit within 5 days to begin services.

IPS attends Clinical Intervention for Placement Preservation (CIPP) staffing to provide clinical input, to serve as community resource experts as well as to assess whether the IPS program could provide stabilization services to the families coming to CIPP. In the first three quarters of FY 17, IPS attended over 44 CIPP meetings and has subsequently opened 37 of these children and families for full IPS services. This number is down from the 115 CIPPs attended in FY 15 but consistent with the numbers attended in FY 2016. IPS and the CIPP Administrator are working to identify the reasons for this drop in attendance and formulate an action plan to address this issue.

Current Directions: Multiple Move Identification and Implementation: In order to improve placement stability and well-being of youth in care, in FY 2017, IPS has continued working to expand the program by including youth ages 6-18 with two moves in one year, with the last move occurring within the last 6 months and implement the evidence-based practice, TARGET, into the IPS service array package for youth age 12 and up.

To Date: There has been one data pull identifying Multiple Move youth since August 2016, with an additional pull planned for the end of May 2017. The caseworkers of 198 youth age 6-11 and 170 youth age 12-18 have been contacted about the youth on their caseload and the possibility of a referral to IPS given the multiple moves experienced. Each IPS agency also received a list of youth in their catchment area and completed additional outreach to the caseworkers

IPS and Psychiatrically Hospitalized Children: IPS is continuing to work with DCFS Clinical to create a protocol for working with youth in psychiatric hospitals to provide intensive in-home stabilization services to the youth and family in the critical months following discharge from the hospital. The outcome measures will be the same for this population as in the traditional IPS program.
IPS and Therapeutic Residential Performance Management Initiative: IPS is also being considered to play a role in the Therapeutic Residential Performance Management Initiative (TRPMI) pilot as a resource for expanding the capacity of Child and Family Team meeting (CFTM) facilitators until the statewide training initiative for CFTMs begins. The capacity and scope is yet to be determined.

IPS and Specialized Family Support Program: IPS has been working to establish an Interagency Agreement with Healthcare and Family Services, Department of Human Services, Department of Juvenile Justice, Department of Public Health, and the Illinois State Board of Education 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 similar treatment facility because of reasonable belief the youth will harm him or herself or other family members upon the youth’s return home, and there is no evidence of abuse or neglect. The program is called the Specialized Family Support Program (SFSP) and it went into effect on April 1, 2017. IPS will provide short-term stabilization services for children 10 and younger that are enrolled in the program. It is important to note these children are not youth in care; the program is designed to keep them from becoming youth in care. It is not anticipated many children that young will be at risk for custody relinquishment but the information will be tracked.

A. TARGET POPULATION: Any child or youth for whom DCFS is legally responsible, who resides in or is returning to the Local Area Network (LAN) served by the IPS Provider, whose placement is at risk and who meets one of the following criteria: an open DCFS case still exists, the child is at risk for moving to another foster care placement or the youth is at risk for moving to a more restrictive living arrangement. IPS also serves youth who are in a more restrictive setting and need time-limited, additional services or interventions in order to successfully step-down and transition to a home of a parent, home of relative, traditional foster care placement or with DCFS Administrative approval, specialized foster care.

B. PRINCIPLE CLIENTS OF PROGRAM SERVICES:

INTERNAL:
- DCFS Casework and Supervisory staff are the primary beneficiaries of IPS services
- DCFS CIPP Team members
- DCFS Administration

EXTERNAL:
- POS placement caseworkers and supervisory staff
- Foster Parents who are caring for the youth who is in DCFS custody
- Community Stakeholders including educators and other school personnel, residential and outpatient mental health, and psychiatric treatment providers

C. GOALS OF PROGRAM DURING PAST FISCAL YEAR:
1. Stabilize foster care placements so youth do not have to move to other homes and lose attachments, community connections, schools and experience additional instability as a result.
2. Provide psychoeducation to the foster parents and others in the child’s life about the impact of abuse and neglect and subsequent traumatic experiences on children.

3. Teach foster parents and other caregivers the skills needed to manage their own emotions and behaviors so they can respond to the traumatized youth in their care in a way that enhances attachment and bonding within the family while setting appropriate boundaries and limitations.

4. Provide age appropriate trauma psychoeducation to the youths’ themselves to help them understand what is happening in their lives and why they may be responding and reacting in ways that may not be consistent with what they really want to do.

5. Facilitate healthy growth and development for the youth by identifying and building child strengths and protective factors in the youth and family.

6. Improve the child’s level of functioning in numerous areas including traumatic stress symptoms, life domain functioning, behavioral and emotional needs and strengths and risk behaviors.

7. Obtain a high level of high consumer satisfaction from the children who receive IPS services, the caregivers/foster parents and the caseworkers and supervisors.

I. PROGRAM DATA & DATA SOURCES

1. Number of eligible clients: All DCFS youth placed in traditional or home of relative placements that are experiencing placement instability. Children in Specialized Foster Care may also be served with administrator approval.

2. Number of clients served to date: 1,519 children have been served in FY 2017 to date. We are on pace to serve over 1600 children by the end of FY 17. The current demographic breakdown is as follows:

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<tr>
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<thead>
<tr>
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The Regional breakout is as follows:
Gender Breakout

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Age Breakout

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<tr>
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Racial Breakout

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II. PROGRAM OUTCOMES:

The IPS program has been measuring various outcomes since FY 2006. This report provides an overview of performance indicators for FY 2017 with the exception of placement stability as this outcome is measured on an annual basis and FY 2017 is not yet concluded. The report includes a review of placement stability during the IPS treatment episode, clinical progress measures using the Child and Adolescent Needs and Strengths (CANS) tool while in treatment, surveys that assess the client, caregiver and caseworker satisfaction with the IPS program as a whole, an age, race, and gender demographic profile of the IPS program, and a breakdown of the services and location of services provided by each agency to their clients.

Placement Stability
- In FY 2017, 63% of clients did not change their placements while receiving IPS services
- In FY 2016, 70% of clients did not change their placements while receiving IPS services
- In FY 2015, 80% of clients did not change their placements while receiving IPS services
Clearly, placement stability is being impacted by the widening of the target population being served in the Intensive Placement Stabilization program. Children who have been in psychiatric hospitals and stepping down from Residential have higher emotional and behavioral needs. Further study is being conducted to understand the factors impacting stability rates.

Clinical Progress: The CANS is a decision support tool that measures numerous domains of functioning for both the child and their caregiver including Traumatic Stress Symptoms, Behavioral and Emotional Needs, Life Domain Functioning, Risk Behaviors, Child Strengths, and Caregiver Needs and Strengths. The CANS ratings translate into “action levels” that help to determine where action needs to be taken or interventions need to be built. A CANS assessment is completed at various points in time for all children involved in the IPS program including at a minimum upon case entry and case closing. Changes in CANS scores provide a picture of the clinical wellbeing of children in care. Findings based on FY 2017 data to date continue to indicate clinical improvement among youth while in IPS treatment across all CANS domains. This data is aggregate and reported both statewide and regionally.

Statewide:
- 30% of the symptoms in the Traumatic Stress domain that were actionable at time of IPS entry, were no longer actionable at discharge from the IPS program
- The Behavioral and Emotional Needs domain showed an improvement of 39%
- Life Domain Functioning domain showed an improvement of 34%
- Risk Behaviors domain improved by 41%
- Child Strengths improved 21%
- Caregiver Needs and Strengths improved by 20%

III. BUDGET: Yes, the program operated within its assigned budget for FY 17

BUDGET REQUEST FOR NEXT FISCAL YEAR:

A. AMOUNT BEING REQUESTED: $7,45,732
B. AMOUNT INCREASE/DECREASE FROM LAST YEAR: There is no increase being requested.
C. RATIONAL FOR PROPOSED BUDGET: The existing FY 18 budget maintains the multiple move population and the sustainability of the evidence based practice of TARGET.

IV. GOALS FOR FY 18:

1. Successfully train all IPS agency staff in the evidence-informed practice of Attachment, Regulation and Self-Competency (ARC) which includes in-person training and a year-long consultation process to prepare IPS staff for the acuity of children and families being served in IPS.
2. Increase IPS administration’s capacity and ability to analyze data for both outcomes measures and to use in ongoing quality assurance efforts.
3. Successfully develop the implementation plan necessary to grow the IPS program in a strategic and targeted manner to ensure the successful enhancement of multiple move children.

4. Pilot Medicaid with 4 IPS providers that currently bill Medicaid in different programs to ensure feasibility for Medicaid implementation to maximize the federal financial match that will come back to DCFS. Engage in other readiness activities including IPS Database adjustments and Program Plan revisions to enable phased implementation over FY 18 as applicable.

5. Continue to identify risk factors for placement instability to recognize high risk population early and provide in home stabilization services quickly in efforts to preserve the child’s placement.

6. Improve engagement of adolescents age 12-18 and adapt services to their unique needs, particularly regarding the transition to adulthood.

V. OUTCOMES FOR FY 18:

1. 70% of children receiving IPS placement stabilization services will not experience a placement change during the time they are enrolled in the program.

2. 70% of children will remain in their placement for at least 4 months after discharge from IPS services.


VI. RECOMMENDATIONS:

1. Continue to enhance IPS providers’ abilities to treat traumatized youth using trauma-informed best practice approaches and concrete interventions through additional training provide by Statewide Administrator for IPS. In addition to the training, IPS Administrator will concentrate on practical application of the training and education though additional case consultations and ongoing support to ensure the implementation of the training content.

2. Develop IPS Program Management’s ability to analyze various data points and make programmatic decisions and evaluate outcomes and case extension requests.

3. 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.

4. Successfully coordinate implementation of the Specialized Family Support Program with HFS and DHS to address children at risk for custody relinquishment.

5. Further study the factors that are impacting stability rates to adjust outcome goals and to understand areas for added intervention.

Permanency Enhancement Project: In 2007, the Department in collaboration with its African-American Advisory Council, the Illinois African-American Family Commission and Illinois State University launched the Permanency Enhancement Project (PEP) in Central Region. The purpose of the Initiative is to reduce and/or eliminate racial disproportionality and disparities of families and children of color in the Illinois Child Welfare System and thereby improve permanency outcomes. The initiative was adopted statewide and is now functioning in all Regions (Cook, Central, Northern and Southern).
The methodology for the PEP is a systems approach to understanding how structural and/or institutional racism contextualizes child welfare practice in ways that create disparities in the determination of need and services for children and families of color. The disparities are created when services are presumptively allocated, poorly provided or inadequate in addressing a family's identified need. Disparities are also created when differences in service delivery are not justifiable based on a family's identified need, available agency resources or other objective criteria.

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

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

November of Year 1 saw the Office of Racial Equity Practice establish a Racial Equity Practice Council to function in a collective advisory capacity to the Office. The Council’s membership includes representation from internal staff, African American Family Research Institute, Illinois African American Family Commission, Northern Illinois University (NIU), Illinois State University (ISU), University of Illinois-Chicago (UIC), Southern Illinois University – Edwardsville (SIU-E), and the co-conveners from the Regional Transformation and Permanency Action Team Steering Committees. In September of 2015 ongoing development of the Racial Equity Practice Council was placed on hold in favor of Director Sheldon's interest in raising the profile of the Department's efforts toward racial equity to his Child Welfare Advisory Council (CWAC). To that end, the “Racial Equity Practice Subcommittee” was established and added to the standing committee on Administration and Finance of CWAC.

The subcommittee consists of 14 members and is purposed to ensure that Illinois supports a race-informed Child Welfare System by embedding racial equity principles and values into ongoing trainings, practice and policy. In 2016-2017 the Subcommittee has established two primary working groups. These working groups are structurally linked with the three (3) Regional Transformation Teams to support continuity and connectivity of racial equity programming. The workgroups are:

- **Campaign Workgroup** – This group is tasked to develop materials and strategies to support both System-wide (DCFS and stakeholders) and Regional educational campaigns to inform and promote racial equity among all system users. Initiation of an educational campaign for
2017-2018 represents the primary focus/objective for the CWAC Racial Equity Practice Subcommittee.

- **Policy Review Workgroup** – This workgroup identifies existing and proposed policy and practices for racial equity analyses and action. The policies and practice analyses are processed through the three Regional Transformation Teams and the CWAC Racial Equity Practice Subcommittee and submitted to CWAC for ratification.

The project’s operating premise is that the ways in which we view and then serve families are substantially influenced by implicit bias and institutional/structural racism. These conditions then, both drive and influence our practice in ways that continue to result in less than desirable outcomes for children and families of color when compared to their white counterparts. We believe then that only with changes in our practice will we begin to improve outcomes for children and families in any material, measurable and sustainable way.

Since January of 2016 the Office of Racial Equity Practice and the Department has altered its strategy for creating and implementing a “Race-Informed Practice Model”. Administrative and operational shifts and/or initiatives supporting reduced dependence on high-end residential placements, a focus on education, self-sufficiency, and prevention. New commitments with the B.H Consent Decree also provide legal impetus for developing improved data integration, predictive analytics and the development of a strategy to address disparate outcomes for children and families of color in our child welfare system.

A significant outcome of the PEP lies in the training curriculum implemented in the four (4) Immersion Sites in November of 2016 that has been infused with language, concepts and values that are more consistent with racial equity. This includes references to culture, implicit bias and institutional racism when describing the Department’s FTS Core Practice Model (Family-Centered, Trauma-Informed and Strength-based). The model will be supported and sustained through a new Model of Supervisory Practice. Front line case workers, purchase of service providers and other Immersion Site Stakeholders are the objects of this specialized work force training.

Deliberations are currently underway to develop a “Race-Informed Practice Training Model” to be integrated into the Core Practice Model by September of 2017.

The Immersion Sites will be designed to focus collaborative decision-making on services and resource allocation by local service stakeholders (i.e., DCFS leaders and staff, private agency staff, guardians ad litem, youth, birth parents, care coordinators, etc.). Objectives and responsibilities of the Immersion Sites will be added to existing Permanency Local Action Teams in order to accelerate and expand site partnership structures and functionality.

In the launch of its first round of Immersion Sites the representative/stakeholder workgroups are either very similar or are the same as existing Action Team participants. The St. Clair County Action Team in our Southern Region was completely converted into an Immersion Site Stakeholder group. This team had profoundly cultivated participation and collaboration across the broader child welfare system that parallels the desired make-up of Immersion Sites. There exists a working relationship in each of the counties between Action Teams and Immersion Sites.
Although there is very limited funding for our University Partners, they are willing to provide some support to the Immersion Sites. These supports are being done in kind and as an example, Dr. Doris Houston of Illinois State University compiled a comprehensive data report of the four counties within the Rock Island Immersion Site.

Immersion Site Directors have been requested to be a member of the Project’s Regional Quarterly Steering Committee meetings. This provides an opportunity for engagement between the University Partners and Immersion Site Directors where agreements can be made for in-kind supports. University Partners have agreed to community data presentations for the Immersion Sites.

Local Action Team and Data Challenges

While there have been some challenges impacting the work of Permanency Local Action Teams during fiscal year 2017, they continue to thrive because of team members’ commitment to their charge of improving permanency outcomes. One challenge has been having access to the necessary data that helps to guide the work of action teams. The Department has been in the process of redeveloping its data systems and as a result there have been significant delays in permanency data being available for the teams. However the Office of Quality Enhancement has been diligent in working with Chapin Hall to obtain and condense the data format. The new format will make it easier for our four University Partners to provide analyses for the action teams and the University’s annual reports. The data is developed by county and due to the large county of Cook, Chapin Hall is looking into providing the data by Local Area Network or zip codes in Cook.

Discussions have also begun with the University of Illinois Child & Family Research Center to explore formation of a partnership with our University Partners. This partnership could enhance data capabilities for the Project and to the CFSR with inclusion of racial breakdown categories in their B. H. Consent Decree Report.

The State of Illinois budget crisis has also been a challenge for Action Teams. Many local community agencies and organizations have been devastated by funding shortages and therefore Action Teams have been at risk of losing team members. However with assistance of University Partners and the Regional Quarterly Steering Committees, strategies and supports have helped teams overcome the struggles with maintaining adequate membership levels.

General Theme of Action Teams’ Focus

The Action Teams have been invested in addressing permanency issues, particularly in regards to African American youth, throughout the 34 teams across the State of Illinois. There are efforts to help keep children from entering into substitute care or to reunify families in a more timely manner. Teams have developed curriculums to train parents with children entering the child welfare system as well as those parents where children have been in the system for a significant period of time. Action Teams are partnering with Family Advocacy Centers to address family and community needs that help keep families intact.

A Cook Action Team created a booklet for parents to help them navigate the system in order to achieve reunification. DCFS printed booklets for distribution and it is posted on the Permanency Enhancement Website. Action Teams have also worked on issues pertaining to fatherhood so that a better job can be done to involve fathers in planning for permanency.
Other examples of Action Team activities include:
- Development of resource fairs.
- Resource fairs with food trucks to support families
- Creation of brochures to inform communities about permanency efforts.
- Hosting community forums.

❖ Adoption Preservation and Support Services: Post adoption and post guardianship services provided to 23,775 (as of April 13, 2017) children and youth receiving adoption or subsidized guardianship assistance continues to be a critical part of the service provision within the Post Adoption Unit. Intensive services are often required to stabilize and support adoptive families. Eleven (11) to Seventeen (17) years of age is now the median age of youth in homes receiving adoption or guardianship assistance and so it is clear that the special needs of adolescents will only amplify the behavioral and mental health issues of their past.

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

- Comprehensive assessment/Crisis intervention: Preservation staff will respond by phone within 24 hours and make an in-home visit within three days. A therapist will help a family identify their own strengths, complete an assessment and develop a family treatment plan within 30 days of the referral to the program.
- Clinical services: A therapist will provide clinical services in the family treatment plan.
- Support groups: Support groups are offered for both parents and youth at times and locations that meet the family’s needs.
- Case management/Advocacy services: A preservation agency will manage the case and services as outlined in the family treatment plan.
- Children’s mental health advocacy services: If a child has significant mental health needs, the program will provide or facilitate services.
- Cash assistance: If a family participating in the program experiences economic hardships or require specialized services that cannot be obtained through other resources, a cash assistance payment (limited to $500 per family per fiscal year) may be provided.

The goals of all preservation programs are to help parents:
- Understand adoption and guardianship and its impact on children
- Connect current behavior to past history
- Help understand how past trauma can connect to and affect current behaviors
- Develop tools and skills to assist in parenting their children

As of December 2016, the rate of adoption dissolutions remains stable with the rate of 0.47% for FY17.

To further enhance the progress and efforts made by the adoption preservation programs, the agency have additional programming supports for adoptive/guardianship families:
• Maintaining Adoption Connections (MAC): The MAC programs provide an additional range of services to post adoption/guardianship families: from crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy. The Department’s Maintaining Adoption Connections programs began operation in Cook County and vicinity in FY09 and are continuing in FY17 to meet the ever expanding support needs of the post adoption families. These programs have been able to meet many service needs that are not covered through the traditional subsidy related services. Stabilization and support services are provided to adoptive and guardianship families through agreed alternative living arrangements. These arrangements were established as these families do not qualify for Preservation Services.

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

With these points in mind, work was started in FY15, to expand adoption preservation services. The “Embracing Adoptions” project was initiated in the Cook Central and Northern Regions, to reach out to newly adoptive families. The focus is to celebrate the adoption and offer support through individual and group therapeutic services to families. This early and ongoing connection to families will be the cornerstone to normalizing adoption preservation services. These services are offered to families who have adopted children internationally as well. With so much concern nationally about the practice of “adoption re-homing”, it is believed that this public and supportive outreach will decrease the number of families who feel isolated and wait to ask for help until they face a crisis within their newly formed family. From FY’16 to current date, 11 families have attended Embracing Adoptions Celebration at the pilot site of Metropolitan Family Services. Seven families have gone on to ask for formal adoption preservation services. During FY16, 79 families were contacted however only 1 family attended the Embracing Adoption Celebration event. Thus far during FY’17, 68 families were contacted and 10 families attended. Due to the low response rate, this event was decreased to two times per year. This event now occurs in conjunction with another Metropolitan Family Services event called Sensory Nights. These events allow families to interact with other adopted families and learn what Metropolitan services are available to them. The sensory nights also allow them to participate in fun activities while learning different sensory techniques that can assist them in working with their children.

• Post Adoption Transitional Services: During FY14, the Statewide Adoption Council identified a gap in service delivery to older special needs adoptees. Parents were reaching out to post adoption staff asking for assistance in navigating through the adult systems into which their children would be transitioning. They were
struggling to find open doors to the legal system, (in cases where an adult guardian
needed to be named for their child) and the adult financial systems (i.e. social
security and public aid). A committee was formed to look at these issues, and
recommendations were drawn up to present to the DCFS Director. This service is
currently being implemented through the Center for Law and Social Work (CLSW).
In FY17, the Center for Law and Social Work continues to provide adult transition
services to families in Cook, Central and Northern Regions. In this fiscal year,
CLSW has opened seventeen (17) adult guardianship cases and have closed
sixteen (16) cases. Of the 16 closed cases, fifteen (15) were completed and one
withdrew. Additionally, some of the closed cases were received and started in
fiscal year 2016. Currently CLSW has forty-three (43) open adult guardianship
cases.

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

- Educational Support for Post Adoption Children: Educational and support services
  are provided via Post Adoption Preservation Agencies, Maintaining Adoption
  Connections (MAC) Agencies and the Center for Law and Social work. While the
  Adoption and MAC agencies assist with educational support with cases that are
  open in their programs, the Center for Law and Social Work are able to provide
  educational advocacy for all children adopted through DCFS. This educational
  advocacy includes, but is not limited to, interacting with the teachers, attending
  Individualized Education Program (IEP) meetings, advocating for services that are
  not being provided, etc. They are able to assist parents with educational needs up
to the point that legal action is needed. They provide educational advocacy
services in Cook, Northern and Central regions.

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

Background: With the passage of the Fostering Connections to Success and Increasing
Adoptions Act of 2008 (H.R.6893/P.L. 110-351) and its emphasis on promoting permanent
families for children through relative guardianship, Illinois revised the program which
has become the Kinship Guardianship Assistance Program (KinGap). The key differences
between Subsidized Guardianship and KinGap are:
- The relative home must be licensed for six consecutive months before the child is
  eligible for KinGap;
- The child must have lived in the licensed relative foster home for six months;
- KinGap is not available for children in non-related foster care placement;
• Illinois has made the decision to allow guardianship for children 12 years of age and older with non-kin as a permanency option (not federally reimbursable)

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

❖ Fictive Kin Expansion: The new Fictive Kin Legislation redefined “relative”, expanding relative/fictive kin placement options for youth in care. Front line staff, investigative staff, permanency staff or staff that makes placement decisions is responsible for the implementation of relative placement.

Effective January 1, 2015, the Children and Family Services Act was amended to expand the definition of “relative” for placement purposes to include fictive kin. Fictive kin is defined as “any individual, unrelated by birth or marriage, who is shown to have close personal or emotional ties with the child or the child’s family prior to the child’s placement with the individual.” On January 1, 2017 the Illinois law expanding the definition of ‘fictive kin’ became effective; rulemaking is in process. This expansion takes into consideration consistent relationships with adults to whom children are attached and who can continue to provide children a permanent home.

As a result of the expansion, many current foster parents will qualify for KinGap, a federally-funded reimbursement program for guardians. This rule change should enhance the flexibility of foster parents to move from traditional foster care to subsidized guardianship by decreasing the eligibility age from 14 to 12. Conservative estimates indicate that 85 youth who are between the ages of 12 to 14 would be eligible for subsidized guardianship as a permanency option. This expansion would save DCFS an estimated $600,000 a year.

❖ State Funded Guardianship: This state funded option provides subsidized guardianship for children whom the Department has placement and care responsibility and who meet the special needs criteria as defined in Procedure 302.410 and are not eligible for Title IV-E KinGAP. This state funded option is also available for children who age out of eligibility for Title IV-E KinGAP and continue in school up to the earliest of their nineteenth birthday or graduation from high school, or age 21 when the child meets specific requirements.

Youth in care of the department who do not qualify for subsidized guardianship under KinGAP; but meet the following criteria, qualify for state funded guardianship: the child is 12 years of age or older; and the child has lived with an unlicensed relative caregiver or licensed non-relative for a six (6) consecutive month period prior to the establishment of the guardianship. The child must have received foster care maintenance payments while residing for the six consecutive months in the unlicensed home of relative or licensed non-relative home immediately prior to establishing guardianship; and the prospective non-relative guardian has been a licensed foster parent for the consecutive six (6) month period immediately prior to the establishment of the guardianship. Additionally, it must be decided
that return home and adoption are not appropriate permanency options for the child, the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child. The child must be consulted and has agreed to the guardianship arrangement. A younger sibling, who is placed with the same unlicensed relative or licensed non-relative as the eligible child, also qualifies for the state funded option of subsidized guardianship when DCFS and the unlicensed relative or licensed non-relative guardian agree that the placement is appropriate.

Training on fictive kin and expanded state funded guardianship is included in Procedure 315 and Administrative Case Reviewers have been instructed to begin asking specific questions pertaining to youth in care and guardianship goals.

- National Quality Improvement Center for Adoption/Guardianship Support and Preservation (QIC-AG) is a national project designed to promote permanency when reunification is no longer a goal, and to improve adoption and guardianship preservation and support. This program is built on the premise that child welfare agencies need to provide a continuum of services to increase permanency stability, beginning when children first enter the child welfare system and continuing after adoption or guardianship has been finalized. QIC-AG will work with selected sites to develop a continuum of services that increase pre- and post-permanency stability for families, improve children’s behavioral health, and advance the well-being of children and families.

In FY’15 the Illinois Department of Children and Family Services was selected as one of eight (8) jurisdictions to partner with the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) in a 5-year pilot to develop system capacity, as well as implement and evaluate interventions that promote and support adoption and guardianship. QIC-AG is a program of Spaulding for Children in partnership with The University of Texas at Austin, The University of Wisconsin-Milwaukee, and The University of North Carolina at Chapel Hill. QIC-AG is working in partnership with eight sites via state, county or tribal child welfare systems. The sites that have been selected include:

- Illinois
- Catawba County, North Carolina
- New Jersey
- Tennessee
- Texas
- Vermont
- Wisconsin
- The Winnebago Tribe of Nebraska

QIC-AG will develop evidence-based models of support and intervention that can be replicated or adapted by other child welfare systems across the country to achieve long-term, stable permanency in adoptive and guardianship homes for waiting children. These services will also be available for children and families after adoption or guardianship has been finalized. There are two target groups;

- Target Group 1: Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified
adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.

**Target Group 2:** Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

Illinois is focusing on children and youth post permanency within Target Group 2. Focusing on adoptive and guardianship families with children aged 12 – 16; Illinois is implementing an intervention in the selective interval. In the previous fiscal year the pre-selected ages for this study was 12-14. However, due to the low number of participants, the number was increased to 16 years of age. Selective prevention interventions target outreach to families with risk factors for post-permanency discontinuity. As part of the intervention with Trauma Affect Regulation: Guide for Education and Therapy (TARGET), we will work with pre and young teens to forestall the escalation of moderate risk to high risk by enhancing and/or increasing their knowledge, attitudes and skills in regulating their emotions, making better decisions and developing healthy relationships.

The counties listed below are receiving the selective interval services:

- Cook County
- Central Region
  - Peoria
  - McLean
  - Sangamon
  - Macon
  - Tazewell
  - Woodford

Lake county and some surrounding communities near Cook County are also included for international adoptions, as approved by the QIC and the program monitor.

**Four Practice Principles:**

1. *Provide selective outreach efforts based on characteristics known at the time of adoption or guardianship finalization which are associated with post permanency discontinuity.*
   
   Date of birth is known at the time of adoption/guardianship finalization. We identified children aged 12–16 as being a post permanent population with moderate risk. Early adolescent years are suggested by research as elevated risk due to teen years being a challenging time for families, especially children who exited foster care through adoption and guardianship. Traumatic experiences plus ongoing identity and role adjustment issues intensify in adolescence. Also, according to our data, discontinuity increases dramatically as children enter their teenaged years.

2. *Provide increased supports to groups identified as having moderate levels of risk.*
   
   TARGET was selected as the service of therapy since it is not an intensive intervention program; but, is a system for teaching skills for emotion regulation. The program is aimed to provide increased awareness, support and services to pre and young teens along with their adoptive parents/guardians to enhance their capacity to process current stress-related difficulties, utilize their personal strengths when experiencing stress reactions, to make good decisions, and build healthy relationships.
3. Provide proactive services and supports to children and families before problematic behaviors manifest.

The population selected is defined by age and county of residence. Children and families are not being selected based on current behaviors or needs, but are randomly selected by age and address. The services being offered through TARGET are designed to be proactive as children are taught to shift the way they process information away from the stress reactions that trap them in an alarm state. TARGET skills are used to prevent serious difficulties in relationships and daily life activities.

4. Use data to target families at elevated risk for poor outcomes.

The data of post permanency outcomes were compiled by DCFS and analyzed by the project researcher and team at the University of Wisconsin-Milwaukee of children who had achieved legal permanence, through adoption or guardianship in Illinois between 1995 and 2010.

Theory of Change:

- Discontinuity can be decreased if adoptive parents/guardians have the capacity to meet the emerging needs of their children
- This capacity is best developed before issues become overwhelming
- Supporting parents earlier will help them meet the emerging and future needs of the children in their care before their child’s needs exceed their capacity

Selected Intervention:

TARGET: Trauma Affect Regulation: Guide for Education and Therapy
- Set of skills that teach participants how to understand their own stressors and to regulate their behaviors and reactions to stressors.
- Seven-step sequence of skills, called the FREEDOM steps.
- Sessions can include adoptive and guardianship caregivers.

Short Term Outcomes:
- Increased support to parents or guardians;
- Improved educational outcomes,
- Reduced school-based problematic behaviors,
- Reduced involvement with juvenile justice systems;
- Reduced number of reported hospitalizations, runaway episodes or out of home placements;
- Increased level of caregiver commitment.

Long Term Outcomes:
- Reduction in post-permanency discontinuity;
- Improved behavioral health and improved well-being;
- Improved parent or guardian and child relationships;
- Improved coordination of post permanency services and supports;
- Improved peer to peer support system;
- Increased capacity of post-permanency staff;
- Increased knowledge of the impact of trauma

Central and Cook region were chosen to pilot this program. Starting in August, 2016, the QIC-AG received a list of families in the respective regions that met the criteria of having children who have been adopted or gone through guardianship and between the ages of 12-14. From
this list, randomized samples of letters were sent out to those selected. Since the initial intake of the program, 102 letters were sent in August, 105 letters were sent in November, 172 letters were sent in January and February, 106 letters were sent out in March, and 69 letters were sent out in April. A follow-up phone call was also placed to those selected families to discuss the program. Initially letters were only sent to the group of families selected for intervention. In January, 2017, the process in the Cook region was changed and letters were sent to both the comparison and intervention groups. For the comparison group, the intake coordinator would follow-up with families. If services were determined to be needed, they were referred for services as usual. These services included adoption preservation or other therapeutic services that Illinois is currently contracted to provide.

Since the start of the project, the number of families who have responded and participated has been low. As a result, the age was increased from 12-14 years of age, to 12-16 years of age in January 2017. This program includes a curriculum that lasts approximately 11 sessions. The last session includes a graduation from the program. The TARGET program is delivered through the following agencies:

- Metropolitan Family Services
- Jewish Child and Family Services
- Family Core
- The Baby Fold
- Catholic Charities

As of March of 2017, out of these five (5) programs, 45 families have reportedly been referred. These referrals include families who have initially agreed to TARGET services and have been assigned to an agency. Seven families have completed the program in its entirety culminating with graduations. The Baby Fold is not contracted with DCFS; they are contracted with QIC-AG for this project. QIC-AG project is set to continue through September 2019.

- The National Adoption Competency Mental Health Training Initiative: Along with the QIC-AG project, Illinois has had the pleasure of being selected as participants for The National Adoption Competency Mental Health Training Initiative (NTI); a new Trauma Training pilot Initiative. In March 2016, the Illinois Department of Children and Family Services was selected, along with seven (7) other states, to participate in this 5-year pilot focusing on the mental health needs of children and how trauma can affect those needs. The National Adoption Competency Mental Health Training Initiative (NTI) is a federally-funded cooperative training initiative awarded to the Center for Adoption Support and Education (C.A.S.E). The web-based training focuses on the behavioral and mental health needs of children moving toward adoption or guardianship as well as youth who are already in adoptive or guardianship families. This web-based training initiative is to create a state of the art, evidenced-informed, training that builds competency and teaches specific casework and clinical practices effective in addressing these needs. Its purpose is also to improve the well-being outcomes for these children by addressing their mental health needs, providing support and the appropriate therapeutic interventions to assure stable and secure post-permanency experiences.

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

Permanency Strengths:

• There is an increased attention for overall permanency and the Department is engaged in several initiatives aimed at improving permanency practice and outcomes for children and families in Illinois.

• Illinois has passed several laws over the past few years that are sure to have a positive impact on permanency outcomes over time. The post permanency sibling contact law passed in 2012; reversal of TPR (termination of parental rights) passed in 2013; and Fictive Kin passed in 2014; Effective January 1, 2015, the Children and Family Services Act was amended to expand the definition of “relative” for placement purposes to include fictive kin”; state funded guardianship was expanded in 2016 which reduced the age from 14 to 12 to enhance the flexibility of foster parents to move from traditional foster care to subsidized guardianship. All of these initiatives serve and allow casework staff to pursue innovative permanency plans through more expansive resources and supports. The widening of resource options through fictive kin and nurturing relationships helps establish lifelong connections and sustain permanency for children and youth. This focus allows for lifelong supports.

• The development of enhanced permanency procedures (Procedures 315 “Permanency for All”) and training to staff is underway. These procedures guide the Illinois child welfare workforce on permanency practice. It also provides the field with best practice standards and procedural requirements for managing cases with an emphasis on returning children home, as well as completing adoptions and permanency more expediently. Procedures 315 focus on a standard of care and service provision, family engagement, shared parenting, a child’s sense of time in permanency achievement, and securing lifelong connections for youth and families. The initial roll out of Procedures 315 will end for permanency staff and their respective supervisors in May of 2017. An abbreviated version of Procedures 315 that includes components important for Child Protection investigative and intact staff is currently being developed. This training is projected to be available beginning in July, 2017. It is also anticipated that foundation training for new staff will incorporate the permanency planning tenants. Permanency training is imperative for all DCFS and Purchase of Service staff regardless of their role in child welfare as it is greatly understood that permanency begins at the first point of contact with a family.

• The implementation of the Permanency Achievement Specialist (PAS) model has served to heighten the need for permanency for all children in care. Staff has embraced the concept of urgency and the child’s sense of time in achieving permanency. Effective July 2016, Permanency Achievement Staff were assigned to assist with Family Finding efforts with a goal of locating a number of supports for the family and the youth. When requested, PAS also assist permanency workers with locating supports for youth in Residential programs that are ready to be stepped down. PAS often work in collaboration with the resource recruitment specialist to secure appropriate placements and with the adoption staff to expedite the adoption/subsidized guardianship process when needed. The POS agencies have availability of a PAS worker as needed, by request or by identification by regional staff(Program managers, APT/or Regional administrators)
• A change management strategy will support policy and practice improvements. DCFS and POS supervisors will be supported through targeted supervisory training that specifically addresses how to guide, support and monitor staff on the concepts and procedures in the revised policy.

• The Department launched a Lifebook messaging endeavor in support of enhanced permanency procedures and in effort to impress upon staff, caregivers, children, and youth the importance of developing Lifebooks for children in care. The Department deployed over 15,000 Lifebooks in 2015 and 2016 and is currently procuring books for FY 17. One adjustment to the Lifebook practice that occurred over the last year includes providing books for youth up to age 21. Previously the books were available up to age 18.

Permanency Challenges:
Illinois is made up of 102 counties and court jurisdictions. There is variance in practice among state regions and counties with some urban and many rural communities. The need to engage court systems and other legal stakeholders remains a challenge however more effort at transparency and inclusion is occurring to eliminate silos and barriers to permanency. As the communication increase with our private partners, it is anticipated that court and legal support will occur.

Other challenges include the fact that high turnover in the private sector occurs. This systemic issue continues to be addressed by working with the private sector to “staff up” in the event that the agency incurs a loss of staff. In regards to worker turn over within the Department this occurs most frequently within movement inside the department to other divisions or the promotion of a staff to a supervisory position. The posting of vacancy is imperative to assure adequate coverage for direct services to assure no interruption of services delivery happens to children or families. Where cases loads have been consistently high the Department works with Central Management Services/Governor’s office for approval to fund additional positions.

Well-Being Services
The Department is committed to insuring that children under state care achieve their potential, and in order to do this, children need access to quality education programs and medical/mental health services. In this section, DCFS will address these three service areas that assure children’s well-being.

Education Services

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

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

School Readiness Initiative: The Department has made a commitment to provide quality early education opportunities to DCFS involved children. In 2008, the Illinois Department of Children and Family Services launched the School Readiness Initiative. The overall goal of this initiative is to ensure that children aged 3 -5 years with whom the Department has a legal relationship are enrolled in quality early childhood education programs, as well as those children that are involved with the Department via intact case management. The Early Childhood programs include 4 general categories pursuant DCFS Procedures – Education Services 314.50/70:

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

Specific activities associated with the School Readiness Initiative include:
- Maintaining a region based tickler system to assist in identifying early childhood learning resources and to monitor early childhood enrollment of children in care ages 3-5.
- Provide resources to children of teen parents with whom the Department has no legal relationship, and children that reside in intact families;
- Monitoring children in care ages 3-5 to ensure that their learning needs are being met in accordance with Procedures 314 “Educational Services”;
- Consulting with educational advisors, liaisons, early childhood specialist, POS/DCFS child welfare and DCFS child protection staff to ensure successful collaborative efforts between early childhood provider and the child welfare community, and ensuring that all parties are promoting safety, well-being, permanency and positive learning experiences for children. School readiness staff can and have participated in child and family team meetings (CFTM) when young children are being suspended from school;
- Participating in and supporting the efforts to build stronger relationships between the early childhood, child welfare and caregiver communities through local events, conferences and training;
- DCFS and Head Start/ Early Head Start Grantee Agencies have an Intergovernmental Agreement which began in 2007 and is in effect until 2019. The IGA has had enhancements made to the document over the past couple years, and the current agreement is in effect until 2019. Prior to the current agreement expiring it will circulated to all parties involved for comment and modifications. The document will then be submitted to DCFS legal for review prior to obtaining signatures. This agreement between DCFS and Head Start/Early Head Start prioritizes child welfare involved children; the Department is committed to continuing the ongoing collaboration between the two parties. The purpose of this agreement 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 agreement places child welfare involved children on a priority path, i.e. if there is a waiting list, and then children in care are placed at the top of a waiting list.
- Participating in the Governor’s Early Learning Council Committees and subcommittees; and 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.

- School Readiness staff adhere to the Intergovernmental Agreement working with DCFS/POS caseworkers and HS/EHS staff via quarterly meetings to ensure the youth in care ages 3-5 are enrolled in a quality early childhood educational program by removing barriers to promote the success socially, emotionally and educationally for the youth in care.

- In situations where children are experiencing challenges in the classroom or are at risk of suspension or expulsion in their educational placement School Readiness staff will participate in CFTM to ensure stability.

- All Our Kids network meetings collaborate with multiple stakeholders to work on issues related to the educational, mental and physical health needs for the DCFS population.

- Collaboration 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.

- Monthly reports received from DCFS’s Office of Information Technology (OITS) identify children who are in need of an educational placement (at this time does not include Teen Parent Services Network babies and intact children.) School Readiness staff sends requests to caseworkers seeking educational updates, and if a child is not in a program the team investigates appropriate programs within the child’s placement area.

- School Readiness staff participate in training collaborations with the Ounce of Prevention Fund, HS/EHS, Illinois Board of Education 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.

- Collaborate with NIU Educational Advisors to refer children who are at risk of suspension/expulsion from early learning programs, have special needs or a disability and children who have been identified for early intervention services to additional supportive services.

In cooperation with OITS, DCFS and DHS developed an encryption list for Head Start use with early recruitment and enrollment of children ages 3-5 entering DCFS care. The list was created for Cook Co. in 2008, and in the spring of 2015 the list was open to all Head Start/Early Head Start partners. Currently, there are revisions being made to the system and the encryption list is on hold from being sent out to partner programs.

K-12 Initiatives: The Department has made a strong commitment to youth throughout their elementary and secondary education. There are programs to strengthen the collaboration between school systems and child welfare through policies, information, and training as well as expanding educational services across the state.

Specific Activities included in our Education Initiatives include:

- Conducting research with our university partnerships on educational risk and strength factors of our youth in college. The Center for Child Welfare and Adoption Studies at Illinois State University conducted a survey of college students who receive YIC (Youth in College) and YIS (DCFS Youth in Scholarship) financial support for college. Seventy-four participated in the survey. As of March 2017, the Center had conducted interviews with 17 college students who receive YIC and/or YIS financial support and were soliciting to interview at least 15 more. The research highlights from the interviews will be available in late summer 2017.

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• Creating school-based DCFS liaisons throughout the state to increase information-sharing, support, and access to resources for our youth in care resulted in Governor Rauner signing into law Public Act 99-0781, the DCFS Liaison Legislation on August 23, 2016.

• To better serve and support our youth educationally, in November 2016 a FAQ handbook to be used by school districts was completed. “EDUCATING AND SUPPORTING OUR CHILDREN: A Guide to Education for Children and Youth in DCFS Care in Illinois is available on the DCFS website.

• Creating an online, interactive Education Training for child welfare personnel to better understand education issues and the roles and responsibilities of all of the team members. The Department funded Educational Access Project through Northern Illinois University delivered eight in-person training workshops entitled, Promoting Success in the New School Year in August 2016. Eighty-two child welfare personnel, caregivers, school staff, and others participated in the trainings. One-hundred percent of participants found the training useful and 99% said that the training increased their knowledge on the subject. Additionally, EAP staff presented Changes in School Discipline, Advocating for Students under the New Discipline Requirements in eight in-person training workshops statewide during the second quarter of SFY 17. Ninety-six percent of the total 112 participants found the training useful and 95% said that the training increased their knowledge on the subject.

• Creating an Education Link on the website for better access to resources and information: There is an “Education Resources for Children in Care” link on the D-Net home page. The page provides links to Pre-K through College Programs.

Healthcare Services – See Appendix C

Mental/Behavioral Care Services

The Office of Clinical Practice provides an array of service interventions for children and families across the State. The sections below will give details about many of these programs, which include Clinical Intervention for Placement Preservation (CIPP), which has been described previously on pg 168, and Intensive Placement Stabilization Services, which was already addressed on pg 172.

Office of Clinical Practice

Regional Clinical Annual Program Report 2017

Part I

Program Description: The Division of Clinical Practice’s Regional Clinical Program is responsible for supporting the field through the provision of clinical consultations or the convening of clinical staffings. The Division accomplishes this mission through its Regional Clinical Units or linkages to the Clinical Specialists. Regional Clinical Units (Clinical Managers and Clinical Services Coordinators) are located in each Region with two units being located in Cook County. A Clinical Services Coordinator is also headquartered at Cook County Juvenile Court. 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 and Monitoring. The Associate Deputy reports to the Deputy of the Clinical Division.

Target Population: Clinical consultation or staffing requests may be made by DCFS and POS 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.

Principal Customers of Program Services
Internal:
- DCFS Investigative/Permanency Staff (Operations)
- Supervisors
- Administrative staff (including but not limited to: Central Office, Advocacy Office, Legal Services, and Guardian’s Office)
- Licensing
- Regulation/Monitoring
- Regional Clinical
- Clinical Intervention for Placement Preservation (CIPP)

External:
- Purchase of Service staff and Administration
- Residential Treatment providers
- Public Guardian’s Office (GAL)
- Intensive Placement Services (IPS)
- Hospital psychiatric programs
- CASA
- County court systems (circuits)
- Community agencies (mental health, developmental disabilities, substance abuse, domestic violence, sex offender/victim)
- Medical providers

Goals of Program during FY17:
- Hire a Clinical Manager for the Cook Central and Northern Region units
- Update referral form and Information Transmittal
- Managers and Coordinators will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation or staffing
- Coordinators will respond to 90% of all referrals received within 48 business hours
- 90% of general staffing and consultation recommendations will be shared with parties within required time frames; Manager approved extensions will be documented for all work completed outside time frames
- No psychiatrically hospitalized youth requiring placement will go beyond medical necessity (BMN) while waiting for a Clinical staffing (a priority, continuing goal)
- 100% of youth identified as potentially disrupting from an adoptive placement will be involved with post-adoptive services and a Clinical post-adoptive consultation or staffing, if warranted
- 90% of Clinical Placement Reviews completed within required time frames
• 100% of all capacity waivers will involve the Coordinator meeting the involved children and summarizing recommendations in writing
• Establish quarterly QA/QI reviews that are overseen by Clinical Managers and Coordinators. What will be different than in prior years is that collaboration with the Department’s Quality Assurance Unit will be pursued to assist with formalizing the process of reviews and data collection
• Strengthen intra-agency partnerships to enhance service planning and interventions for youth who have been trafficked

Program Data/Sources: Program referrals are tracked through an electronic logging and filing system located in Group Share: ClinicalRef and GAPLOG. This Group Share houses referrals, staffing documents and disposition of cases referred. This Group Share is utilized by Administrators and Managers within the Clinical Division to track workload distribution, special project activities and compliance with established timeframes for work completion. While this system is efficient, there are technological advancements that need to be applied to improve the efficiency and accuracy of electronic tracking and reporting.

Number of Eligible Clients: All youth and families contacted by DCFS, through either investigations or child welfare referrals or served by DCFS/POS staff and who present with heightened clinical needs may be eligible for consultation or staffing. There is no cap regarding numbers of clients served.

Program Metrics: In FY17 (July 1-April 30), Regional Clinical staff received 1,978 referrals. Forty-nine percent of these referrals were for youth who were psychiatrically hospitalized. These referrals were inclusive of youth who had lock-out allegations while psychiatrically hospitalized. Regional Clinical staff take the lead in the monitoring of children who are 8 years and younger who have been psychiatrically hospitalized, conducting not only initial staffings, but also 30 day post-hospital discharge staffings and quarterly staffings for these children with the purpose of ongoing monitoring of behavioral health needs, stability, follow through with recommended discharge plans and any additional services that may be necessary to stabilize the youth and prevent future hospitalizations. In addition, consultations are done on all psychiatrically hospitalized youth to determine their discharge placement and to assess the need for a full staffing. Also included in the referral count are requests for standard or “best interest” staffings, staffings for post adoption youth, general clinical consultations and staffing activities for expanded capacity waivers.

Statewide, Regional staff completed 312 Clinical Placement Reviews (staffings for disputed foster care moves). The staffings are done in collaboration with DCFS legal and the Administrative Hearings Unit (AHU). This accounted for 16% of the clinical activities completed during this period by Regional Clinical Staff.

Regional Clinical staff continues to be available to assist with specialty projects within the Department and are frequently called upon to participate in decision-making meetings for youth and families that are convened by other divisions. In addition, the Clinical staff have assisted with focused reviews of youth in residential care due to programmatic and treatment concerns and program closures. The Clinical staff also participated in a targeted review of a specialized foster care program to address both practice and administrative concerns.
Part II

FY17 Program Outcomes and Findings:

• Northern Region and Cook South Regional Manager positions were filled through promotions of Clinical Services Coordinators in the respective regions. The Clinical Manager in Central Region retired at the end of 2016 calendar year and this position will been filled effective June 1, 2017. A Clinical Services Coordinator from Cook was promoted into the Administrator of Social Work practice. These promotions have filled managerial and administrative positions, but have left the Regions with Clinical Coordinator vacancies.

• One Office Associate position was filled for downstate regions; however, one Office Associate position remains vacant in Cook region.

• Work entry into SACWIS remained an active goal for FY18. The Associate Deputy of Clinical Services and Monitoring serves on the Illinois Technology Committee with the goal of ensuring that Clinical Services documents are integrated into the Comprehensive Child Welfare Information System (CCWIS). All Clinical staff have been given a role in the current SACWIS system which will allow them to enter consultation and staffing notes into the current SACWIS system and full implementation of this changed practice is targeted in for first quarter of FY 18.

• Referral form revisions are still in progress and implementation of one E-file tracking system has been achieved.

• Due to the inability to pull reports from the current Group Share it remains difficult to pull accurate data on outcome objectives. Work is set to begin with Department of Innovation & Technology in the second quarter of FY 18 to set up improved tracking and reporting mechanisms for Regional and Specialty Services.

• Expanded Capacity Waivers came back to the Clinical Division for completion in March 2017. The responsibility for these had been with the Licensing Division for the majority of FY17.

• The establishment of Quarterly QI/QA reviews has not been achieved. The Clinical Division has undergone reorganization and change in leadership, which has required a new plan QE plan to be developed in collaboration with Quality Enhancement staff.

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

FY18 Budget: No separate budget exists for Regional Clinical; however the Clinical Division performed within its assigned budget.

Part III

FY18; Changes Related to Program Description, Population, Customers, Data Sources, Metrics:

No changes have been made to customers or data sources for FY18; however, there are going to be enhancements made to the data sources to assist with improved data collection and report functionality within the Regional Clinical Units.
Regional Clinical has been asked to take an increased role in the clinical assessment and monitoring of youth in residential care in collaboration with POS/DCFS case manager, residential treatment teams and residential monitoring programs. This work should be done in collaboration with Child and Family Teams which are developed to strengthening families and support purposeful, intentional, respectful and supportive engagement with youth and their families.

In addition, Regional Clinical will be changing consultation and staffing model in FY18 in the 4 Immersion Sites in Lake County, St. Clair County, Rock Island and surrounding counties and Mt. Vernon and surrounding counties to ensure that all Clinical staffings and consultations are integrated into the Child and Family Team process (CFTM). The planning and support provided by the Clinical staff will support inclusivity and child/youth and family empowerment in case decision-making. The goal will be for clinical staff to provide guidance and insight that can help guide and enhance the Team’s determination of a course of action. The Clinical staff should support the CFTMs focus of the service needs of the client(s), safety concerns, progress toward the permanency goal and/or well-being, problem solving, practice recommendations and case decisions.

Additionally, in the Immersion Sites, the Regional Clinical staff will partner with current CIPP staff (Clinical facilitators) in completing enhanced service need staffings. The assigned Clinical Coordinator will make recommendations to the worker regarding any subject matter experts or other participants who should be invited (i.e. DCFS consulting psychologist, DCFS RN, Early Intervention Specialist, DD Specialist, DV Specialist, SBP specialist). The inclusion of such subject matter experts will help support the discussion and exploration of the youth’s service needs and/or level of care needs. The same multidisciplinary model will also be used to staff all psychiatically hospitalized youth. This will result in the elimination of the CIPP process in the Immersion Sites. The quarterly staffing of the 8 and under youth will be assumed by the psychology staff assigned to each Region, which is a change for FY18.

Regional Clinical will also be available for any special projects and/or reviews identified to support youth’s safety, permanency and well-being.

**FY18 Program Outcomes Enhancements/Changes:**
- No psychiatically hospitalized youth requiring placement will go beyond medical necessity (BMN) while waiting for a Clinical staffing (a priority, continuing goal)
- Reduce the number of psychiatically hospitalized youth staying in the hospital beyond medical necessity to no more than 5 youth at any given time. This will be done in collaboration with Operations and Psychiatric Hospitalization staff.
- Work with Operations, Contracts and Licensing staff to develop resources that can meet the needs of youth with high-end behavioral health needs, with a special focus on youth with developmental disabilities and significant mental illness.
- Improve long-term stability for post-adoption youth at risk of disrupting permanently from home through collaboration with post-adoption unit and our partners at Health Care and Family Services. This includes updating the current protocol for use of the Director’s Waiver process for temporary residential funding for post-adoption youth.
- Ensure stability for youth moved within the foster care system through clinical support and consultation.
- In collaboration with Operations tracking and analyzing custody relinquishment cases identified by psychiatric lock-outs.
• Improve completion rates of clinical summaries and recommendations within specified time frames. Ensure recommendations are effective and actionable by field staff. This Outcome also will be tied to the enhanced data collection and tracking mechanisms being worked on with the Department of Information and Technology.
• Address clinical needs of youth trafficking survivors and work to develop evidence-based practices to address the identified clinical needs.
• Implement integration of Clinical consultations and staffings in the Immersion Sites, evaluate effectiveness and replicate effective model changes into existing and any future Immersion Sites. This will be done in collaboration with Operations, Immersion Site Directors and stakeholders.
• Improve the efficiency of all E-Filing, data collection and electronic filing of Clinical documents in to SACWIS or any newly developed child welfare information system. This will be done in collaboration with Division of Innovation and Technology.

**FY18 Goals:**
• Hire a Clinical Coordinators in Central, Cook South, and Northern Regions, along with Office Associate for Cook region.
• Update referral form and Information Transmittal, ensuring that all referrals for Regional and Specialty Clinical are on one form and sent to one referral mailbox.
• Managers and Coordinators will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation or staffing
• Coordinators will respond to 90% of all referrals received within 48 business hours
• 90% of general staffing and consultation recommendations will be shared with parties within required time frames; Manager approved extensions will be documented for all work completed outside time frames
• Ensure that that 95% of significant events (staffings, recommendations) are entered in the Psychiatric Hospitalization Tracking database as an update within 24 hours of a significant event
• Facilitate full implementation of Clinical integration into the CFTM process in the Immersion Sites
• Ensure no psychiatrically hospitalized youth requiring placement will go beyond medical necessity (BMN) while waiting for a Clinical staffing (a priority, continuing goal)
• Reduce the number of psychiatrically hospitalized youth staying in the hospital beyond medical necessity to no more than 5 youth at any given time.
• 100% of youth identified as potentially disrupting from an adoptive placement will be involved with post-adoption services and a Clinical post-adoption consultation or staffing, if warranted
• 90% of Clinical Placement Reviews completed within required time frames
• Establish electronic tracking and reporting system for the Regional Clinical Units.
• Strengthen intra-agency partnerships to enhance service planning and interventions for youth who have been trafficked

**FY18 Budget:** In FY 18, the Budget did not change for Office of Clinical Practice; however, the budget for the Clinical Division did change due to reorganization within DCFS’s Divisions.

Developmental Disabilities and Deaf/Hard of Hearing
Program Description: People with developmental disabilities are covered in the federal Americans with Disabilities Act (ADA) of July 26, 1990. The ADA was designed to fully integrate persons with disabilities into the mainstream of American life. The ADA Title II addressed the issues of “discrimination in the provision of state and local government programs, services and benefits.” The DCFS mission is for the provision of services and safety for children in Illinois, therefore any services provided to the mainstream of wards must also be made available to person served by the Developmental Disabilities (DD) Program and Deaf/Hard of Hearing (D/HoH) Program. Since the late 1980’s research has consistently suggested that persons with disabilities are at a greater risk of abuse, neglect and maltreatment than the population in general. Sobsey, in 1994 and 2001, found that children with disabilities are approximately three times as likely as other children to be victims of maltreatment. According to the American Association on Intellectual and Developmental Disabilities maltreatment is one of the causative factors in acquiring a cognitive disability.

The Developmental Disabilities Program and Deaf/Hard of Hearing Program were established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of the child welfare population. There are approximately 993 youth in care identified in the CYCIS system with at least one handicap code of developmental disabilities and approximately 66 children in care with identified hearing loss. The hearing loss query was completed using searches via health codes for children who have received assistive devices and or cochlear implants while also being verified via caseworker or SACWIS record.

There are 123 youth in care currently active on the DD transition list for transition into the adult system (the list is called the TAS – Transition to Adult Services). The focus of the transition work is for youth with Intellectual Disabilities, falling within the broader umbrella term of Developmental Disabilities.

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

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

- Reviews and provides input for DCSF Rules, Procedures, and Guidelines;
- Consults on relevant training curriculum;
- Provides clinical consultation on specific cases in Clinical Referrals, CIPPs, D-CIPPs and other staffings;
- Facilitates referrals for behavioral plans;
- Researches and monitors best practice in Developmental Disabilities and Deaf/Hard of Hearing service provision;

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• Maintains a collaborative relationship with DHS/DDD/DMH, and DD providers in order to assure the greatest cooperation in transitioning wards from child welfare into the adult DD/MH systems;
• Monitors the Kaleidoscope Transition Services Project for the DD Transition Process;
• Offers in-service training and orientation on DD and D/HoH issues;
• Supports case workers in relating to persons with all disabilities;
• Monitors and makes referrals for American Sign Language Interpreters to the field;
• Advocates within DCFS and POS agencies for people with DD and D/HoH; and
• Facilitates improvement and expansion of service availability in both the child welfare system and in the adult DHS/DDD system.

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

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

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

Goals of Program during FY17:
• Review DCFS Rules, Procedures and Guidelines on an ongoing basis as they relate to serving people with Developmental Disabilities and who are Deaf/Hard of Hearing, as necessary revise and submit for approval.
• Provide clinical consultation to other Divisions and Units within DCFS and POS agencies.
• Provide referrals to regions and POS agencies for Sign Language Interpreters.
• The Manager of the DD Program will provide oversight and supervision to the Statewide Coordinator of Deaf/Hard of Hearing Services.
• Continue to monitor and research best practice in Developmental Disabilities for potential use in DCFS and POS agencies in child welfare.
• Develop and maintain a collaborative relationship with DHS/DDD (also MH), POS agencies, and Developmental Disabilities providers in order to assure the greatest cooperation in transitioning wards from child welfare into the adult DD/MH systems.
• Develop and maintain a list of Developmental Disability community referrals for youth in care, family members and care givers.
• Transition 75 youth from the child welfare system into the appropriate adult system to assure safety, permanency and well-being (ongoing goal).
• Improve communication with CILA agencies, PAS agencies and DHS/DDD in order to make the transition process go more smoothly.

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

Number of clients served: For the first 10 months of FY17, there was a monthly average of 123 youth on the DD Transition List (TAS). DD and D/HofH staff attended multiple CIPPs and D-CIPPs for DCFS and POS cases throughout FY 17.

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

Additionally in FY17, the DSC:
• Completed/ went live with the virtual on-line training; “Bridging Language Barriers working with Deaf and Hard of Hearing” The Office of Professional Development requested the DSC’s permission to use the title of the training, Bridging Language Barriers with... for future training programs.
• Completed the Deaf Parenting instruction curriculum which included printed workbooks for parents and manuals for trainers
• Had five Braille copies (each) made of the brochures: Violence Prevention, OIG Helpful Guide, ABC’s of Safe Sleep, Know about child abuse, Waterwise (English).
• The Office of Information and Technology Services (OITS) is currently working on the DSC’s request to have the fields of “Deaf, Blind, Hard of Hearing” added to the SACWIS Person Management Screen. This will allow for better tracking on all individuals who are part of a case, whether placement, investigation, or intact.

Did the program achieve its goals for FY17?: Yes, the program was able to achieve its goals. A new Manager has been hired and will be in place by FY18. Final revisions to the procedure appendix addressing services for youth with developmental disabilities will be finalized by the end of FY17.

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

FY18 Budget: There is no assigned budget for this office.

Goals for FY18:
• Transition an additional 75 youth from the child welfare system into the appropriate adult system to assure safety, permanency and well-being

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• Improve communication with CILA agencies, PAS agencies and DHS/DDD in order to make the transition process go more smoothly
• Secure funding for the production of two American Sign Language videos explaining DCFS investigations and purpose; posting these to the website and have them available for field staff to use at the time of an investigation
• Create an “email blast” to send to both DCFS and POS staff about the available Bridging Language Barriers training
• Create an “email blast” announcing the correct vendor to obtaining sign language interpreter services
• Develop a tickler system so that the Deaf Services Coordinator is notified when cochlear implants have been suggested
• Develop a system for notification that alerts the Deaf Services Coordinator when individuals are marked as having a hearing loss or blindness

Outcomes for FY18:
• The DD and the D/HoH Programs will respond to at least 90% of referrals within assigned time frames; any extensions will be documented.
• The Transition to Adult Services program will review 100% of the CFS418-L Prescreen referrals to determine appropriateness and potential adult services eligibility.
• The Transition to Adult Services program will transition 75 youth in care with a developmental disability into the adult service system.
• Necessary appointments to state boards will be completed by the end of the first quarter of FY18

Domestic Violence Intervention Program

Program History and Data for time period: July 1, 2016 to May 12, 2017

Part I

Program Description: The Domestic Violence Intervention Program (DVIP) is a statewide Specialty Services Program within the Division of Clinical Practice and Program Development. The general activities of the DVIP are case identification, assessment, consultation, resource networking, policy development, and training to support direct service staff around the complexity of cases involving domestic violence. For the first half of FY 17, there was four staff in the DVIP: a Statewide Administrator, and three Clinical Domestic Violence Specialists covering the Cook, Northern and Southern Regions. The Southern Region Clinical Domestic Violence Specialist also covered the Central Region. The Southern Region Clinical Domestic Violence Specialist ended her contract on December 31, 2016; and the Cook Region Clinical Domestic Violence Specialist ended her contract on February 28, 2016. As of May 2017, vacancies remain in the DVIP.

DCFS DV (Domestic Violence) policies were developed in consultation with statewide domestic violence advocates and stakeholders in accordance with DV laws in Procedures 300.Appendix J and Section 302.260. The practice model is designed to augment the Department’s mission to ensure the safety, permanency and well-being for children within their families and those youth in care. This approach aims to address the trauma to children witnessing violence in their homes and planning for their safety.
Goals of the DVIP during FY17: Clinical case consultation is an integral component of the work of the Statewide Administrator and the Clinical Domestic Violence Specialists under their contracts. Cases are referred to the DVIP directly from the field – by child welfare staff and/or their supervisors. On many occasions, community providers, such as domestic violence agencies, also contact the DVIP for assistance with a family experiencing DV that is involved with DCFS.

The primary goal of case consultation is to address safety and risk factors of children, and that of their non-offending parent/caregiver. With this, the purpose of case consultation is to recommend strategies for Domestic Violence protection planning, assist in assessing the family’s needs based on the history of Domestic Violence, and identify appropriate services for the victims (children and adult) and perpetrators. Case consultation with case workers also provides for an excellent opportunity for training and providing information on dynamics of DV.

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

- **Strengthening Families:** Via case consultations, the Statewide Administrator and Clinical Domestic Violence Specialists provide guidance in identifying the protective factors within a family system, despite the presence of DV as an underlying condition. These protective factors are incorporated in safety and protection planning with DV victims.

- **Trauma:** Given the known impact of trauma from DV, trainings and case consultations focus on the impact on family functioning and other underlying conditions. The Statewide Administrator and Clinical Domestic Violence Specialists work together with Regional Clinical staff to identify appropriate interventions for families impacted by trauma from DV. The intersection between trauma and DV is crucial to address, especially in cases with return-home or reunification goals.

- **Reunification:** While a vast majority of cases involving DV become open for intact cases, there are many with critical risk factors that have warranted protective custody. The DVIP works collaboratively with partners and stakeholders from the DV provider community. It is most essential for the DVIP team to maintain these relationships with these partners, as it is parallel to the overall goal of the Department to work with community based programming towards safe reunification.

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

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

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

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

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

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

*Training:* Along with training on the policies and procedures for Domestic Violence, The Statewide Administrator and Clinical Domestic Violence Specialists conduct trainings on various topics related to intimate partner violence. Individuals that are trained are DCFS and POS agency staff, foster parents, youth in care, and community providers with collaborative/networking relationships with the Department. Among the goals of these trainings are:
• Provide an overview of the policies and procedures for Domestic Violence, and provide guidance in application of such to practice.
• Recognize the dynamics of Domestic Violence with regards to the Power and Control Wheel and the Cycle of Violence.
• Discern indicators, warning signs and barriers to leaving an abusive relationship.
• Identify case dynamics that impact safety, and to provide guidelines for developing plans for safety and protection.
• Know the impact of Domestic Violence on children and teens, and the dynamics of trauma.
• Identify Domestic Violence resources and services available to victims and batterers.

Collaborative Work with Partners: The DVIP team works collaboratively with partners and stakeholders from the DV provider community. DVIP staff serve on many local and statewide committees/coalitions, to include: The City of Chicago Division of Family and Support Services, Illinois Department of Human Services, the Illinois Coalition Against Domestic Violence, the Chicago Metropolitan Battered Women’s Network, Partner Abuse Intervention Programs (PAIPs), the Illinois Family Violence Coordinating Councils, Juvenile Court in Chicago, Domestic Violence Court in Chicago, Office of Mediation Services in Chicago, and the overall Circuit Court of Cook County.

It is most essential for the DVIP to maintain these relationships with these partners, as it is parallel to the overall goal of the Department to work with community based programming toward family preservation and safe reunification.

In FY17, the DVIP team represented the Department through participation in the following committees:
• Partner Abuse Services Committee, Department of Human Services
• 3rd, 12th, 18th, and 20th Circuit Family Violence Coordinating Councils
• 20th Circuit Family Violence Coordinating Council Education & Training Committee
• 20th Circuit Family Violence Coordinating Council Court Review Committee
• Jackson County Family Violence Task Force
• Southern Region Youth Summit Planning Committee
• Coordinated Community Response Committee, City of Chicago Division of Family and Support Services
• Cook County Domestic Violence Stakeholders (Chicago, Skokie, Rolling Meadows, Maywood, Bridgeview, and Markham Courthouses)
• Illinois Imagines Committee (focus on victims with disabilities)

Collaborative Work within the Department: The DVIP works collaboratively with all Divisions and Programs within the Department:
• The Director’s Office – to identify special projects that require the expertise and involvement of the DVIP, especially those involving the Office of the Inspector General.
• Child Protection and Operations – to identify consultative needs and high risk cases needing specific guidance and support around issues of safety; and to identify training needs to address and fill areas of knowledge and skills gaps.
• DCFS Legal – to identify and problem solve around issues that arise with court constituents (Office of the Public Guardian, Mediation, State’s Attorney, and Public Defender).
• Office of Child and Family Policy – to identify updates and revisions to policy and procedures guidelines, in conjunction with recommendations by the Office of the Inspector General.
• Office of Communications – to identify public speaking opportunities that involve the need for providing information on the DVIP and DCFS policies and procedures for DV; to update information on DV accessible to the public via the Department’s website and social media sites.
• Office of Training – to identify training needs to address and fill areas of knowledge and skills gaps; to provide CEUs to attendees of all DV trainings provided by the DVIP; to maintain data of trainings and updated curriculums.
• The Asian American Advisory Council, the African American Advisory Council and the Hispanic Advisory Committee – to identify workshop needs related to DV, for annual conferences.

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

**Principal Customers of Program Services:**

**Internal:**
• DCFS investigators and caseworkers; supervisory staff across all programs
• DCFS Administration and all Divisions – including the Director’s Office, DCFS Legal, Office of Child and Family Policy
• DCFS Division of Clinical Services – including Regional Clinical Managers and Coordinators, Specialty Services staff, Integrated Assessment, Clinical Intervention for Placement Preservation, Psychiatry Program, Psychology Department

**External:**
• POS agency caseworkers and supervisory staff
• Community partners and stakeholders – The City of Chicago Division of Family and Support Services, Illinois Department of Human Services, the Illinois Coalition Against Domestic Violence, the Chicago Metropolitan Battered Women’s Network, Partner Abuse Intervention Programs, the Illinois Family Violence Coordinating Councils, Juvenile Court in Chicago, and Domestic Violence Court in Chicago.

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

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

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

Data Collection: The Statewide Administrator and Clinical Domestic Violence Specialists maintain monthly program data, that includes the following:
- Statistics on the total number of referrals, case consultations and staffing,
- Total number of trainings provided, topics, and number of trainees,
- Activities and tasks that have been completed and are actively engaged in,
- A list of committees and meetings attended,
- A list of continuing education conferences and trainings attended.

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

- By virtue of case consultation, DCFS and POS agency staff will demonstrate enhanced practice skills in working with families where dynamics of domestic violence are present. The opportunity to engage in case consultation discussions with the Statewide Administrator and Clinical Domestic Violence Specialists will provide DCFS and POS agency staff with referral and resource information for their clients. Further, DCFS and POS agency staff will have increased awareness and insight into the patterns and cycles of domestic violence that occur within family systems.
- By virtue of attending domestic violence trainings and presentations conducted by the Statewide Administrator and Clinical Domestic Violence Specialists, DCFS and POS agency staff will increase their knowledge base and understanding of domestic violence. Staff will have the opportunity to learn how the dynamics of domestic violence co-exist with and have an impact on other underlying conditions, to include but not limited to: substance abuse, mental illness, and developmental disabilities. Further, DCFS and POS staff will learn about the impact of exposure to violence on children and teens, and skills in engaging with these young victims.

Part II

FY17 Program Outcomes and Findings – from July 1, 2016 to May 12, 2017:
Number of Clinical Consultations | Number of Domestic Violence Trainings and Workshops | Number of Trainees
--- | --- | ---
808 | 12 | 148

FY17 Program Accomplishments:

- In collaboration with the Office of Training, students at John Marshall Law School and Kent School of Law (both in Chicago) were provided with a guest lecture on the intersection between child abuse and neglect, and domestic violence.
- The DVIP participated in a Student Intern Orientation panel in the Cook Region.
- Along with Operations and the Illinois Coalition Against Domestic Violence, the DVIP had meetings with area DV providers to discuss child protection processes and relationship building. Meetings occurred in the Southern Region (Marion), Northern Region (Aurora) and Central Region (Bloomington).
- The DVIP traveled to Florida in January 2017 to conduct site visits of programs that housed Co-Located DV Advocates at child protection offices. The sites visited were Miami, Daytona Beach and Jacksonville; and were conducted with DCFS Operations, the Lake County Immersion Site Directory, the Family Defense Center (Chicago) and the National Council of Juvenile and Family Court Judges. Director Sheldon asked the Family Defense Center to write a proposal to pilot these programs in Illinois; after which the Senate House Bill was passed. A five-year pilot was approved, in which co-located DV advocates would be placed in the Immersion Site in the Northern Region in Lake County (Waukegan office), Immersion Site in the Southern Region (Marion office), and a DCFS office in the Cook Region (1911 S Indiana in Chicago).
- Collaborative work with the Division of Contract Management to assess the need and appropriateness of contracts with Partner Abuse Intervention Programs, and processes for reimbursement for services.
- Continued participation and discussion with DCFS Legal, regarding high profile cases.
- Continued participation with DCFS General Counsel at quarterly DV meetings at the Domestic Violence Court in Chicago, with the Presiding Judge Sebastian Patti.
- The DVIP participated in roundtable discussion with Senator Althoff regarding challenges faced by DV service providers. Meetings were held in Springfield and McHenry County, and were also attended by DCFS Operations and area DV providers.
- The DVIP was invited to participate on the Lake County Immersion Site Stakeholders Committee.
- The DVIP facilitated a panel discussion at the DCFS Asian American Advisory Council conference, on domestic violence and substance abuse.
• The DVIP was invited to participate in the Safe Babies Court Teams Implementation Committee, which focuses on integrating services for families towards faster reunification.
• The DVIP remained involved as a member of the Partner Abuse Services Committee with the Illinois Department of Human Services.
• In FY 17, the DVIP team continues to enhance knowledge and education by attending various conferences and training, on topics such as substance abuse, domestic violence, sexual assault, child welfare, LGBTQ dynamics, elder abuse and disabled population, etc.

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

FY17 Budget: In FY17, there was four staff in the DVIP, for the first half of the fiscal year:
• The Statewide Administrator is a full-time employee, contracted with Governor’s State University.
• The Northern Region Clinical Domestic Violence Specialist is a full-time Independent Contractor.
• The Cook Region Clinical Domestic Violence Specialist was a full-time employee contracted with Governor’s State University, who terminated her contract as of 2/28/17.
• The Southern Region Clinical Domestic Violence Specialist was a full-time Independent Contractor, who terminated her contract as of 12/31/17.

Part III

FY18 Program Description and Other Information will remain the same as in FY17.

FY18 Program Outcomes Enhancements/Changes: FY18 Program Outcomes will continue as they were in FY17.

FY18 Goals: FY18 goals will continue as they were in FY17, including:
• Hire a Central Region Clinical Domestic Violence Specialist.
• Hire a Southern Region Clinical Domestic Violence Specialist.
• Hire a Cook Region Domestic Violence Specialist.
• Update DV policies and procedures, to include Appendix J, Domestic Violence, and Section 302.260; and the DV policy training curriculum in accordance with changes in policy.
• Continue to identify new information to update DV training handouts and educational materials.

LGBTQI Y/F Program:

Part I

Program Description: The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex Youth/Families program serves as a support for LGBTQI youth, families and caregivers
involved with the Department. The program title has been expanded to convey that support and education may be offered by the Program Specialist at any point in a family’s contact with DCFS. Intersex youth and caregivers may also be served and supported. However, future writing will focus on the LGBTQ spectrum.

The Clinical Coordinator manages statewide Departmental programs and initiatives to ensure that appropriate services are provided to LGBTQ youth. The Coordinator also develops and implements statewide policies and procedures, develops culturally sensitive resources for placement and supportive services, monitors outreach efforts to LGBTQ youth and provides consultation regarding the preservation of current placements for children and youth. The Coordinator may also be a crucial participant in child and family meetings, CIPP (Clinical Intervention to Preserve Placement) meetings and Regional clinical staffings. In this role, the Coordinator serves as the Department’s LGBTQ liaison with community providers and national networks.

DCFS policy is to maintain and promote a safe and affirming environment for LGBTQ youth and families served by DCFS or POS agencies. This involves all children in DCFS care, including youth who are in DCFS contracted residential facilities and programs, foster care and any other substitute care settings. It is important for DCFS and POS staff, providers and foster parents to understand that when DCFS wards explore/express gender and/or sexual orientation which is different from either the gender assigned at birth or different from a strictly heterosexual orientation, that they be supported and respected without any effort to guide the ward to any specific outcome for their exploration. The Program Coordinator is a key educator regarding these circumstances.

Youth who are lesbian, gay, bisexual, transgender, and questioning are protected by the Illinois Human Rights Act. They have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open about their sexual orientation.

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

Principal Customers of Program Services
Internal:
- DCFS Investigative/Permanency Staff (Operations)
- Supervisors
- Administrative staff (including but not limited to: Central Office, Advocacy Office, Legal Services, and Guardian’s Office)
- Licensing
- Regulation/Monitoring
- Regional Clinical
- CIPP
External:
• Purchase of Service staff and Administration,
• Residential Treatment providers
• Public Guardian’s Office (GAL),
• Systems of Care (SOC)
• Hospital LGBTQ programs
• CASA
• County court systems (circuits)
• Community agencies
• Medical providers

Goals of Program during FY17: The overarching and continuing goal of the LGBTQI Y/F Program continues to be maintaining and promoting a safe and affirming environment for LGBTQ youth and families served by DCFS or POS agencies.

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

Program Data/Sources: Program referrals are tracked through a logging system in ClinicalRef (Clinical mailbox) within the Clinical group share that houses completed referral and staffing documents. The Program Coordinator also maintains a log of activities.

Number of Eligible Clients: All youth and families contacted by DCFS (i.e., through investigation) or served by DCFS/POS staff.

Number of Clients Served: During FY 17, (to date) there were 60 case consultations, in which some of those cases required several staffings. Staffings include:

• In person meetings with staff and youth
• Teleconferences with staff
• Participation in larger staffings conducted by Regional Clinical Coordinators
• Quarterly agency staffings for youth
• CIPP
• Residential and Transitional Discharge staffings

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• Child and Family Team Meetings
• Written resource sharing

In addition to consultation, the Coordinator, the DCFS consulting psychologist working with the LGBTQ program, and Associate Deputy Director if Behavioral Health also provided in-service/training opportunities to DCFS/POS staff, court staff, and community stakeholders. This included the STAC (Southern Thirty) shelter; Madden shelter; State-wide ACR; Statewide DCFS/POS Adoption and Adoption Preservation Providers; Cook/POS Professional Development; and the Statewide Nursing Meeting with interns.

Part II

Program Metrics

FY17 Program Outcomes and Findings:
• Hiring a downstate LGBTQ Y/F Coordinator did not occur, but remains a goal.
• An internal LGBTQ Employee Advisory Council did not occur, but remains a goal.
• Outreach to Illinois judicial circuits to identify resources and supports offered by the LGBTQ Y/F Program in order to support youth within the juvenile court system continues for FY18.
• The LGBTQ curriculum training projects continued so that delivery as a webinar can be used. This, however, will be connected to the project creating video youth stories for messaging and recruitment of caregivers (see below).
• An internal “credentialing” process for agencies working with LGBTQ youth and families to ensure their services and staff are LGBTQ affirming remains a FY17 goal; this is now coupled with assessment of additional providers (such as mental health providers) to ensure they are LGBTQ affirming. Because of the expansiveness of this project and the need to synchronize activities with other credentialing processes pending in DCFS, it is likely this goal will continue beyond FY16 and FY17.
• Partnering with the Resource Unit to increase number of LGBTQ-affirming substitute caregivers and increase recruitment of LGBTQ caregivers did occur in FY17 and will continue throughout FY18.
• Drafting anti-discrimination legislation for LGBTQ youth in care was initiated and work on this project continues. LGBT youth in care will be asked to contribute.
• The LGBTQ policy updates were submitted to the Office of Child and Family Policy and the Director signed the policy in May 2017.
• In FY17, the Rainbow Youth Committee dedicated itself to projects that will enhance the well-being of LGBTQ youth in care, in an immediate and in a longer-term sense (i.e., reduction of homeless LGBTQ youth who emancipate from the child welfare system).
• In addition to the work done by the Rainbow Youth Committee, a partnership was recently established with Pride Action Tank (Chicago). The focus at this time is recruitment of caregivers and mentors for LGBTQ youth (as noted in a previous bullet point). Youth videos (youths telling their stories) was initiated with the assistance of Pride Action Tank.
• An LGBTQ rights poster and palm cards were created by the Rainbow Youth Committee and printed for dissemination within DCFS and private agencies.
• The LGBTQ Youth Advisory Board was created.
Continued collaboration with Lurie Children’s Gender and Sex Development program has provided a consistent resource for youth.

The LGBTQ Coordinator served as the Keynote Speaker for Affinity Community Services, “Burning Bowl Celebration. The speech that was provided reflected DCFS LGBTQ youth in care, a call to action – the request for foster parents, mentors, hosting a Holiday Party at the agency for LGBTQ youth, implementing an LGBTQ Support Group.

The LGBTQ Training module for Foster parent Pride Training will be implemented in July 2017. The training Department continues to work on LGBTQ Training for Foundation/Core training for new DCFS and POS employees. The training Department is also continuing to develop a LGBTQ ‘Stand Alone’ training/webinar for DCFS/POS and congregate care facilities that serve the DCFS children and youth.

In FY 17, relationship-building with Downstate LGBTQ organizations continued to be strengthened. These agencies include, but are not limited to: United Pride (UP) Champaign; Rainbow Café and Services, Carbondale; Phoenix Center, Springfield and Writers, Planners and Trainers, East St. Louis. The DCFS LGBTQ youth from both foster care and residential facilities continue to utilize these services.

The LGBTQ Coordinator has just reached out to UIC (University of Illinois – Chicago) Gender and Identity Program to establish a working relationship with the goal of achieving more options for our trans-fluid children and youth.

LGBTQ presentations continue on an ‘as need basis.’ The most recent presentation was at the conference in Springfield organized by ‘Equality Illinois’ in which DCFS had a panel of presenters which also included Director George Sheldon. This venue also provided a strong networking relationship with the ‘Down State’ directors of the LGBTQ services in which our DCFS youth participate.

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

**FY17 Budget:** No separate budget exists for the LGBTQI Y/F Program. The program performed within its assigned budget.

**FY18 Changes Related to Program Description, Population, Customers, Data Sources, Metrics:** No changes will occur in FY18 regarding program description, population, customers, data sources or metrics.

**FY18 Program Outcomes Enhancements/Changes:**
- The Coordinator will respond to 95% of all referrals received within 48 business hours.
- The Coordinator will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation.
- The Coordinator will participate in and provide consultation to 90% of the staffings where attendance has been requested. In circumstances where the Coordinator is not able to participate in a pre-scheduled, larger staffing, consultation will be offered to referral sources and field staff immediately after the staffing. Written outcomes will be provided. This is already an active process within the program.
The Coordinator will respond to 100% of requests for in-service presentations or trainings.

The Coordinator will ensure that 100% LGBTQ-related inquiries from the Specialty Services dedicated phone line are responded to within 48 hours.

The Coordinator will regularly contact LGBT youth in care to ensure ongoing involvement in active and new projects.

**FY18 Goals:**

- Hiring a downstate LGBTQI Y/F Coordinator is still being requested.
- An internal LGBTQ Employee Advisory Council remains a goal.
- Outreach to Illinois judicial circuits to identify resources and supports offered by the LGBTQI Y/F Program in order to support youth within the juvenile court system continues for FY18.
- Completion of the LGBTQ curriculum training projects within FY18 so that delivery is provided to child welfare staff and foster caregivers.
- The internal “credentialing” process for agencies working with LGBTQ youth and families to ensure their services and staff are LGBTQ-affirming remains a FY17 goal with completion within the fiscal year. Work is ongoing with youth shelters.
- Continued partnering with the Resource Unit to increase number of LGBTQ-affirming substitute caregivers and increase recruitment of LGBTQ caregivers will continue throughout FY18
- Drafting anti-discrimination legislation for LGBTQ youth-in-care remains a goal.
- Establishing a partnership with Howard Brown regarding transgender physical and behavioral health, much like what has been established with Lurie’s.

**FY18 Budget:** The budget for the LGBTQI Y/F Program is not projected to change. However, a FY18 goal continues to be hiring a downstate LGBTQI Y/F Program Coordinator, so consideration is given to this monetary impact.

**HIV/AIDS Program:**

*Program Description:* The HIV/AIDS Program provides a statewide system of supportive services to children and families involved with the child welfare system who are dealing with HIV infection. This includes support for families of origin as well as substitute caregivers. The program initially had three Specialists, but there is now one Specialist. The Program Specialist coordinates the efforts of a specialized network of private agency support service providers and foster parents. The Specialist also provides consultation and technical assistance to child welfare professionals with cases involving HIV infection.

The Program Specialist also has assisted with psycho-educational groups for HIV-affected individuals and their caregivers. This is done through a contract with The Children’s Place. A contract is also in effect with CORE Center (Hektoen) to assist with addressing the needs of the often-complex dynamics that confront the families affected by HIV/AIDS. The CORE Center uses a multidisciplinary model of care to provide family-centered integrated comprehensive medical, psychosocial, and social support services co-located in a single facility.

*Target Population:* The target population includes all youth and families dealing with HIV infection. The number of new referrals to the HIV/AIDS Program has continued to decline.
since the implementation of the program. At the point the program was created, the mortality rate was incredibly high for children and adults who were infected. The response of medical, social service and court personnel to individuals affected by HIV often led to isolation and a limited range of interventions to keep children and adults healthy and families together. The DCFS HIV/AIDS Program was invaluable in securing medical assistance for families and fighting stigma so that social services could be implemented.

As time has passed and the medical community offers more options for health care, myths regarding HIV are being exposed and there are more service centers for individuals dealing with the infection, the active involvement of a Department Specialist has been reduced. This was a positive effect overall, but spurred the need to reconstruct the program itself. Recognizing areas where there may be spikes in infection rates is pivotal and the Specialist must be able to respond.

Work is continuing regarding the legislation requiring the Illinois Department of Children and Family Services and the Illinois Department of Public Health (IDPH) to collaborate on a prevention program for DCFS wards. A workgroup was created and activities need to be revitalized.

**Principal Customers of Program Services**

**Internal:**
- DCFS Investigative/Permanency Staff (Operations)
- Supervisors
- Administrative staff (including but not limited to: Central Office, Advocacy Office, Legal Services, and Guardian's Office)
- Licensing
- Regulation/Monitoring
- Regional Clinical
- CIPP

**External:**
- Purchase of Service staff and Administration (POS)
- Residential Treatment providers
- Public Guardian’s Office (GAL)
- Systems of Care (SOC)
- Hospitals
- CASA
- Department of Public Health
- Community agencies
- Medical providers

**Goals of Program during FY18:**
- Promote the services of the program within DCFS and purchase of service agencies
- Increase number of trainings regarding HIV prevention throughout the state (this is maintained)
- Increase contact with downstate DCFS staff, POS staff and providers (this is maintained)
• Enhance documentation of consultations and continued follow-up with workers and families affected by HIV
• Revitalize the HIV curriculum workgroup and complete curriculum identification/training plan by the second quarter of FY18

**Program Data/Sources:** Program referrals are tracked through a logging system in ClinicalRef (clinical mailbox) within the Clinical group share that houses completed referral and staffing documents. The Program Specialist also maintains a spreadsheet for youth served by the program.

**Number of Eligible Clients:** All youth and families contacted by DCFS (i.e., through investigation) or served by DCFS/POS staff.

**Number of Clients Served:** During the first 10 months of FY17, there were 3 new consultations completed by the Specialist. There are 20 “active” youth (youth known to program staff).

**Consultation activities included:**
- In person meetings with staff and youth
- Participation in psycho-educational groups conducted with Children’s Place
- Participation in client reviews/staffings with CORE Center staff regarding clients served
- Teleconferences with staff
- Participation in larger staffings conducted by Regional Clinical Coordinators
- Quarterly agency staffings for youth
- CIPP
- Child and Family Team Meetings
- Written resource sharing

**Program Metrics**

**FY17 Program Outcomes and Findings:** The Specialist continued her ongoing responsibility maintaining an updated, confidential “active list” of youth still involved with the Department who are affected by HIV. This allows a better grasp of what the youths may need from the program and also assists with a longitudinal assessment of case progress and physical care requirements. She also maintained work with Children’s Place and CORE Center to ensure focus on DCFS youth in care, caregivers, and families. She has become more intensively involved with monitoring the work of the contractual providers to ensure there are unique, discreet services offered by each. The Specialist prompted client movement within the contractual service scope so that the same person/people were not continually receiving the same services. She provided feedback when clients should be released from the contractual programming efforts.

She also remains the DCFS representative at the FIMR/HIV (Fetal Infant Mortality Review) case review team monthly meetings.

**Customer Satisfaction:** No customer satisfaction surveys are required for the HIV/AIDS Program. However, customer satisfaction surveys are now standard within the above-mentioned contracted programs.
FY18 Budget: No separate budget exists for the HIV/AIDS Program. The program performed within its assigned budget. Contracts remained within their budgetary constraints as well.

FY18 Changes Related to Program Description, Population, Customers, Data Sources, Metrics: No changes will occur in FY18 regarding program description, population, customers, data sources or metrics. Consideration is still being given to transitioning the program to Health Services in order to unite the concept of addressing health needs of children involved with the child welfare system.

Additional metrics may be obtained in FY18 when the prevention curriculum launches. Tracking of attendees as well as pre-post assessments of knowledge will provide information about the curriculum.

FY18 Program Outcomes Enhancements/Changes:
- The Specialist will respond to 95% of all referrals within 48 business hours of receiving the referral
- The Specialist will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation
- The Specialist will participate in and provide consultation to 95% of the staffings where attendance has been requested
- The Specialist will respond to and coordinate 100% of requests for in-service presentations or trainings
- The Specialist will serve as program liaison for the prevention curriculum/training development.
- The Specialist will maintain full responsibility for contract monitoring and data base entry for CORE Center and Children’s Place.

FY18 Goals: Goals for FY18 remain similar to FY17. Although the goals are similar, the Program Specialist exercises flexibility to address new issues that arise for youth in care.
- Promote the services of the program within DCFS and purchase of service agencies
- Increase number of trainings regarding HIV prevention throughout the state
- Increase contact with downstate DCFS staff, POS staff and providers
- Proceed with the IDCFS/IDPH prevention/education program
- Connect HIV contract agencies with DCFS resources/ recruitment staff so they can get involved with the resource fairs. This way they can connect directly with the caseworkers, provide information about supportive services, and encourage positive youth involvement.

FY18 Budget: The budget for the HIV/AIDS Program does not have a separate budget; it is not projected to change.

Consideration is also being given to reducing the contract monies for The Children’s Place and CORE Center (Hektoen).

Integrated Assessment:
Each child coming into care is provided with a comprehensive clinical assessment. The Integrated Assessment (IA) is designed to look at the medical, social, developmental, behavioral, emotional, and educational domains of the child and of the adults who figure prominently in the child’s life, to include non-custodial fathers, putative fathers and paramours. Child welfare caseworkers and licensed clinicians use a dual-professional model to interview the children and adults and gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other pertinent case documentation. In addition, the developmental needs of children birth to 6 are assessed by the licensed clinician to ensure timely developmental assessment and service linkage. The IA takes into consideration the experiences of childhood trauma for both children and adults. This information is then integrated into a report that provides an understanding of individuals’ histories, family dynamics, strengths, support systems, and service needs for each child and adult.

Under the auspices of the Integrated Assessment Program with an IA Screener, the IA screener collaborates with the assigned casework staff during the 40 days of the child and family entering the Department’s care to administer interviews/screening tools to gather information on the child and his or her specified family members to complete the family’s comprehensive assessment/CANS (Child Adolescent Needs and Strengths) and develop the family’s service plan. Adult members interviewed by the IA screener and caseworker include the child’s parents, legal guardian, substitute caregiver and other significant persons who impact the child’s safety, permanency and well-being. Approximately 90% of all new children coming into care fall under the IA Program with an IA screener. The only excluded cases are intact disruption cases opened longer than 14 days.

Casework staff and the IA screener each bring their own expertise and perspective to the assessment process. The permanency worker, as a licensed child welfare employee, brings the ability to successfully balance concerns for child safety, emotional security and permanency. The IA screener, based on his/her licensure and prior work experience, brings clinical insight into the functioning of the child and his or her family system. Together, these two professionals identify: the behaviors, conditions and issues leading to the child’s maltreatment and family’s involvement; the child and family’s strengths, supports and protective factors; and those service needed to achieve well-being, permanency and stability.

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.

Goal for FY18:

- To continue to provide high quality and timely child and family assessments with focus on service needs and clear information on outcomes necessary to support reunification or alternative permanency planning;
- To develop enhanced data collection through the integration of the free-standing Integrated Assessment database into a SACWIS or Comprehensive Child Welfare Information (CCWIS) system;
To work with partners in ACR and Quality Improvement to look at outcomes around timely implementation of assessment recommendations, assessment prognosis and permanency achievement;

To continue to provide developmental assessments for all children birth-3 who are participants with the expansion of the Devereux Early Childhood Assessment and Infant Toddler Symptom Checklist being implemented statewide;

To 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.

To implement in the 4 Immersion Sites (Lake County, St. Clair County, Mt. Vernon and surrounding counties and Rock Island and surrounding counties), the 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.

To implement the use of Child and Adolescent Needs and Strengths (CANS) 2.0 by all IA screeners in SACWIS to support CANS validation and interrelated reliability in conjunction with work being done with POS/DCFS case workers and supervisors by Training and Professional Development Division meaningful use of CANS.

To expand IA in the 4 Immersion Sites. In the expanded IA Program, the assigned IA screener will remain an active member of the Child and Family Team Member (CFTM) for a minimum of 6 months from the date of case opening. The IA screener will not only be responsible for the completion of the initial IA assessment, participation in the 14-Day CFTM and 40-Day CFTM, but will also be responsible 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 also available for ongoing clinical consultation during this period.

To implement the Egregious Act Protocol in Central and Northern Region. Training will be scheduled in these two regions in the first and second quarters of FY18 which will allow for statewide implementation.

To will finalize the IA template to achieve goals of streamlining information contained in the report and reducing redundancy and duplication.

To work with Baby Court, Illinois Birth To Three Waiver and Substance Exposed Infant programs in Cook County in early identification of eligible youth in care, complete identified screening materials and provide clinical consultation to POS/DCFS case workers for youth and families assessed.

A customer satisfaction survey will be conducted in FY18 focusing on the effectiveness of the Expansion of IA in the Immersion Sites. This will be done in collaboration with the Immersion Site Directors and stakeholders in each site. Expansion of the Expanded Model will be evaluated for expansion into newly identified Immersion Sites.

For FY17 (7/1/16-4/30/17) 1,776 or 60% of the children served were Birth to 6 years of age. These children all received developmental assessments and in looking at well-being standards, the outcomes for youth in the Cook region, 62% failed their developmental screenings and 26% in the downstate regions. All youth who failed their screenings were referred to our Early Intervention Specialists for referral to Early Childhood services.

~ 220 ~
Volume and Timeliness data:
The following data is from the IA database and is for period 07/1/16-4/30/17

<table>
<thead>
<tr>
<th>Region</th>
<th>Total # child cases assessed</th>
<th>Total # of family cases assessed</th>
<th>Total number of reports completed during period under review</th>
<th>Total number of IA reports completed within 45 days of temporary custody</th>
<th>Percentage reports completed within 45 days of temporary custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide</td>
<td>2,947</td>
<td>1,938</td>
<td>2,562</td>
<td>1,512</td>
<td>59%</td>
</tr>
<tr>
<td>Cook Region</td>
<td>807</td>
<td>542</td>
<td>645</td>
<td>457</td>
<td>71%</td>
</tr>
<tr>
<td>Central Region</td>
<td>1,015</td>
<td>660</td>
<td>769</td>
<td>505</td>
<td>66%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>493</td>
<td>322</td>
<td>508</td>
<td>199</td>
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<tr>
<td>Southern Region</td>
<td>632</td>
<td>414</td>
<td>640</td>
<td>351</td>
<td>55%</td>
</tr>
</tbody>
</table>

Psychiatric Hospitalization Project

The major task for the Psychiatric Hospital Project (PHP) has been to improve decision making regarding child well-being related to education, social skills, physical and mental health. Overall the Clinical Division is recommending documentation be directly entered into SACWIS. In addition, the Clinical Division would like to add mental health records into the SACWIS Health Portal, including Psychological Evaluations. The enhancement of the PHP database supports the project’s ability to collect and communicate information in a timely and efficient manner and to achieve primary objectives. The Department has not accomplished the conversion of entering information directly into SACWIS due to technical constraints; however, DCFS has utilized the MindShare tool to track psychiatrically hospitalized youth.

The Department would like to improve reporting from the PHP database as well. This lends itself to data integration and predictive analytics, which are goals of the overall DCFS Strategic Plan. The exporting of data to Excel and gathering information from different sources can be time consuming. The enhancement of the PHP database will enable DCFS to obtain reports which identify hospitalization trends and examine if the services being provided to youth are a stabilizing factor that will reduce the number and frequency of hospitalizations. The Department continues to support a monthly/quarterly report system that will provide this information automatically.

Other areas of concentration for the Psychiatric Hospital Project include the following objectives:

1. Improvement in timeliness and adequacy of post-discharge services
2. Reduction in subsequent hospital utilization (to decrease recidivism, decrease length of stay per episode, and increase the days between admissions)
3. Reduction in days that youth (who are otherwise ready for discharge) remain in hospital because they do not have a discharge placement (BMN – Beyond Medical Necessity)
In April 2016 the PHP workgroup began gathering and analyzing data of hospitalized youth with the goal of recommending the level of foster care and is now nearing completion. Recommendations will be made to assist foster parents and to improve communication between all parties during the discharge process. This project, which was called the Foster Parent Assessment and Support Project (FPAS), was developed as a result of the larger workgroup and is currently collecting data. The project will help build caregivers capacity to effectively work with youth who have experienced complex trauma. The FPAS workgroup goal is to support efforts by DCFS to reduce the need for psychiatric hospitalization and prevent readmissions by improving our ability to prevent hospitalizations and by improving the implementation of discharge planning processes. The project evaluates the service and support needs of foster parents, as well as their ability to meet the needs of foster children age 12 and under with serious mental health symptoms. DCFS strives to understand why foster children are hospitalized and then build enhanced discharge plans to support the child and caregivers. A major goal is to support improved discharge planning for two types of challenging transitions: 1) when the child returns to the same foster home in which the precipitating crisis occurred, and 2) when the child goes to a new foster home or steps up to a higher level of care. Additionally, identify training needs for foster parents such as medication understanding, techniques for de-escalation, and their receptivity to in-home supports (e.g., through CIPP, IPS).

One recommendation identified by these meetings is the case manager will convene a child and family team meeting at this critical time to inform all parties of this event so the youth is better equipped to meet treatment goals for an expedited return to family or to a community placement. The linkage/discharge staffing and the convening of a child and family team meeting will be written into policy for hospitalized youth. The PHP goal is to ensure that all linkage has been made prior to discharge for continuity of care. This multidisciplinary discharge and subsequent child and family team meeting requires the participation and support of all stakeholders, including the assigned agency, worker, and the prospective discharge placement representative.

The focus has been on monitoring and expediting discharge of youth that are Beyond Medical Necessity (BMN) and the hospitalization of children under the age of 12. Frequent calls throughout the week, engaging all partners, have helped to monitor these youth more effectively and has assisted with being proactive, especially with our youth under the age of 12.

With regards to hospital utilization there has been efforts to decrease recidivism, decrease the length of stay per episode, and to increase the days between admissions. PHP has made some improvement on the actual number of youth admitted, discharged and the length of stay through the first 3 Quarters of FY17. The number of youth that remain in the hospital over 30 days has decreased by 10% this fiscal year. The number of youth having been hospitalized under 30 days has decreased by 30%. The number of youth admitted has decreased by 3.5% and the number of youth discharged has increased by 2.2%.

PHP has been proactive in monitoring hospitalized youth 12 and under and the number of youth over the age of 17. The number of youth 12 and under has increased by 5%, which reflects the trend of all hospitalized children.

We have concentrated on decreasing the number of youth that remain in hospitals BMN by engaging all partners in frequent calls throughout the week to ensure a comprehensive discharge plan. PHP Clinical data shows BMN length of stay has decrease from 41 days to an average of 33 days. This is a 21% reduction.
PHP is currently partnering with DHS to establish a specific protocol in regards to when youth are considered locked out. As the department partners with DHS and SASS, it is anticipated the process will be more efficient, and the number of days youth remain in hospitals after experiencing a lockout will be decreased.

**Psychology Services**

**Consultations:** The Clinical Division’s Psychology & Psychiatry Program’s Consulting Psychologists are Licensed Clinical Psychologists with extensive Child Welfare experience and trauma training that provide consultative support to the caseworkers and supervisors as needed and attend staffings to provide clinical input. As part of the consultation process, the psychologists determine if evaluations and/or services are needed, and if so, what type. The Consulting Psychologists provide clinical input through routine program review, high-profile case review, membership on various workgroups within the division, across divisions, and interagency, and gate keeping services for program specialty therapy contracts to ensure that appropriate and continued therapeutic treatment is indicated. The Consulting Psychologists act as liaisons with other programs within the division, e.g., Specialty Services Programs such as the Psychiatric Hospital Program (PHP), Nursing Program, and Sexually Problematic Behavior Program. With regard to the PHP program, the liaison visits children and adolescent psychiatric hospitals as well as psychiatric units of community hospitals to conduct file reviews, unit observations and clinical interviews in order to monitor care and implementation of best practices as well as to coordinate and maximize efforts and resources of SASS and the Permanency Division. They are a part of the QI Special Review of cases, which results in the building blocks for action steps with other divisions, the foundation for presentations, and support ongoing communication and planning for future reviews. And they have been trained and provide expertise to cases referred through the Egregious Act in order to help determine any service and treatment needs for families with a high level of abuse. The Psychology Consultants also provide immediate response for crisis and urgent situations such as going to offices and agencies where there have been deaths to provide brief grief support and responding to concerning situations in residential facilities. This fiscal year, several Psychology Consultants are providing support as Clinical Specialists to the Therapeutic Residential Performance Management Initiative (TRPMI) pilot until permanent ones are hired.

**Program Data:** The Psychology & Psychiatry Program averages 2,500 testing referrals, and 1,000 consultations, and 2,000 other activities, which includes meeting, staffings, trainings, and presentations annually. The numbers after the third quarter indicate that we are on target.

**Testing Referrals:** Many youth and their families are referred for Psychological and Neuropsychological Evaluations, Parenting Capacity Assessments, and Parenting Assessment Team (PAT) evaluations either before they enter care as an Intact Family Case, when they first enter care from an Integrated Assessment, during care from a Placement Caseworker, Residential Facility or Psychiatric Hospital or after care from a Post-Adoption Caseworker. The Consulting Psychologists provide reviews of these referrals to assure that the evaluations are necessary and appropriate. All testing must be pre-approved regardless of the payment source; this includes intact, placement, residential, psychiatric hospitalization and post-adoption. Exceptional Payment Requests are not to be used to circumvent this process.

A Decision Memo was submitted to increase and restructure the testing payment rate that would bring the Department closer to industry standards. While not approved at the requested
rate, this DM was approved for a 5% increase in payment. There was also an approval to adjust the lower age group from 0-5 to 0-3 and adding the 4-5 year olds to the older group. The test battery changes significantly at age 4 with the amount and type of tests that can be administered. There has been a great difficulty finding providers for our 4-5 year olds due to the amount of work it takes for such a small payment and it is hoped this will increase our pool of approved providers for this age group.

Goals:
- To continue to provide high quality clinical consultation and support to the casework and supervisory staff.
- To continue to provide high quality review of Psychological, Neuropsychological, Parenting Capacity Assessment, and Parenting Assessment Team requests to ensure that all testing and referral questions are appropriate.
- Submit a Decision Memo in FY18 to increase and restructure the testing payment rate in order to have a focused and a comprehensive Psychological Evaluation, which should result in a savings to the Department.
- The goal of working with OITS on ways to utilize state of the art technology for the submission and storage of testing reports has not been completed and will continue in FY18. The Division receives over 2,000 approved evaluations in any year. Not only is it an added expense to the providers for printing and mailing, it has become an increasingly difficult task due to 1) storage space and 2) access to reports for information when needed.

Parenting Assessment Team (PAT)

Program Description: The Parenting Assessment Team (PAT) Program, originally established in 1995, was based on the findings and recommendations of the highly publicized 1993 Amanda Wallace case and the Mental Health Task Force that was subsequently developed. The Task Force’s report to the Governor underscored the lack of organized data collection in assessment of mentally ill parents, and recommended the creation of independent assessment teams to provide comprehensive assessments to address these issues. The purpose of the PAT Program is to assist DCFS and the Juvenile Court by evaluating 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 program services the DCFS Northern and Cook Regions. For the purposes of this assessment, mental illness pertains only to a parent who has been formally diagnosed with an Axis I recognized mental disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM V), and when there is substance abuse/dependence, it must be the secondary diagnosis. The parent must be prescribed psychotropic medication, but does not need to be compliant.

Historically, the PAT program started out as a grant-based program. Over the years, and for various reasons, the original PAT providers left the program. In FY05, the program was switched to a fee-for-service model until FY14, when it switched back to a grant-based model. From FY12 through FY15, there was a significant decrease in the total number of PAT
referrals received and assessments completed despite efforts to increase program awareness. Possible explanations for this decrease included caseworker turnover, utilization of other clinical services within the department, and use of outside resources. Due to this trend, and an inability to sustain providers in the program, the program had to address the structural and financial difficulties to remain sustainable for the future. For FY16, the PAT program has been restructured while maintaining the substance of the evaluation and returned to a fee-for-service program designed to save the state a significant amount of money. The program is now a part of the DCFS Psychology and Psychiatry Program. The PAT referral process is seamlessly integrated within the Psychology Testing Referral process. Caseworkers are familiar with and able to utilize the Consulting Psychologists to make PAT referrals. In addition, the Consulting Psychologists are able to look at all testing referrals and assist the Caseworkers in the appropriate testing for the family.

The PAT Program has three agencies; each is contracted to complete 10 assessments per fiscal year. The teams include a Licensed Clinical Psychologist, Consulting Psychiatrist, and a Team Coordinator. Each assessment consists of independent evaluations of the parent and the parent and child from the psychologist and the psychiatrist. The final multidisciplinary report documents their findings and recommendations. The Psychologist, the Caseworker and parent meet for a feedback session to review the team’s final findings and recommendations. For some cases, the team may conduct a formal re-evaluation six to twelve months later, which will assess the parent’s response to intervention and how this has affected parenting capabilities and risk to the child.

**Program Data:** At this time, two of the three agencies are on target for utilizing the number of assessments allotted for the program and there does not need to be an expansion in the Cook Region. While it may be helpful in other regions, there may not be enough volume to for the program to be developed in other areas at this time. Through the third quarter of FY17, Human Resources Development Institute, Inc., located near the Hyde Park area, has completed 8 assessments. MYSI Corporation, located in the Mt. Greenwood area, has completed 8 assessments. I AM ABLE Center for Family Development, located in the Lawndale area, was able to subcontract with a Psychiatrist starting in the 3rd quarter and has completed 2 assessments. The 18 referrals were from 12 POS agencies.

While the state will not develop this specific resource in other regions (at this time) due to lack of volume, courts and agencies can access a similar type of service to help make key permanency decisions in cases involving parents with mental illness. We are able to address concerns in two ways: The Parenting Capacity Assessment (PCA) is designed to assess an adult’s ability to perform the minimal parenting functions necessary to care for a child. As part of this field study, a group of approved providers, including licensed clinical psychologists, licensed marriage & family therapists, and licensed clinical social workers, conduct evaluations according to the department guidelines in a standardized format addressing relevant domains of parental functioning. There are 19 providers in the Cook Regions, 9 providers in the Northern Region, and 2 providers in the Central Region. When this type of evaluation is requested in the Central and Southern Regions, we work with the Psychologists on our Approved Provider List to conduct the assessment. At times, there have to be modifications to the protocol of in-home observations due to the distance and they are completed in the office. When a PCA is not an option, we are able to include referral questions specific to parenting skills and ability in the Psychological Evaluation. In both situations it allows for adequate
information about the family to be compiled with collateral documentation from the Case Worker and service providers such as a therapist and psychiatrist.

**Goal:** For the next fiscal year, the goal is to increase visibility and referrals by including this program in a planned informational brochure from our department (see below.)

**Provider Training**

*Purpose:* The Psychology & Psychiatry Program oversees 125 approved testing providers. Based on the outcome of a prior review of reports and the fact that no training has been offered to fee-for-service providers, it was deemed that statewide training was a necessity to provide up-to-date information about the Family Centered, Trauma Informed and Strengths Based (FTS) orientation of the Department.

**Goal:** The Psychology & Psychiatry Program continues to work on a training module for all testing providers with a focus on testing and writing with an FTS orientation, and continued compliance with DCFS Psychology Program Guidelines and Standards. The providers will be able to enhance psychological evaluations by identifying the impact of complex trauma on the client’s current functioning. This training will help ensure that the testing program provides clear and concise assessments in a timely manner that specifically addresses all of the questions posed by the caseworker/court in order for better decisions around permanency to be made, and thereby strengthening the outcomes for children and families. With the inception of the Illinois Psychological Association’s requirement for Licensed Psychologist to obtain CE’s for license renewal, we will add the objective of being able to offer CE’s to participants. The training has shifted from being a video webinar to an interactive audio-visual webinar module with quizzes for comprehension. The expectation is that every provider must successfully complete the webinar modules in order to remain on the Approved Provider List. This has not been completed and work will continue during FY18.

**Psychiatric Services**

*Continuity of Care Center (CCC):* The Continuity of Care Center (CCC) provides outpatient psychiatric services for youth in care beginning with the initial need for service. By combining therapy within the same location, the goal is to reduce the need for psychiatric hospitalization resulting from a lack of needed care. In this model, psychiatric continuity of care consultations assure a connection between placements and treatment facilities; and case managers provide care coordination for the high-need children and youth that require medication and therapy services. Medicaid is billed for direct professional psychiatric services for medication administration and medication management, and in some clinics Medicaid is direct billed for the therapy service. The three CCCs in Cook County are located at the Infant Welfare Society in the Logan Square area, Human Resources Development Institute, Inc., in the Hyde Park area, and MYSI Corporation, in the Mt. Greenwood area; and there is one in Springfield. They are all operating at full or near full capacity of 30 clients each. We have recently added another CCC at LaRabida Children’s Hospital in the Burnside area as so many of their therapy clients are in need of psychiatric services and having this available at the same location will benefit the child and family. They are in the process of interviewing and hiring staff.

*Program Data:* For FY17, through the end of the 3rd quarter, there have been 135 referrals for psychiatric services statewide. There were 62 referred to one of the CCCs for services. The
remaining 73 were referred to other medical providers. There has been a slight decrease in the number of new referrals for psychiatric services this fiscal year compared to FY16. During the last fiscal year, there were 223 requests for outpatient psychiatric services for all youth. Of those, 98 were referred to a CCC for treatment. The remaining 125 were referred to other medical providers.

Goal: During FY18, plans are being made to identify additional locations for CCCs in the Northern and Southern regions.

Medication 5 and Under

Purpose: Given the limited knowledge about the impact of psychotropic medication on young children’s developing brains, the fact that young children are more sensitive to side effects than older, larger children, and that foster children are prescribed more of this medication overall, new guidelines have been developed for prescribing psychotropic medication to young children. These guidelines have been distributed to all psychiatrist and pediatricians statewide through the publications of the Illinois Chapter, the American Academy of Pediatrics (ICAAP) and the Illinois Council of the American Academy of Child and Adolescent Psychiatry (ICCAP) in both print and electronic form. It was necessary to send to all because the department does not contract with medical doctors and the youth may be seen by any licensed medical doctor.

All first time medication requests for children in DCFS custody or guardianship age 5 or younger must follow these guidelines no matter the referral source (e.g., medical professional, mental health professional, caseworker, foster parent, school). Except in urgent instances for 4 and 5 year olds, psychotherapy will be the first line of treatment. Children will be referred to one of the Continuity of Care Centers (CCC) in the Cook and Central Regions. Children will be linked with a comparable level therapist if a CCC is not available in their area. Procedures have been revised as stated in Section 325.40 Medication Approval Standards: Consent for Administration of Psychotropic Medications to Children Age 5 Years or Under. This has been approved by the Director's Office and to be posted for the review and comment period, after which any necessary edits will be completed before it is official.

Program Data: There were 20 new requests for outpatient psychiatric services for youth aged 5 and under during FY16. There were 6 new requests during the first 3 quarters of FY17. Currently, there are 86 youth age 5 years and under on psychotropic medication.

Goals:

- The goal is to decrease inappropriate requests for psychotropic medication, reduce psychiatric hospitalizations among young children, and ensure that children needing medication are also involved in therapy.

- The revised 325.40 Procedure will be official during the last quarter of FY17

- The Office of Clinical Practice is working with the training department in conjunction with the University of Illinois Chicago (UIC) Clinical Services in Psychopharmacology team to develop a training webinar that covers these guidelines. The training uses
visual aids to help support key principles, which will improve retention of the information. This training will explain the appropriate procedure for and best practice uses of psychotropic medication with young children. The training emphasizes caution and that the first line treatment should always be evidence based therapy. It also discusses the consent process and will help prevent children from being on psychotropic medication without consent in the future. They will learn how to do a referral for a comprehensive clinical assessment and therapy service, questions to ask before seeking a psychotropic medication prescription for a young child, and what needs to be done after a psychotropic medication is started with regards to tolerability, efficacy, tapering and monitoring. We are recommending this training to be mandatory because it contains important information that should be considered by caseworkers for any child that might need psychotropic medication and will improve the field’s compliance with and understanding of psychotropic medication best practices. The training will be ready for use in the first quarter of FY18.

- A brochure of all of the services provided by the Psychology & Psychiatry Program is under development. This brochure will detail the many ways that our program is available to provide support and service to the department, POS agencies, and involved families. In addition, it will have information on how to access the services and the documentation needed. Goal: To have this brochure completed during FY18.

Title IV-B – Federal Fiscal Year (FFY) 2016; First Half of FFY 2017

**Title IV-B, Subpart 1 Services:** The Department provides child welfare case management services to open child and family cases where the child is the subject of a founded (indicated) abuse 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 (POS) caseworkers. Eligible activities are determined based on Random Moment Time Studies (RMTSs). The DCFS and POS 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) 2017. This situation is expected to continue through FFY 2019.

**Title IV-B, Subpart 2 Services:** The Department provides services under the Promoting Safe and Stable Families (PSSF) Program’s four services categories: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion and Support Services. A general description of each service category and its relationship to the CFSR Outcomes and Systemic Factors are provided below, along with descriptions of those services claimed for reimbursement under title IV-B, subpart 2. 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 2017. This situation is expected to continue through FFY 2019.

The Department continues its efforts to improve and maintain its contacts with children in placement and engage those families and children through necessary and purposeful contact. During the period October 1, 2015 through March 31, 2016, 95% of the total
numbers of required caseworker visits were made; 97% of those visits occurred in the child’s residence. As a result, the Department expects that all of the federal outcomes related to caseworker visitation will be monitored to ensure the benchmark requirements for caseworker visitation are met during FFY 2017 through FFY 2019. See Monthly Caseworker Visit Formula Grants in Chapter IX.

Family Preservation Services

Intact Family Services: Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse or neglect report to remain safely with their families. Intact family services are designed to promote permanency by maintaining, strengthening and safeguarding the functioning of families to: A) prevent substitute care placement, B) ensure the safety, permanency and wellbeing of children and, C) facilitate a safe, stable family environment. Adequately assessing the family’s strengths and needs and assisting the family to achieve minimum parenting skills are essential to the success of those efforts. Intact Family Services continue to be offered to those families where abuse and/or neglect is indicated, to families ordered by the court to cooperate with DCFS, and on a limited basis, to those families in need of support resulting from an unfounded investigation. Services are provided during a six month period; however, these may be continued if the need for services continues and the family has been cooperative.

Significant revisions to the Intact Family Services (Family Preservation) program began in July 2014. At that time Intact Family Services implemented a two tier system of service intensity and length. Referring a family for Tier 1 services assumes a 6 months service length, as it is believed that non-abusive, safe behavior towards the child(ren) will occur within 6 months. If Tier 2 services are needed (i.e., the case is expected to be open for at least one year and a higher level of service provision required) a narrative request form must be submitted by the agency to justify a Family’s Tier 2 designation. Upon receipt of the request for Tier 2, Intact Family Services, management staff will review the case file for engagement with the family in services, compliance with all required protocols and policies, the frequency of contact with the family, and caseworker and supervisory documentation. As of April 1, 2017, 82% of the intact family cases were identified as Tier 1 cases; 17% of cases were identified as Tier 2 cases; and 1% were identified as court ordered intact cases.

POS agencies must seek approval for Tier 2 services and the process is covered in Procedure 302.388:

Tier 2 Request and Approval/Disapproval

All Intact Family Services cases shall begin as a Tier 1 Intact Family Services case. Any time after the completion of the Integrated Assessment and the initial Family Service Plan, a Tier 2 case status can be requested.
• A case shall be designated as Tier 1 when the duration of services to the family is expected to be 6 months or less.
• A case will be designated as Tier 2 when the duration of services to the family is assessed to likely need more than six months to achieve a safe case closure. The Tier 2 extended
period of time for safe case closure is usually agreed to when there is a high level of service provision for the family.

A) Process to Request Tier 2

All cases will be considered Tier 1 cases unless the Intact Family Services Supervisor of the assigned Intact Family Services Worker completes the following:

Before a request can be submitted for a Tier 2 designation, the case documentation must be current in SACWIS, including the CERAP, SACWIS Risk Assessment, Integrated Assessment and Family Service Plan. In addition, the Intact Family Service Worker’s Contact Notes must reflect that in-person contacts with the family and contacts with service providers included discussion of service provision and progress in services, as well as safety, well-being and status of permanency. Supervision Notes must contain documentation that these discussions took place.

i) The CFS 2040-1 shall be completed by the Intact Family Service Worker, including the specific reasons why a Tier 2 status is requested.

An electronic version of the revised Procedures 302.388 is available on the DCFS website.

The Intact Dashboard is a tool to measure outcomes for Intact Family Services which drive the Leveling assignment completed by the Agency Performance Team. This Dashboard reports on 11 Performance Measures related to services provision for Intact Family Services.

In FFY 2016, $26,639,457 was expended on the Family Preservation services described above for cases assigned to POS agencies. They were offered to 5,245 families at an average cost of $5,079 per family.

Family Support Services

Family Support Services are described below and include: Extended Family Support Services, Habilitation Services, System of Care, Family Advocacy Center Services, and Time-Limited Family Reunification Services. These services relate to Goal 3 of the Plan for Improvement in the current CFSP, Objective C.

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 and when a risk of abuse or neglect may also be present. In these instances neither the children nor their families have open cases with the Department. The services offered include safety assessment, casework services, counseling, parenting training, connecting the family to short term and long term family support services provided by community based programs, and other services designed to increase family stability. Case goals and decisions are developed collaboratively. These services may help a family obtain guardianship in a local probate court, a child only grant, subsidized day care and other entitlements, or enroll a child in a school in the community where the caretaker lives. However, when a protective services case must be opened for safety reasons, steps are taken to maintain those services that have already been offered. EFSS programs protect
children from abuse and neglect while allowing them to remain in their home, providing those children with needed family stability and permanency. EFSS programs have operated successfully with few changes for several years. As a result, these services will continue to be provided during FFY 2017-2019. These services are claimed to and funded from federal PSSF in Cook County; downstate they are paid from state Foster Care funds. In Cook County $1,013,341 was expended in FFY 2016. The costs of the services are more difficult to separately identify downstate.

**Habilitation Services** promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placements, promote family reunification, stabilize foster care placements, and facilitate youth development. Habilitation services are provided to parents or other caregivers in order to maintain or reunify the family. These services are typically delivered in the client’s home and assist in strengthening the ability of parents or caregivers to provide adequate childcare and improve their parenting skills. Services are furnished on a statewide basis for DCFS managed cases through a network of providers using a standardized program plan. The Department’s funding for these services has declined over the last five fiscal years and has been reinvested in an expansion of the Family Advocacy Center Services (FACs) described below. For these programs, almost all of the funding is from state Family Preservation dollars, while the remainder is from Foster Care Initiative funds. Eligible expenses for Habilitation Services are claimed under title IV-B, subpart 2 up to the amount authorized. In FFY 2016, $827,619 was expended on these services for 524 clients at $1,579 per client.

A series of interventions and pilots have been implemented with a focus on developing a system of care that allows for reduced use of residential placements as well as the development of placement capacity in less restrictive community based settings. The Permanency Innovations Initiative include these programs:

- **Therapeutic Foster Care**: DCFS has contracted with three agencies to provide TFC services in Cook County and the Northern Region. These agencies will develop specially trained and supported foster family placements for children with high emotional and mental health needs. A fourth agency is utilizing a variant of the TFC model, but they are using it for youth to be placed with Home of Relatives, Home of Parent, or Fictive Kin. Their data will be collected, but will not be part of the official TFC counts. The agency will get referrals from DCFS as well as internal referral from residential placements.

- **IL Choices Care Management Entity Pilot**: This pilot focuses on family-driven, youth guided, strengths-based care coordination. An intensive Child and Family Teaming (CFT) model based on High Fidelity Wraparound standards drives the care coordination services provided. The CFT meets every 30 days, develops a Plan of Care for all services needed for the family and ensures that those services are available through a broad provider network. This pilot is a partnership between DCFS, HFS [State Dept. of Health and Family Services] and DHS [State Department of Human Services]. At present, the pilot is serving targeted youth and their families in Champaign, Vermilion, Ford and Iroquois Counties.

- **Regenerations**: This pilot project is designed to serve Cook County youth, ages 12-18 years old, detained or recently detained at the Cook County Juvenile Temporary Center. Between July 1, 2015 (Pilot inception) and March 24, 2017 (end of the latest
reporting period), 69 youth have participated in the pilot. These youth have or are receiving intensive placement services focused on stabilization, as well as enhanced case management, and community-based wrap-around services. The pilot’s focus is on reducing the number of youth detained beyond their scheduled release date and recidivism.

• IL Dually Involved Pay for Success Pilot: This project targets youth involved with both DCFS and the Illinois Department of Juvenile Justice (IDJJ). The Conscience Community Network (CCN), a network of six Illinois nonprofit service providers, is collaborating with DCFS, IDJJ, and local community partners to serve dually-involved youth. CCN will provide these children with intensive case coordination and timely access to treatments in order to reduce time in costly institutional care, prevent repeat criminal behavior, and foster successful transitions to adulthood. Pay For Success enrollment began in January, 2017 with 25 youth enrolled from Cook, Lake, and Jefferson Counties. CCN anticipates re-opening enrollment for an additional 25 youth from the same three counties in July 2017. Eventually, this project will be expanded throughout the state. Below are the links to further information regarding this project:

http://illinoisccn.org/
http://www.payforsuccess.org/project/illinois-dually-involved-youth-project

Family Advocacy Centers: Family Advocacy Services are provided at no cost to the family. In FFY 2016, $3,030,642 was expended for these services. Family Advocacy Centers are covered under Subpart 2 Services, but have been thoroughly addressed earlier in this chapter, under “Initiatives to Assist with Permanency Achievement,” pg 153.

Time-Limited Family Reunification Services

Time-Limited Family Reunification programs offer services prior to reunification to assist families in reuniting and aftercare services in support of families after reunification has occurred. Additionally, time-limited reunification services associated with early discharge from institutional residential treatment programs and group homes are also offered by the Department. These services relate most closely to the current CFSP’s Service Improvement Plan’s Goal 2 (p. 54 of the CFSP), “Improve the timeliness of permanency achievement for children placed in out-of-home care.” They also relate to Goal 3 (p. 62 of the plan), Objectives A and B, “Enhance the capacity of birth parents to provide for their children’s needs upon return home” and “Enhance the capacity of foster
parents to provide for the needs of children while placed in their care”. It is also the intent of this program to be part of a continuum that sets in motion services that will greatly reduce the necessity for Another Planned Permanent Living Arrangement (APPLA) to become the service goal for children once they reach age 16. Time-limited reunification services are offered to the child and family in support of their reunification. The reunification services offered include counseling, planning, visitation supervision, evaluations and court testimony regarding the family’s readiness to reunify, etc. These time-limited reunification services are initially funded from the state Foster Care appropriation. The costs for those services are included in claims for reimbursement under title IV-B, subpart 2 along with other reunification services provided to the child. This component in the comprehensive foster care service array will continue as long as the current Performance Foster Care services are offered.

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

During the first year the focus has been on securing permanency for children with the goal of adoption. During the next year, emphasis will be placed on reunification cases. The Department believes it is imperative to offer services focused on reducing/removing any barriers impacting a child’s safe return home. Permanency Achievement staff will hold permanency reviews focused on the reunification cases. Those cases hitting the six month mark will be considered priority cases to be reviewed. Specific assignments may be given to Permanency Achievement staff in order to support both the caseworker assigned to the case and the family in completing the tasks necessary for reunification to occur. Although this model had been initiated during this past year, it was not structured well enough to clearly identify/report the results of this effort. However, identifying Time-Limited Family Reunification Services and focusing on reunification cases hitting the six month mark will allow for the identification and resolution of issues preventing family reunification and the results of those efforts measured.

In FFY 2016 $5,328,588 was expended for post-reunification services provided to 2,029 children returned home from foster care. The annual average cost of these services per child was $2,626. As a result of the changes noted above, the Department expects that the number of children discharged to their parents will improve during the next year. Time-Limited Family Reunification Services related to early discharge are also provided to institutional and group home residential treatment programs. Expenditures for these services are not claimed under title IV-B, subpart 2. These services supporting family reunification are an integral component of the residential treatment and group home services offered and will continue to be provided during FFY 2017 through FFY 2019. The residential treatment center or group home is also able to provide up to 3 months of transition support for children who are reunified with their families. This transition support is paid for by the Department via the Residential and Transition and Discharge Protocol.
One of the performance measures for residential treatment centers and group homes is Sustained Favorable Discharge. A reunification is considered a favorable discharge. These costs are paid from state Institution and Group Home funds and from the Counseling appropriation. There is a connection between these reunification services and the two year old Department Permanency Achievement Specialist program. The specialists conduct quarterly reviews of DCFS cases to support permanency planning and decision-making; currently, POS staff may request a review. The purpose of the review is to identify and address barriers that delay permanency with the primary caseworker and caseworker supervisor. The DCFS Service Continuum is described in another section of this chapter titled “Service Continuum.”

The following listed programs also serve under Time-Limited Family Reunification services, but have been addressed in previous sections of this APSR:

- Family Advocacy Centers – pg 117
- Permanency Enhancement Project – pg 163
- Revision of Procedures 315 – pg 102
- Permanency Achievement Specialist – pg 104

Adoption Promotion and Support Services

This title IV-B section of the APSR describes those Adoption services that are the most relevant to title IV-B, subpart 2 because they are partially or fully claimed under that program. These services relate to the current CFSP’s Service Improvement Plan’s Goal 2 (p. 54 of the CFSP), “Improve the timeliness of permanency achievement for children placed in out-of-home care,” as they increase the likelihood that an adopted child will remain in the adoptive home and will not return to substitute care. A total of $10,313,755 (not including respite services) was expended on the title IV-B-reimbursable services described below.

The provision of post adoption and post guardianship services to 22,529 children and youth receiving adoption or subsidized guardianship assistance (as of April 30, 2017) continues to be a critical part of the service provision of the Department’s Post Adoption Unit. Many services contributed to providing the support that made this possible, including several funded, in whole or in part, from title IV-B, subpart 2 funds.

The following listed programs also serve under Adoption Promotion and Support, but have been addressed in previous sections of this APSR:

- Adoption Preservation – pg 167
- Maintaining Adoption Connections – pg 168
Chafee Foster Care Independence Program
Description of the Illinois Department of Children and Family Services Chafee Independence Program and its Components

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

Transition to Independence Philosophy of the Department

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

In order to comply with the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), Department Procedures were revised in December 2010 to require that a Youth Driven Transition Plan (YDTP) (CFS 2032-1) be developed for all youth in care at age 17. The YDTP (CFS 2032-1) must be completed at age 17 and must be reviewed/updated 90 days prior to discharge from care. It is also strongly recommended that the Plan be reviewed and updated on a regular basis between those times and that it be used as a tool to assist the youth in planning for self-sufficiency upon emancipation from care. For youth in an ILO or TLP placement, the Transition Plan required per that Program Plan is acceptable to meet the review required 90 days prior to discharge.

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

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

The number of eligible youth for the CFCIP program as of 5/24/17 was 4,593. DCFS will continue to ensure eligible youth are aware of the independent living and transition services and encourage all eligible youth to participate. CFCIP funded programs and services are available in all areas of the state.

In response to the current reality of long-term placement for a growing percentage of youth in care, the IDCFS has enhanced and refocused many services. Children in foster care age 13 or older, are far less likely to be returned to a biological parent, be adopted, or discharged to private guardianship than younger children in care. In FFY17, of the approximately 16,000 children and youth in substitute care, approximately 30% are ages 14 and older. Long-term youth service components, for youth remaining in foster care until age 18 or up to age 21, include comprehensive integrated assessment, coordinated case management, placement stabilization, education support, and facilitated, youth drive discharge planning at ages 19 and 20.9. Department services to youth comply with safety, permanency, and well-being standards, approved by the U.S. Administration for Children and Families. Specific outcomes for adolescent development and transitional preparation for adult self-sufficiency are guided by the 1999 Chafee Foster Care Independence Act, and include:

- Increased levels of educational achievement;
- Increased employment opportunities & number of youth working;
- Reduced at-risk behavior;
- Reduced non-marital pregnancy;
- Reduced incarceration; and
- Reduced homelessness and dependency.
- Engagement in age or developmentally appropriate activities.

Department service resources, allocated to reach Chafee transitional preparation goals, include intervention and advocacy to address academic achievement barriers, life skills assessments, instruction and application opportunities, recreation and cultural enrichment programs, mental health and substance abuse assessment/service, subsidized college/vocational training and successful program completion support, employment assistance, and appropriate post-DCFS self-sufficiency plans. Self-sufficiency plans may include housing, transition to adult-care health systems, and extended community support networks. Youth services are delivered by DCFS or POS caseworkers, clinical and administrative staff, caregivers, DCFS Office of Education and Transition Services (OETS) staff, and various contracted and volunteer service providers. In addition to expanded provider/program resource components, the Department has enhanced vital application process factors, through an inclusive, collaborative process of research-based, policy revision, staff development training, and strategic interagency and community partnerships.

Team Case Management Services for Adolescents: Caseworker and Caregiver

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

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

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

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

For youth who may remain in DCFS care until age 18 or up to age 21, the permanency goal will usually change, as the child and family’s needs, and circumstances change. For adolescents in DCFS care, the preferred goal remains return home; however, if reunification is not possible, caseworkers explore adoption and guardianship options. When these goals have been ruled out, independence may be selected as the most appropriate permanency goal, while assessing, with each service plan, whether changing circumstances might allow return home, adoption, or guardianship to become the preferred goal. When Independence is selected as the permanency goal, the caseworker documents on the Service Plan, CFS-497, Part I:

- The reason for selecting this permanency goal;
- That the child is at least 16 years of age;
- The reasons why remain home, return home, or adoption are not appropriate permanency goals for the child; and
- That the child has demonstrated the potential to care for himself.

With an Independence goal, caseworkers also develop alternative ways to accomplish the independence goal, in the event the youth is unwilling or unable to accomplish established objectives and tasks. For adolescents, the caseworker and caregiver relationship with the youth is pivotal to the successful and meaningful strategic planning for the youth’s future. The caseworker/caregiver may assume multiple roles in relation to the adolescent. These roles
may include coach, mentor, mediator, advocate, and role model. The given role may vary, and is dependent on the needs of the youth at any given point in time.

Complete a Life Skills Assessment at Designated Age Intervals

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

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

Complete an Interactive Life Skills Program

Youth between the ages of 14 to 20 are encouraged to complete life skills training, if the skills they need cannot be learned in their “home” environment. The curriculum covers an array of topics essential for successful independent living. Topics include career planning/employment, communication, STD/HIV Prevention, Housing, Money Management, Self-Care, Social Relationships, Family Planning, Education/Study Skills, Transportation and Substance Abuse Prevention. The Department contracts with five providers to provide an array of one-on-one, hands-on and group instruction focused on the individual plans developed from the youth’s life skills assessment.

This Life Skills program provides group-based education related to life skill development. It provides opportunities for youth to test their knowledge and learn how to manage their lives as young adults. Life Skills assists youth in learning how to use computers and the internet in a variety of action-oriented learning activities; learn job seeking and application skills; finding the best transportation to get where they are going; money management; budgeting; and shopping. Incentives include food and a $150 stipend upon completion of the curriculum. Life Skills uses a participative program model that employs highly qualified staff to inspire the youth to be active in their own learning.

The life skills agency for Downstate Central and Southern regions is Southern Illinois Collegiate Common Market (SICCM). During SFY17, 150 life skills referrals have been made to OETS to be served by SICCM in both Southern and Central Regions of the State. In this fiscal year SICCM only received Financial Literacy Referrals for the southern Region only completing 6. In the downstate Northern Region, there are two life skills providers: Parents with Promise and Youth Services Network. Seventy-three (73) life skills and five (5) financial literacy referrals have been made to these Northern Region providers in SFY17. In the Cook County region, the department contracts with UCAN for life skill instruction. In SFY17, forty-three (43) life skills referrals were received for UCAN. Sixteen (16) DCFS youth participated in the UCAN life skills training in SFY17. There were 12 completions. Forty-two financial literacy referrals were sent to UCAN. Twenty-nine DCFS youth participated in the UCAN Financial
Literacy trainings. Twenty-four youth completed the financial literacy trainings. Cunningham Children’s Home provides financial literacy training for Central Region DCFS monitored cases only. In SFY17 thirteen (13) youth have completed financial literacy training through Cunningham.

**Older Youth Placements to Promote Independence**

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

Performance Based Contracting for Transitional Living and Independent Living Programs is currently in its fifth year. The outcomes being measured include the Indicators of Self-Sufficiency. The Indicators of Self-Sufficiency (ISS) are measures of achievement for all youth discharged during the fiscal year in the areas of education/vocation, employment and financial stability (note that youth “discharged with potential” as well as all other youth discharged during the fiscal year are included in these measures). Youth being self-sufficient when they exit the system is a challenge for the programs providing Transitional Living and Independent Living services. Programs have had to be creative in their engagement work with the youth they serve and this will continue to be their challenge to meet in FFY17.

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

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

**Discharge Planning**

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

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

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

- Identification card;
- Social Security card;
- Driver's license and/or State ID;
- Medical records and documentation to include, but not be limited to: Health Passport; Dental Reports; Immunization Records; Name and contact information for Primary Care Physician, and any Specialists working with the youth; Name and contact information for OB/GYN, when applicable; Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- Certified copy of birth certificate;
- Documents and information on the youth’s religious background;
- U.S. documentation of immigration, citizenship, or naturalization;
- Death certificate(s) if parent(s) is deceased;
- Medicaid card or other health eligibility documentation;
- Life book or compilation of personal history and photographs;
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
- Copy of Court Order for Case Closure;
- Resume;
- List of schools attended, previous placements, clinics used;
- Educational records, such as high school diploma or general equivalency diploma;
- List of community resources with self-referral information; and
- Credit report, caseworker should be sure youth is familiar with and understands it.

**Trial Discharge Services**

Trial Discharge Services (TDS) is a Department program that allows former foster youth who encounter hardship upon emancipation to reengage with the Department and Juvenile Court in order to secure essential supports and services that will enable these youth to learn to live independently as adults (DCFS Procedures 301.60 f.). To be eligible for Trial Discharge Services:

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

Trial Discharge Services shall begin at the time a youth’s DCFS case is reopened following the reinstatement of DCFS guardianship through a juvenile court proceeding. The youth is then
eligible for all Department services he/she would have been if his/her case had not been previously closed in court.

**Program Support**

The Office of Education and Transition Services staff is 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 outcomes to determine the success of the program. The vendors are required to submit a monthly data collection report to DCFS. This is in compliance with a Chafee certification that the State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan. OETS staff is trained annually on the use of the Department’s standard monitoring tool developed by the Contracts Unit and are required to implement the tool in on-site monitoring visits.

To ensure the programs are meeting youth needs and that youth have an opportunity to participate in identifying their needs, Client Satisfaction Surveys were created to send out to the youth after they successfully complete transition programs. The Department/OETS requires contracted providers to submit copies of satisfaction surveys completed by the youth. This is to assist OETS staff with monitoring of the programs/providers and provide feedback to the provider.

Examples of satisfaction survey findings include:

- **Find Your Future Internship Program:** On a 5 point Likert scale, Internship providers rated the intern’s quality work at 4.31, quantity work at 4.27 and their initiative at 4.04. In addition, interns agreed that their internship matched their academic interest and reported gaining or strengthening skills in budgeting and communication.
- **Cunningham Children’s Home Pregnant and Parenting Teen program:** 100% of the youth surveys strongly agreed with all survey categories with the exception of one – CCH staff treated me with respect - which 75% strongly agreed and 25% agreed.
- **Catholic Charities Client Customer Satisfaction Survey:** clients report the program “helped me grow as a parent” and strongly agreed that the caseworker was supportive and helpful.
- **MFS Client Customer Satisfaction Surveys:** 12 of out 12 client surveys received agreed they were satisfied with the overall services that they received for parenting.
- **Prime 4 Life facilitates the Downstate Statewide Youth Advisory Boards on a monthly basis.** At the second Quarterly On-Site Review, 67 surveys were reviewed. The youth are asked to rate their experience of the meeting by answering questions about their feeling of the YAB, interest in coming back, and if the information presented was helpful. Of the 67 surveys, all scored excellent or good to these questions.

The Department created resource tools to assist providers, caregivers, caseworkers, youth and other stakeholders when seeking services for older youth. They include: a brochure titled
“Get Goal’d” aimed at youth in care and a larger “cookbook” type resource guide aimed at caseworkers and staff in the field. The brochure was designed along the theme of a video game. When unfolded, one side of the brochure contains the various domains of life, i.e., “Get a Good Education”, “Be Job Smart and Money Savvy”, etc., each identified by a specific color that then matches on the reverse side to those same resources with additional information and a phone contact. In order to keep the brochure small the information provided is very minimal. The goal is to stimulate the youth who will then advocate on his or her own behalf with a caseworker, caregiver, or other adult in their life to obtain additional information on the program or resource and, if eligible, take advantage of it. The Get Goal’d brochure has been continuously updated since its inception to include additional Department and community-based resources. The Get Goal’d brochure was updated in SFY16.

The second tool is a larger resource guide created along the same color theme that contains additional information about the programs and services, including specific eligibility criteria and corresponding Department Policy and Forms references, to be used by caseworkers as a user-friendly resource guide to Education and Transition related programs and services. The goal is to have better-informed caseworkers and youth who take advantage and utilize those programs and services. Better-informed individuals make better advocates for those services and resources that are missing or insufficient to meet a specific need. This resource was distributed to DCFS and private agency caseworkers across the state by the OETS Transition Managers. The feedback received continues to be overwhelmingly positive. The Get GOAL’D handbook was updated in SFY16.

The third tool is a dedicated link on the Department’s website for youth, caregivers, caseworkers, and other interested individuals. The “Brighter Futures” link provides information on all youth programming provided by the Department and links to outside resources.

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

Program Collaboration

The Department of Children and Family Services (DCFS) has developed a Collaborative Agreement Project between the Board of Education of the City of Chicago commonly known as Chicago Public Schools (CPS) to improve the enrollment process and educational services for the children and youth in the custody of DCFS that are placed in residential settings. To accomplish this mission DCFS develop contracts with four private agencies for youth in care enrolled in Chicago Public Schools. Referred youth receive an array of services including individual diagnostic testing, curriculum based assessments, crisis intervention, social skills assessment, vocational assessment, recreational services and other stabilization services.

Lydia Home Association has provided curriculum based assessment and support service to one youth this fiscal year. Thresholds provided educational and support services to six clients during this fiscal year. Lawrence Hall has provided service to eleven youth in care. Uhlich Children’s Advantage Network (UCAN) has served five youth this year.
The Department collaborates with the Illinois Work Net Centers for pre-employment workshops, career counseling, job placement, and many other employment services. Unfortunately, the Work Net Centers do not keep statistics on DCFS youth served; however, DCFS is confident many DCFS youth have utilized these services.

DCFS youth are also informed that they can participate in many employment and training programs such as the Chicago Cook Workforce Partnership, the Illinois Department of Employment Security (IDES) “Hire the Future” program, Job Corps, the Safer Foundation, the Youth Job Center of Evanston, Inc., the Workforce Innovation and Opportunity Act (WIOA) programs and Youth Build.

DCFS has agreements with five 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, Danville, DuPage County, Rock Island, Springfield and Winnebago County. The Housing Authority of Cook County told us that they want to start accepting FUP referrals for youth. The Rockford and Winnebago County Housing Authority has agreed to prioritize applicants who were once in DCFS care to their subsidized housing programs (housing choice vouchers and public housing authorities). DCFS currently has no formal partnership with any programs funded by the Runaway and Homeless Youth Act.

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

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

The Teen Parent Services Network (TPSN) is responsible for the overall planning, delivery and evaluation of comprehensive quality services to pregnant and parenting youth in care and their children. In cooperation with the DCFS agency performance teams, UCAN oversees clients currently being serviced by existing specialty pregnant and parenting programs and also those who are being fully case managed by Regional Service Partners. In January 2010, TPSN expanded to provide services to the majority of downstate counties.

In the Southern Region there are two parenting programs. Pathways Teen Parenting is housed at Chestnut Health Systems and covers six counties. New Life Parenting Program is housed at Hoyelton Family Services and covers the remaining 22 southern counties. Both programs provide prenatal, labor and delivery, post-partum, infant/child development information and education. Residential parenting program, Circle of Hope, located in Saline County allows for both the child and parent to receive parenting services in an observable environment in which they reside.
In the Northern Region there is one parenting program. Parents with Promise is housed in DeKalb and covers 16 counties. Pregnant and Parenting Teen Parent Options Counseling, Individual Counseling, Group Counseling, Health Care Management, Parenting & Adult Education/Training, Paternity Outreach to Fathers, Advocacy & Linkages, and Family Planning are among the services provided.

In the Central Region there are three parenting programs. Project Parenthood is housed in Urbana at Cunningham Children’s Home and covers nine counties. Stepping Stones in housed in Peoria at Crittenden Center and covers ten counties. Empowered Parents is housed in Springfield at Springfield Urban League and covers six counties. Each agency has been willing to provide parenting services to youth outside their coverage area when the need has arisen. All three programs provide pregnant and parenting teen parent options counseling, individual and group counseling, health care management, parenting education/training, paternity outreach to fathers, advocacy and family planning.

Cook County has two parenting programs. Metropolitan Family Services’ Moms Plus program serves pregnant and parenting youth in care. It is designed to improve parenting skills and overall functioning of the young parent, prevent child abuse and neglect and prevent subsequent pregnancies. Improvement in parenting skills, overall functioning and progress is measured over time. Given the trauma histories of these young mothers and other losses experienced by minors in care, many of the clients have also experienced a disrupted adoption. While they may have not been in the child welfare system formally for a number of years, they may have recently re-entered during this time of transition. They often experience the benefits and services they received as youth in care when they are trying to move toward independence and adulthood. The total number of youth served FY17 is 53.

The Catholic Charities “Parenting Adolescence Support Services Program” (PASS) consists of: Parenting Coaching-Nurturing Parent Curriculum, Assessments, Adolescent Adult Parenting Inventory (AAPI), New Birth Assessment, Ages and Stages Development and Stabilization Support, and Life Skills. The PASS program provides referrals to health care, domestic violence prevention, child care, recreational services, supportive counseling and collateral contacts. The total number of youth served FY17 is 69.

In all regions of the state a pregnant & parenting teen specialty worker is assigned to conduct a New Birth Assessment whenever a child is born to a youth in care. The New Birth Assessment (NBA) is completed within the first 60 days of birth and ideally takes place in the client’s placement. When possible, the client’s caseworker will also be present during the assessment.

The purpose of the assessment is to:

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

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

The Office of Education and Transition Services continues to utilize the services of the three Downstate Transition Managers to also monitor PPT cases from their respective regions and address client specific issues when warranted, and participate in TPSN specialty trainings.

The Cook County PPT Coordinator monitors the TPSN contract, supports the identification of resources, provides technical assistance to DCFS/POS staff, and provides written reports upon request. TPSN receives the SER’s (Significant Event Reports) and initiates the referral process for accessing services for youth in care. The Coordinator addresses client specific issues when warranted, participates in the TPSN specialty trainings and reviews and supports the consultant, OIG office and DCFS legal.

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

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

On 07/01/2014, DCFS launched the Countdown to 21 program which is designed to support the successful transition of older youth to independence. The program ensures that youth are involved in the long term planning activities regarding their final living arrangement prior to leaving the Department’s care, connections are established with family and community supports, realistic education and vocational goals are established and in process, and participation in financial literacy training to promote financial stability. Since its inception on 07/01/14, 2,478 youth have been served in the program. During the first 10 months of SFY17, 835 youth have participated in a Discharge-Clinical Intervention for Placement Preparation (D-CIPP) meeting and nearly $1.5 million has been awarded as emancipation funds under the program.

As part of the Countdown to 21 program the Economic Awareness Council (EAC) provides the “Get Real: Financial Decisions in the Real World” curriculum, including all program materials to 900-1000 youth within the DCFS system between ages 19-21. In addition to utilizing the “Get Real” curriculum, the EAC customized this curriculum to include information about resources critical to foster youth transitioning to independence. For examples, resources regarding identity theft & credit issues; college financial aid; and ongoing financial education are also included. Additionally, the training guide has been customized for this large, non-school time audience. This customized program was successfully used in SFY17 with DCFS youth obtaining an average financial literacy score of 87% correct responses at completion of the
program. At program completion, over 94% of youth also reported confidence with all financial skills that were taught through this program.

The EAC provides the financial literacy training to DCFS trainers, who then train the Purchase of Service (POS) staff on the financial literacy curriculum. The POS staff then conducts the financial literacy training for the DCFS youth assigned to their agency. The EAC also provides support for two training sessions each quarter as needed to train new instructors. EAC staff participated in four financial literacy trainings for POS staff in SFY17. The EAC communicated with 133 sites to respond to questions regarding the Get Real/Countdown to 21 programs and to provide support in implementation of the Get Real program in SFY17. The EAC provided 18 coalition conference calls in SFY17. These calls were available to all certified Get Real: Financial Decisions in the Real World instructors. There were 269 instructors in attendance in total of these calls. The EAC also led 8 mandatory refresher training calls during FY17. Attendance of these training webinars was 223. The EAC contacted 219 certified, Get Real: Financial Decisions in the Real World instructors (sites) to offer support, consultation on their implementation of the Get Real program in SFY17. All of the youth in this program will have an opportunity to set a savings goal and receive ongoing financial education information through Young Illinois Saves. Individuals who have a plan and pledge to save have been found to save significantly more than those who don’t.

In SFY17, Be Strong Families (BSF), NFP has continued serving child welfare involved youth & young adults by providing services that contribute to achieving child welfare goals and building the Center for the Study of Social Policy’s (CSSP) Youth Thrive ™ Protective / Promotive Factor framework.

Youth Thrive™ is a multi-year initiative of CSSP in Washington DC (creators of the Strengthening Families ™ Protective Factors Framework) that examines how foster youth can be supported in ways that advance healthy development and well-being and reduce the impact of negative life experiences. The framework is based on established research on positive youth development and emerging research on trauma and adolescent brain development.

The five Protective and Promotive Factors are: Youth Resilience; Social Connections; Knowledge of Adolescent Development; Concrete Support in Times of Need; and Cognitive and Social-Emotional Competence.

The following services are provided for youth and young adults:

- **#WoWTalk Youth and Young Adult Cafes**: A series of five, 90 minute informal, but highly structured small group conversations (based on the World Café model) that promote peer to peer learning and deep individual self-reflection. Each café session focuses on a Youth Thrive ™ Protective / Promotive Factor and are centered on topics that include education, health, employment, housing and community engagement which help prepare youth for emancipation.

- **Teen Parent Cafes**: A series of five, 90-minute sessions that foster peer-to-peer learning and self-reflection among teen parents. Each café session focuses on a Youth Thrive ™ Protective / Promotive Factor and is centered on themes that include taking care of yourself, being a strong parent, and building a relationship with your child (ren).
• **Wake Up to Your Potential Leadership Training**: 12 experiential, activity-based (non-didactic) 90-minute workshops that promote optimal development and life skills for youth in care that help prepare them for emancipation.

• **Youth and Young Adult Café Hosting Training**: builds leadership skills and provides youth with the knowledge and tools to host youth and young adult cafes.

In addition, BSF provides services that educate pregnant or parenting teens on the importance of early childhood education, as well as opportunities to tour local early childhood centers in order to encourage the enrollment of their babies / young children in high quality early education programs. BSF provides its services to youth and young adults statewide through youth serving agencies, residential living programs, and shelters.

BSF also provides services for DCFS Alumni who have aged out of the system. Offerings include a Thanksgiving Alumni café and an annual “Family Reunion” event. Each event has a planning committee that involves the participation of youth in care and alumni and brings former youth in care together to network and re-establish relationships with friends and mentors who support their continued development. Alumni also have access to attend and participate in cafes and trainings.

Within this program year (October 1, 2016 – March 31, 2017) BSF has served 774 youth and young adult participants (211 unduplicated). As of March 31, approximately 42% of the unduplicated youth served are 18 years or older, with an additional 5% turning 18 by fiscal year’s end (6/30/17). BSF has also served 66 alumni (51 unduplicated) between October 1, 2016 and March 31, 2017. For evaluations of each of these programs, and an introduction to coming programs, see the Be Strong Families section on pg. 119.

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

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

• **Number of Youth Served**: 07/01/16 through 05/01/17 – 2064
• **Number of Persons Trained**: 07/01/16 through 05/01/17 – 256

~ 247 ~
Number of Trainings: 07/01/17 through 05/01/17 – 17

The Youth in College/Vocational Training program supports DCFS students attending state or private universities, community colleges, or vocational training schools. Participants receive a monthly grant of $511.00 per month and payment for books and required supplies that are not paid for by financial aid grants. For SFY17, 78 new youth were approved for the YIC/VT program and as of May 1, 2017, there are 160 youth in the program. Youth must remain at full time status, while maintaining a 2.0 GPA or “C” average to continue to receive grant payments. It is recommended that the monthly grant be increased to more adequately meet the students housing costs. Students can remain in the YIC placement at age 21/case closure until they complete their program or through the semester they turn 25 years old, whichever occurs first, as long as they continue to meet the eligibility criteria.

The Youth in Scholarship program is a competitive college scholarship program open to all DCFS youth in care, youth who aged out of care at age 18 or older, and youth who left care through guardianship or adoption. The Department awards 53 scholarships annually. The awardees receive a monthly grant of $511.00, a medical card, and a tuition and fee waiver to an Illinois state university or community college. Currently, there are 160 youth in the DCFS Scholarship program. Scholarship recipients can remain in the program until they complete their program (up to five years) or through the semester they turn 25 years old, whichever occurs first, as long as they continue to meet the eligibility criteria.

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

The Department’s Project STRIVE (Strategies To Rejuvenate Interest and Value in Education) Network in Cook County and surrounding suburbs collaborates with two social service agencies. The program design is simple, although the implementation is far from routine. A trained social worker is sent into the school with an average number of 30 DCFS involved youth to engage them in the educational process. The worker performs a wide variety of functions, depending on the receptivity of the school and the needs of the youth. The STRIVE worker connects and coordinates with the case manager from the POS agency or DCFS and gets to know the school intimately. The worker may counsel the student, attend staffing, initiate conferences with teachers, broker tutoring and other services, introduce a youth to an appropriate activity sponsor, help the youth find a job, help the youth get a scholarship, pick up a youth at his house when she/he is truant, etc. In each case, the worker must also engage the student’s family in both the program and the school. Due to the many instances that family is unavailable or unwilling to work with the school, this can be a difficult (but crucial) process. The STRIVE worker will often go to the home, at a time convenient for the family, to discuss school progress and plans for improvement with the youth and caregiver. During SFY16, Project STRIVE began providing services to eighth graders, which continue through high school. A total of 16 eighth graders and 46 ninth graders were provided services in SFY 16. To date for SFY17, Project STRIVE has served 200 youth.

The UCAN Mentoring Program assists youth in gaining skills and confidence to reach their full potential through a meaningful and supportive mentoring relationship that inspires youths’
educational and employment success and thereby facilitating youth development. The goal is to improve the academic, professional and social skills of youth in DCFS care by coordinating a multi-disciplinary team, which includes the youth, foster parent/caretaker, and youth’s identified positive social supports, and DCFS/POS agency service providers. The program will also engage the youth and provide youth with a well-defined role which will give the youth a voice in the development of youth-led, task-centered goals. Mentors will use the relationship and knowledge of Cook County educational institutions, such as Chicago Public School and Alternative School Network, community colleges, as well as accredited vocational programs to assist in creating personalized educational plans. In addition, mentors will connect the youth to resources available in the community and through DCFS; leading to the establishment of long term supports. During SFY17, 39 youth have been served by the UCAN Mentoring Program.

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

The *Community College Payment Program (CCPP)* pays for the tuition, fees, and books, as well as supplies and uniforms, not covered by financial aid grants, for those youth attending an Illinois community college. This assistance is for youth who are attending an in-district community college and is offered regardless of living arrangement. Most students are eligible for the maximum State of Illinois Monetary Award Program (MAP) and Federal Pell grants, so this funding is used only when financial aid grant funds are not available. Since most of our youth receive enough grant money for 2 semesters, this would only assist during the summer semesters. To date, for SFY17, 16 youth have participated in this program. Community Colleges are increasing the number and variety of vocational related programs that train people for entry level and above positions in careers that need workers now. The majority of these programs are related to the health field. Because most of these courses are not funded by FAFSA related grants, the Community College Payment Program is being used to help youth get the needed education for these positions. This funding source can also be utilized by youth who are still in high school or are in a ‘bridge’ program that allows them to complete their high school diploma while earning college credits. One of the largest users of the CCPP, City Colleges of Chicago, is stepping up their career and technical training program offerings through a College to Careers emphasis. City Colleges of Chicago now offers tuition waiver scholarships to those students graduating from a Chicago Public or Charter High School earning at least a 3.0 GPA and who place into college level math and English or have an ACT of 21+. These students will also need to enroll in one of the colleges structured, relevant pathways to be eligible to receive this 3 year tuition, fee, and book waiver. We do not know how many of our youth will meet the criteria necessary to receive the waiver, but this may decrease the number of students having to use the DCFS CCPP funding, but we have again seen fewer youth attending City Colleges needing the CCPP funding so far this year.

The *Alternative Schools Network (ASN)*, in collaboration with the Illinois Department of Children and Family Services, has developed the Youth Scholars, Skills and Service (YS3) Program with 13 community based alternative high schools and the ASN GED Prep Institute for DCFS youth who are out of school and do not have a high school diploma or GED. Each school provides teachers and mentors who work closely with the DCFS students to monitor academic achievement, personal development and supportive services. All programs offer the following: year-round academic program, after school enrichment program, full-time school...
based mentor, student savings, and scholarship program for post-secondary education. In SFY17, 224 DCFS youth were served in the ASN YS3 program. Seven DCFS youth graduated or attained their GED.

The **Youth Scholars** program continues to provide innovative and exciting educational programs and services to youth in care. There has been increased coordination with the DCFS and Purchase of Service (POS) workers. Cultural and recreational field trips continue to provide new opportunities for youth in care. The life skills workshops provide the youth with new learning experiences and help them become independent and self-sufficient. The Department requires the mentors and the youth’s DCFS and POS workers to convene a meeting at the alternative schools where the student’s academic progress is reviewed and problems/issues are discussed. An Annual High School Academic Plan is then completed, and can then be brought to the youth’s next Administrative Case Review by the caseworker.

The Alternative Schools Network (ASN) **Fostering Learning Program (FLP)** provides a specialized online academic and career/technical education curriculum for DCFS youth. The Fostering Learning Program partners with Odysseyware, experts in online learning solutions for at-risk youth. Core subjects include math, history, geography, science and language arts. Electives include Career Technical Education, business, fine arts, health and world language. The FLP is being utilized at therapeutic day schools at residential treatment centers. In SFY17, 312 DCFS youth utilized the FLP program. Three hundred ninety-one DCFS youth are registered with FLP accounts. Nine agencies have utilized the FLP services, with 12 physical locations. The FLP empowers at-risk youth to achieve success through self-paced learning tailored to the individual’s need and skill level.

The **DCFS Find Your Futures Program** was established in the summer of 2005. The internship program originally matched DCFS youth in college with employers in the Chicago area. The Program was expanded in 2008 to include opportunities in downstate Central Illinois and a procedural change allowed interns to repeat up to two years if they meet the criteria. Interns must have a minimum 2.0 cumulative GPA and are enrolled in college full-time. 44 applications were received for the summer 2017 program; 43 applicants were interviewed, 27 youth were approved to participate, and 5 were put on a wait list. Throughout April and May, interns are matched with an employer in their field of interest. In order to meet the demands of clients’ academic concentrations, 11 new internship providers were recruited. During SFY16 program scheduling was changed. The program began with students attending four days of workshops, which included: program orientation; conflict resolution, professional social media, worker rights in the workplace, team building, resume writing and financial literacy networking and business dining etiquette and a closing ceremony. Employers, as well as others from the professional world, are invited and encouraged to attend some of these events in order for interns to develop their networking skills. These events will also allow the interns to develop relationships for future employment opportunities. Anonymous program evaluations will continue to be provided and program changes/improvements will be made based upon the results. Efforts will continue to get prospective employers throughout the fall in order to gain new and continuing support for Find Your Future. All past interns have an opportunity to avail themselves of staff who can assist them in their job searches once they graduate from college.

The **Work-Attitude-School-Study Youth Program (WASSUP)** is a program through the Springfield Urban League that focuses on skill building, increasing academic performance, and career development. Using the Seven Habits of Highly Effective Teens as part of the
coursework curriculum, the Springfield Urban League provides services through individual case management, self-directed learning options, structured mentoring sessions, individual tutoring instruction, job shadowing and on-the-job work experience. Program participants are 14-20 years old, under court-ordered legal supervision of DCFS who reside in Sangamon County, and have completed the Casey Life Skills Assessment. Fifteen (15) participants are targeted to be served. All participants receive case management services where goals are established and monitored. Once the work experience component is completed, participants enter into follow-up status where contact is made at a minimum of once per month. Assistance is provided as deemed necessary. During SFY17, 4 youth have participated in the WASSUP Program. Program staff found that many youth in the WASSUP program require additional and more intensive case management and remedial services to get them at a comfortable point to begin the skill building necessary to more effectively participate in the program. This component has been added as youth have a desire to be more engaged.

The Girls Awakening Power (GAP) Program is a Springfield Urban League program designed to find the hidden voice within each young girl and give it validation, power and a forum. The program offers a safe, yet challenging, academic and social environment that provides opportunities for girls ages 9-14, in an all-girl setting. During SFY17, 8 youth have participated in the GAP Program. These young girls are able to participate in computer lab and homework tutoring, project based education (visiting women owned businesses), meeting women CEO’s, mentoring/job shadowing opportunities from women leaders within the Springfield community; social and emotional learning through staff guided group discussions; exploring friendships and other relationships with more support and less peer pressure; expanding their view of the range of life options available to women; building healthier and more appropriate views of their bodies, minds and potential; studying non-traditional subjects such as computer science, welding and engineering; and business etiquette classes.

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

The Illinois Inter-Agency Athletic Association (IIAA) sponsors and organizes sports and recreational events for Illinois youth residing in child care institutions, group homes or independent living preparation programs. The sport events offered to the youth by the IIAA include softball, swimming, soccer, volleyball, dodge ball, basketball, bowling, and track and field. It also includes special events and activities, an arts and crafts exhibit, creative writing booklet, and a picnic. The IIAA also conducts staff training clinics two times a year. An estimated 1,000 DCFS participants will be served during the contract period. By participating in IIAA activities, the boys and girls can grow and benefit in three areas: 1) recreational, 2) social and 3) psychological. The IIAA mission is to use sports and recreational activities to help youth build the essential social skills enabling them to become well-adjusted and productive members in their communities. The social benefits include learning how to follow directions and deal with authority, gaining impulse and emotional controls, working as a team, developing empathy/identifying with the need of others and learning appropriate public behavior. Many common problems of our boys and girls, such as negative and unrealistic self-images and undeveloped social skills can be treated effectively and economically through an organized recreation program.
The Alternative Schools Network Added Chance Program provides Pre-Employment Workshops and Job Placement for DCFS youth 16-20 years of age in Cook County. The Added Chance staff has had to work harder and provide youth more referrals for jobs because of the economic downturn and high unemployment rate. The Added Chance staff continues to find innovative employment strategies in meeting their goals and objectives. In SFY17, 180 DCFS youth were served in the Added Chance program. 165 DCFS youth participated in the Pre-Employment workshops. 70 DCFS youth received 82 job placements.

The Lawrence Hall Youth Services (LHYS) Mentoring Youth to Inspire Meaningful Employment (MY TIME) program was implemented in SFY13 and began serving DCFS youth in October 2012. MY TIME is a unique job readiness and job placement program created especially for youth in care. MY TIME has a 5-8 day Career Readiness Training component that has been provided to youth in care during the day and in the evening based on the needs of the youth. The MY TIME staff are experienced in working with youth in Group Home, Residential, Foster Care, Transitional Living Program and Independent Living programs. Youth are placed in subsidized employment, 20 hours a week for up to three months. The MY TIME staff assist employers in transitioning youth from a subsidized employee to a traditional paid employee. In SFY17, 84 DCFS youth were served in the MY TIME program. 28 DCFS youth completed Career Readiness Training (CRT). Two DCFS youth were placed in subsidized employment and 30 DCFS youth were placed in competitive employment.

The Love, Unity & Values (LUV) Institute began to serve DCFS youth in care in July 2016 through the Journey to My Better Self Career Academy (JTMBS-CA) program. This program consists of two phases and is designed to facilitate youth development through the delivery of intensive employment training, as well as other supportive services to help youth (ages 16-20) to be job-ready for economically sustainable employment in high-growth industries and occupations. During the FY17, 44 youth in care have completed Phase I and 22 have completed Phase II.

**Phase I – Career Development (25 hours / 5 weeks)**
Job Readiness Workshop – During the first 5 weeks, youth participate in an orientation and career-readiness workshops. The workshops are designed to prepare youth for employment by providing soft skills training. The workshops are comprised of modules addressing workplace etiquette, hygiene, conflict resolution, workplace safety (OSHA), financial literacy, resume and cover letter writing, job search and interviewing techniques, as well as job retention methodologies. Participants receive a stipend upon completing a minimum of 20 hours during Phase I.

**Phase II – Internship (50 to 60 hours / 6 weeks)**
Workplace Training – LUV provides workplace internship placements, and supports participants throughout the duration of their six-week workplace internship. Participants receive a stipend every two weeks during Phase II. Also the LUV staff will assist youth interested participants in accessing secondary education and vocational opportunities, through the Department of Children and Family Services, Illinois WorkNet and Workforce Innovation and Opportunity Act (WIOA).

The Employment Incentive Program (EIP) is a transition program for youth in care 17-20 years of age. DCFS youth who have a high school diploma or GED, and are involved in job training through a certified jobs skill training program, or are employed 20 hours a week are eligible for
a monthly grant. Youth or their assigned caseworkers are required to submit monthly check stubs to the appropriate EIP Coordinator. The grant provides $150.00 a month for a maximum of 12 months, or until the youth reaches the age of 21, whichever comes first. The 12 months can be consecutive or intermittent. DCFS youth living in foster care, supervised independent living, group homes or institutional placement are eligible. Start-up funding for work related items (e.g. tools, work clothing, etc.) is also available to EIP participants. Funding is need based and limited to a one-time disbursement of $200.00. The EIP was effective 1/1/06 and since its inception a total of 2,051 youth have applied for and participated in the Program. As of April 20, 2017, 231 youth have been approved for participation during SFY17.

DCFS provided housing advocacy services (help locating housing, providing housing, budget counseling, and follow-up services) to 138 youth so far in SFY17 through the Youth Housing Assistance Program. The Department expects to be billed for almost $175,000 in FY17, which would be an increase of 25% over last year.

So far in SFY17, the Department’s Youth Housing Assistance Program has authorized cash assistance to 78 youth who were aging out of, or had already aged out of, the foster care system. This is more than a 25% increase over the same period in FY16. The total amount of cash assistance requests authorized between July 1, 2016 and April 30, 2017 was $63,842.38. This is a 30% increase in cash assistance authorized from the same period during the previous year.

DCFS wanted to refer more youth to local housing authorities for a Family Unification Program (FUP) housing choice voucher. Federal rules require DCFS to provide services to youth for 18 months after the youth case closes. This has made it hard to refer youth to the program. DCFS has been working with community providers to use alternative funding to provide these services to youth referred to FUP. We have already referred 9 youth so far in FY17 which is a 200% increase over FY16.

Because of the increase in referrals, the Department appointed a Youth Housing Assistance Program Coordinator in May 2016 to work with the housing advocates and cash assistance programs to ensure that the program is appropriately administered. She will refer every youth whose case closes before they turn 20.5 who is eligible to receive services to a youth housing advocate to see if they want to access services. She will also notify every worker and youth who are still DCFS wards when they turn 20.5 of the program.

The Department completed the second draft of the Housing Handbook. The handbook was created for first time renters. It includes important information to help persons locate, obtain and remain stable in rental housing. The Housing Advocacy Providers will use this information to prepare youth obtain housing. The Housing Handbook is available on line at: https://www.illinois.gov/ddfs/brighterfutures/independence/Housing/Pages/default.aspx.

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

In addition, the annual Regional Youth Summits involve youth in care and former youth in care as keynote speakers, workshop co-facilitators and youth leaders at the resources fairs. The Summits give youth the opportunity to develop the needed skills to prepare them to be self-sufficient and independent as they prepare to leave DCFS care. The Summits cover topics such as housing, financial literacy, preparing for employment, post-secondary education, healthy relationship/parenting skills and legal rights. The goal is that the youth will have an in-depth understanding of services available from the Department and their communities and how to utilize them. Each Summit hosts approximately 150 youth per event.

The overarching and continuing goal of the LGBTQI Y/F Program continues to be maintaining and promoting a safe and affirming environment for LGBTQ youth and families served by DCFS or POS agencies. See full information regarding DCFS’ LGBTQ services on pg 195.

All of the above described programs and services will be continued in FFY18. The majority of these programs currently provides engagement in age or developmentally appropriate activities and will continue to do so in the future.

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

Illinois is scheduled for a federal NYTD Review from November 6-9, 2017. In order to prepare for the review, a steering committee has been convened to meet bi-monthly. The Committee is following the guidelines in the Program Instructions released by ACF on 1/13/17. The Committee has selected Springfield for the site of the review, and has identified the appropriate staff to lead, plan for, and facilitate the Review.

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

The Department posts the comparison reports and “data snap shots” from the NYTD portal on the D-Net and the DCFS website. The goal is to provide information gleaned from the surveys completed to date with youth, Department and private agency staff, caregivers, and other interested stakeholders.

The Department used data from the surveys to inform a Homeless Youth Prevention Planning Committee that the Department participated on in collaboration with the Illinois Coalition on Youth, the Illinois Department of Human Services, and private child welfare and homeless youth services providers.

The Department shares data from the independent living services reporting and surveys with Chapin Hall for research purposes. Chapin Hall is currently conducting an extensive research study of the survey reporting piece of NYTD.
The Department continues to discuss and explore additional ways to utilize the NYTD data internally for the improvement of service delivery.

*Provide information on how the state has improved NYTD data collection.*

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

The Department continues to struggle with meeting the 60% participation compliance requirement for out of care youth in the follow up survey populations. For the latest (2016B) reporting period, however, a 58.06% compliance was reached. The Department will continue to increase efforts to educate permanency workers and youth about the importance of completing the NYTD survey. In addition, for out of care youth the homeless youth providers with whom the Department contracts have been engaged to assist in locating these youth. Unfortunately, however, if the youth are located many still refuse to complete the survey. The Department will continue to require caseworkers to report independent living services as required for NYTD.

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

The Department is continuing to use a variety of means to involve the public and private sector stakeholders in helping adolescents in foster care achieve independence. The Department has ongoing coordination efforts with a variety of public and private groups. The Department takes all major policy development and implementation issues to its Child Welfare Advisory Committee, which is made up of private sector stakeholders.

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

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

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

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

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

- Local county and city public health departments offer to adolescents and youth adults a broad range of health-related services.
- Federally-funded Community Health Centers were established with a mission to deliver comprehensive, high-quality primary health care as well as supportive services to community residents regardless of their ability to pay. Community Health Centers are committed to the concept of the “medical home”, defined as primary care which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Community Health Centers operate in more than 450 service locations throughout the state of Illinois.
- The Illinois Provider Directory for Children and Adolescents with Special Health Care Needs is an online resource to assist in locating health care providers – pediatricians, family physicians, pediatric specialists, occupational therapists, physical therapists, speech pathologists, audiologists, mental health specialists, pediatric dentists, and other health care providers – who serve Illinois children and adolescents with special health care needs.
- The Statewide Provider Database (SPD) provides a tool for staff throughout the DCFS network to identify and to locate community based services for children and families. You may search the system with a child’s CYCIS ID, select services within a given area, or obtain details about programs and services.

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

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 7 local agencies to provide specialized, supportive services for the identified Pregnant/Parenting youth. In counties that do not have a DCFS P/P contract, workers link P/P youth with community based resources that have different funding, when available. These programs are usually funded by state or federal programs. For example, P/P youth and their children receive medical cards, participate in the
DCFS has agreements with five housing authorities to accept youth who are aging out of care participate in their Family Unification Program when vouchers are available. Those housing authorities are in Chicago, Danville, DuPage County, Rock Island, Springfield and Winnebago County. The Housing Authority of Cook County told us that they want to start accepting FUP referrals for youth. The Rockford and Winnebago County Housing Authority has agreed to prioritize applicants who were once in DCFS care to their subsidized housing programs (housing choice vouchers and public housing authorities).

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, 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 children and 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 children and 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 with a seamless transition when the youth’s case closes with DCFS.

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

DCFS is partnering with the Illinois Department of Commerce and Economic Opportunity, Office of Employment and Training (OET) to implement an Employment and Training Program targeting DCFS Youth in Care during the overlapping SFY16 and SFY17. Sixty youth will be targeted across four geographic regions. The goal of the initiative, known as the Building Futures Program, is to increase the work experience and career readiness of foster youth. The key program parameters include providing essential skills and "wrap-around" programming, career readiness classes, mentorship/conflict resolution programming, training high growth sectors, and work based learning through the workforce system.

The program will be targeted to Local Workforce Innovation Areas (LWIA) throughout Illinois with substantial populations of youth in care aged 18-20. DCEO administered grants, with partial DCFS funding, were awarded to: LWIA 3: Stephenson, Winnebago, and Boone Counties; LWIA 15: Stark, Marshall, Fulton, Peoria, Woodford, Mason, Tazewell, and McLean Counties; and LWIA 25: Perry, Jackson, Jefferson, Franklin, and Williamson Counties. As of May 2017, 13 youth were participating and 21 had completed the referral process and were working with the LWIA provider to schedule orientation. Negotiations are currently underway to bring the LWIA covering the Champaign area in east central Illinois and the LWIS covering East St. Louis into the program. Within each area youth will be served by a coordinated system of providers based on how they assess for education, basic skills, career skills, aptitudes, and interests.

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

The Department’s overall response to human trafficking is discussed on page 141.

Provide Specific Training in support of the goals of objectives of the State’s CFCIP

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

Staff from the Office of Education and Transition Services is housed in field offices in each of the DCFS regions. These staff can participate in management/staff meetings and be available to assist staff on an as needed basis in their assigned offices. For the remaining DCFS field offices, the assigned Transition Manager is required to participate in regional meetings, management meetings, staffing when requested, and to be available to present information and guidance on accessing all OETS programs and services.
The Transition Managers provide on-site training sessions at private agencies in their respective regions for both staff and youth on programs/services offered by the Office of Education and Transition Services. The Department’s Training division is working with OETS to award training credit hours to the staff who participate.

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

The Education Advisors under the Educational Access Project/NIU are required to deliver a minimum of two trainings each quarter in each region of the state. Content covered in the trainings include: Back to School; Educational Procedures 314; Special Education; Section 504; Postsecondary Education; Academic Support/Progress; DCFS Education Planning; Education Advocacy. The trainings are open to foster parents, caregivers, permanency workers, and Department staff. During FFY16, 22 trainings have been held with over 250 individuals participating. For FFY17, NIU expanded the use of Webinars to increase the number of people who could attend the trainings. The Webinar for Postsecondary Education was attended by 83 people. In addition to the groups listed, people who work with our youth in other ways were able to attend. Court Appointed Special Advocates (CASA) members and financial aid administrators from various parts of the state were invited and did attend.

The DCFS PRIDE foster parent training program continues to focus on helping foster parents learn best ways to help teens in their care to prepare for and transition to adult life. First and foremost is the annual delivery, through the state's foster parent newsletter, to all foster parents public and private, of information about the various programs the Department provides, such as Youth in College, Independent Living Option, etc. By keeping foster parents apprised of the latest information about programs available and how to enroll, DCFS empowers foster parents to begin planning with their youth for pathways to independence early in children's teen years.

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

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

The Department collaborated with the Cook County Office of the Public Guardian to deliver training on opportunities to engage youth in education and employment. The training was an opportunity for attorneys, caseworkers, youth, judges, public defenders, and bar attorneys to
learn about what services are available, how they can access them, and how do all the 
stakeholders work together to do a better job with foster youth.

The LGBTQI Coordinator, the DCFS consulting psychologist working with the LGBTQI 
program, and the Administrator of Social Work Practice provided in-service/training 
opportunities to DCFS/POS staff, court staff, and community stakeholders. This included the 
STAC (Southern Thirty) shelter; Madden shelter; State-wide ACR; Statewide DCFS/POS 
Adoption and Adoption Preservation Providers; Cook/POS Professional Development; and the 
Statewide Nursing Meeting with interns.

An internal “credentialing” process for agencies working with LGBTQI youth and families to 
ensure their services and staff are LGBTQI affirming remains a FY17 goal; this is now coupled 
with assessment of additional providers (such as mental health providers) to ensure they are 
LGBTQI affirming. Because of the expansiveness of this project and the need to synchronize 
activities with other credentialing processes pending in DCFS, it is likely this goal will continue 
beyond FY16 and FY17. Thus far, the Coordinator has provided technical assistance (T.A.) to 
six agencies providing residential care in order to ensure they include LGBTQI inclusive 
policies and best practice. Another TA is scheduled prior to the end of FY16.

The LGBTQI curriculum training projects continued within FY16 so that delivery as a webinar 
can be used. However, this will be connected to a new project initiated within FY16 – that of 
video youth stories for messaging and recruitment of caregivers. For updates to LGBTQI 
programs, see page 210.

Involve Youth/Young Adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

Regional Youth Summits are held each year. Planning Subcommittees, comprised of youth in 
care and chaired by adult staff, are currently meeting to develop the agenda and coordinate 
the events for the June 2017 Summits. The youth on the planning subcommittees learn 
valuable life skills as they design the Summits, including creating workshops, scheduling and 
confirming venues, public speaking, and motivating peers to register for and attend the 
Summits. In addition, the annual Summits involve youth in care and former youth in care as 
keynote speakers, workshop co-facilitators and youth leaders at the resources fairs. The 
Summits give youth the opportunity to develop the needed skills to prepare them to be self-
sufficient and independent as they prepare to leave DCFS care. The Department has 
committed to continue holding the Youth Summits on an annual basis. Approximately 600 
youth participated in the Youth Summits in 2016 across the state.

The DCFS Regional Youth Advisory Boards (RYAB’s) are convened in every DCFS Region 
across the state. For SFY17, Primed for Life Inc. coordinates Regional Youth Advisory Board 
meetings; provide meals, and transportation for youth in the Southern and Central region. Be 
Strong families’ coordinates meetings, meals, and transportation for youth in the Cook region, 
Northern region and the statewide meetings. The Regional Youth Advisory Boards (RYAB’s) 
meet once per month. The members are DCFS youth in care or youth who have achieved 
permanency through Adoption or Guardianship. Each RYAB has elected officers, who convene 
at the Statewide Youth Advisory Board (SYAB) bimonthly meetings. Guest speakers, including 
successful former DCFS youth in care, are often included on the agenda. RYAB and SYAB 
members represent the interests of the total population of DCFS youth in care. The RYAB
mission statement focuses on partnerships, commitment, engagement, advocacy, empowerment, collaboration and responsibility for DCFS youth, particularly adolescents.

There has been outreach to youth served by the Department via the Rapid Response group who met with youth from the Statewide Youth Advisory Council, and Regional Youth Councils to gain their input and feedback regarding areas involving data collected/used by the Department, areas around safety, and placement issues (such as residential, foster care, etc.) This information is being used to help inform changes that need to be made to various systems to be more inclusive and responsive to the needs of the youth being served. The CFSR preparation process will involve the youth, not only in the case review portion of the review process, but also in meeting with the various Youth Councils around the State to gain feedback on the systemic factors and other key areas that impact the youth. The Department is also developing a survey tool for youth in order to gain ongoing feedback from youth on their relationship with their workers, services received or needed, visitation, and other areas. These mechanisms for gaining feedback will be used to continue to inform workers and administration of the needs and thoughts of our youth regarding the care they receive and the services they want or need to succeed.

For SFY17, the Statewide Youth Advisory Board (SYAB) members continue to address issues that include long-term partnerships with Loyola Law School and other community stakeholders. The SYAB members work collectively as a recognized and commissioned Youth Advisory Board with the Department. The youth have convened focus groups with the Director around the state, participated in lobbying at the state capitol, and testified before legislative and Senate hearings. It was reported that the youth did an outstanding job telling their story and speaking on behalf of the many youth in care receiving services between the ages of 18-21 years of age. The commissioned board has:

- Provided the Department and the General Assembly with the perspectives of youth in foster care;
- Recommended solutions to the issues concerning youth in foster care between the ages of 18-21;
- Reviewed and advised the Department on proposed legislation concerning youth in foster care;
- Made recommendations to the Department on policies and guidelines as it relates to foster care youth, particularly for residential placements; and
- Engaged youth in positive leadership development.
- Has developed an Education, Employment, Communications and Legislative sub-committees to address the specific needs of youth in care regarding theses specific topics.

YAB members have created a process for this population that teaches about empowering, educating and advocating for youth in care by identifying specific youth issues and concerns in all placement types. The protocol has been supported internally and all issues are now tracked and documented via the advocacy office, the Director’s office and the Office of Education and Transition services. Feedback and results are given directly to the youth.

The Department collaborated with the Foster Care of America Alumni – Illinois Chapter and the Illinois Statewide Youth Advisory Board to foster a Youth in Care and Alumni Legislative
Shadow Day at the State Capitol on May 9-10, 2017. The Shadow Day paired youth in care and alumni from across the state with members of the Illinois General Assembly. In addition, the youth were able to meet privately with Illinois Governor Bruce Rauner to share personal stories and advocate for supportive services for youth in foster care.

In FY16, the Rainbow Youth Committee was developed and dedicated itself to projects that will enhance the well-being of LGBTQI youth in care, in an immediate and in a longer-term sense (i.e., reduction of homeless LGBTQI youth who emancipate from the child welfare system).

The State’s philosophy for all of its youth in care over fourteen years of age is one of empowerment and responsibility, with heavy emphasis on education, training, mentoring, peer-group support, and age or developmentally appropriate activities. DCFS continues to fund several programs and activities that provide youth with opportunities to enhance their self-esteem, to be supportive of each other, and to develop a sense of empowerment and control in their lives.

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

In FY05, the Illinois Department of Children and Family Services updated the policies and procedures to ensure Indian Child Welfare Act (ICWA) compliance and implemented a case finding/advocacy support program staffed by Native Americans. The primary goal of the advocacy program is to follow each Native American identified case for compliance and to ensure that the needs of Native American children are met. This includes access and referral to any appropriate Chafee funded program and/or the ETV program.

**Education and Training Voucher Program**

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

Illinois developed the ETV program in 2003 to assist youth with post-secondary educational and vocational/training opportunities. Eligible youth in Illinois are current youth in care who begin and use ETV funding in a program at an accredited post-secondary institution prior to age 21 and are in independent living programs, foster care, relative care, or private agency care homes, post adoption or subsidized guardianship after the age of 16 or youth who aged out of care at age 18 or older. Benefits include up to $5,000 per youth per year for tuition and fees that financial aid grants do not cover, room and board, books, uniforms, supplies, transportation, or equipment. Financial assistance for room and board is only considered for youth not participating in the Department’s Youth in College, Scholarship program, or any other Department paid placement. Youth in the YIC and Scholarship programs receive a monthly grant of $511.00 along with their Pell and other financial aid grants to assist with room and board expenses.

The number of youth eligible for the ETV program, based solely on the fact that they are 17-20 years of age and their case is still open, as of 4/26/17, is 2,651. All of these youth may not meet the high school graduate and enrollment in post-secondary education eligibility requirements. The number of youth to receive ETV services as of April 24, 2017, is 173. In addition, 8 youth were able to use the ETV funding because they had been adopted or in
guardianship at age 16 or older, and 3 youth were eligible from the Enhanced Subsidized Guardianship and Adoption Program (ESGAP) group. In addition, currently there are 86 youth in the Youth in College program who are age 21 or older who DCFS is providing educational support through other DCFS funds. Our goal is to serve 400 youth by the end of the FFY17.

Program Support

The ETV program will be offered to youth in care, youth who were discharged from care at age 18 or older, and youth who went to adoption or guardianship at age 16 or older who are interested in attending any accredited school or institution, such as a junior college, 4 year college or university, or vocational program to help increase their employability. In order to increase outreach efforts in SFY16, OETS sent a targeted mailing to the last known mailing address with ETV program information to all youth who were placed in adoption or guardianship at age 16 or older and are still within the age parameters of the ETV program. Unfortunately, most of the mailings were returned as youth had moved to other addresses as they aged. Only two additional youth were able to use the ETV funding from this mailing. OETS staff did outreach to all youth currently in our Youth in College post-secondary program who have not accessed the ETV program prior to age 21 or have not submitted renewal ETV applications for additional funding that youth may be eligible to receive.

Program Collaboration

The Department’s ETV Coordinator has an internal contact at a majority of the vocational training programs in the state and has identified a point person at most community colleges and public universities who can provide information and support to DCFS youth and troubleshoot in concerns that arise with ETV funding. In addition, the Department has a general list of contact people at the colleges, universities and community colleges. In addition, the ETV Coordinator is reaching out directly to the financial aid departments of the schools and has joined an association of student financial aid administrators (ILASFAA) so that information on the ETV program and other postsecondary Illinois DCFS programs can be given to the people who have direct access to the financial aid information of students.

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

- During SFY16, 214 youth were served via the ETV Program. This number includes 100 youth who began receiving services in SFY15 and continued receiving services in SFY16.
- From July 1, 2016 to April 24, 2017, 97 new youth have applied for ETV benefits and 184 total youth have benefited from ETV awards. Eleven youth served by the program were enrolled in a career and technical education program (formerly known as vocational or trade program) and the remainder were attending a community college or 4 year university.
- The Department’s ETV program is available to former youth in care that were adopted or placed in guardianship at age 16 or older. Of the youth who received ETV funding in SFY17 126 of the youth served were in care, 47 were former youth in care, eight were either subsidized guardianship or adoption at age 16 or older, and three were in the ESGAP group. All youth having a current email address on file with the business office received a reminder notice during spring of 2017 to review their
college expenses for the year to see if there was a need for ETV funding and to make
sure they file their FAFSA so they will be eligible for the maximum federal and state
grant funding. Those that did not respond were sent multiple notices from various
individuals including third party billing personnel at their school if they had utilized
funding previous terms, but had not applied for all eligible terms. The Department will
continue to develop and implement ways to identify these youth and then reach out to
them.

• Staff from the Office of Education and Transition Services continues to conduct
trainings and information seminars at foster parent conferences, Hispanic and
African-American Family conferences, educational trainings on suspensions and
expulsions, and with juvenile court personnel, which include information about the
ETV Program. This will continue through SFY17.

• Information regarding the ETV program will be presented to youth at all four Youth
Summits during June 2017.

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

Unduplicated Number of ETVs Awarded Each School Year

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

<table>
<thead>
<tr>
<th>Annual Reporting of State Education &amp; Training Vouchers Awarded</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Training Voucher Program (July 1, 2015 – June 30, 2016)</td>
<td>214</td>
<td>114</td>
</tr>
<tr>
<td>2016-2017 School Year* (July 1, 2016 – April 24, 2017)</td>
<td>184</td>
<td>97</td>
</tr>
</tbody>
</table>
Populations at Greatest Risk of Maltreatment

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

How are services targeted in the next 5 years:

DCFS has and continues to focus attention on the 0 - 5 population. This population remains the most vulnerable due to their age and their inability to self-protect. Illinois focuses on this population by their Family Preservation efforts which include their Safety Intervention System. DCFS has one of the best family preservation rates because the agency takes children into protective custody only as a last resort, when it is the only way to ensure the child’s safety. DCFS utilizes monitored safety plans and a wide range of community and internal programs such as Intact Family Services that enable children to remain in their homes and their communities safely. Additionally, DCFS has noted a National trend with a rise in deaths related to unsafe sleep. Illinois is in discussion to see how we can better learn about this population and steps that may be taken in conjunction with our state agency partners to reduce the numbers of deaths related to this.

Illinois remains a leader in maintaining children in their home when safe to do so. This is possible due to there being numerous child protection front end measures in place. Illinois utilizes a detailed allegation system when calls are made to the State Central Registry. This system is utilized in taking a report involving incidents of abuse and/or neglect. Hotline workers are trained in the allegation procedures and what may constitute a report being taken. As of March 2017, 29% of all calls made to the Hotline met the criteria for investigation. The detailed allegation system also assists the investigator in focusing his efforts with the family during the investigation but also allows him/her to assess and address the “bigger picture” with the family. Illinois also utilizes a detailed safety assessment in assessing safety and risk to children in which a hotline investigation has been initiated. Child protection staff is trained in the use of the safety assessment and receive ongoing close supervision when a safety determination is made regarding child victims. Procedures providing direction and guidance on how to assess and utilize safety planning is currently being updated and staff will receive additional training regarding this assessment tool over the next year. In using the allegation system as well as a precise safety determination process the protective custody rate remains low (3.7% as of March 31, 2017). Protective custody is taken of those minors only in the most serious situations and where protective measures cannot be taken to ensure their safety without being removed from the caretaker. As reported, Illinois is also able to offer diversion programs for families and children which may address less serious harms or situations. Some of these include referrals to intact service providers which may arrange for an array of preventive services ranging from protective daycare, monies to assist with shelter, to counseling services. Department staff may also refer families to various community service providers who may assist with needs such as housing or parent training including Family Advocacy Centers and the SAFE Families. Both these programs have received support from DCFS in order to expand statewide to be more accessible to families and utilized as a deflection from foster care resource. There are currently 25 Family Advocacy Centers statewide and the Department continues to assess for the need to increase. Safe Families is also now statewide. In addition, the Safe Families program is currently being evaluated to determine the efficacy of the program and assist DCFS in determining the future need to increase programs similar to this as a deflection resource.
Over the next 5 years, Illinois will continue to refine assessments and services to this most vulnerable population. This will be the focus by using data to guide decision making for Intact family services reforms. DCFS is currently working with local Certified Child Abuse Pediatricians (CAPS) and the DCFS Medical Director to increase and improve services to medically complex children to improve their ability to be maintained in the family home with an array of services provided rather than being sent into foster care. Permanency Achievement specialists will continue to focus on Permanency efforts for all children. Illinois with front end efforts in maintaining children in their home of origin continue to have a lower number of youth in substitute care, after dropping sharply from 52,000 in the 1990’s. DCFS currently has approximately 16,000 children in substitute care. DCFS has committed the entire agency and our nonprofit partners to breaking through the “permanency barrier” to reduce the number of children in substitute care to 10,000 in the coming years. This will require not just innovation within the child welfare system, but the critical engagement of the court system, who are the primary gatekeepers to permanency.

Hotline workers continue to receive ongoing training to better hone their assessment skills. Thirty minute, small group, face to face sessions are utilized to update staff on current changes to policies and procedures. Staff is sent to specialty trainings and brings information back to team members to also increase skills. Quality assurance has been implemented to provide feedback and improve worker performance and skills in assessing calls and determining the need for an investigation.

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

Over the next 5 years the Division of Permanency will continue to focus on reshaping staff and stakeholder mindset regarding the need for timely permanency. DCFS has enhanced Procedures 315 in efforts to effectively message permanency in an aggressive and urgent way. These procedures and the practice model emphasize the need for legal permanency with an attention to strengthening families in support of reunification. The enhanced model introduces innovative approaches to considering permanency options for all children and youth and that all children deserve and can achieve permanency. Additionally, the enhanced procedures emphasize the importance of lifelong connections for all children and youth who enter care and the need for all children and youth to achieve permanency through supportive relationships. The “gold standard” for permanency highlights the three legally permanent forms: reunification, adoption and guardianship, with an emphasis on the child’s sense of belonging for permanency. Finally for children and youth who are not able to achieve legal permanency, an increased focus on relational permanency, use of fictive kin and establishing lifelong connections is key to the lifelong successes of foster care alumni. DCFS remains focused on the need to secure permanent, lifelong connections for all children, and is committed to improving permanency outcomes for children in Illinois by focusing attention on the front end practice and procedures as well as an improved practice on the back end when children are nearing permanency or transitioning to adulthood.
The focus on permanent relationships and connections from the lifespan approach is a major tenet of the enhanced model for permanency in Illinois. When supports are in place for children and families, the reunification process is more supported. Further, when family, fictive kin and other supportive connections are engaged in the reunification process, the family has positive resources in times of need and, when reunification is not possible, children and families may remain engaged with supports to establish the best possible alternative path to permanency. It is the right of all children to obtain legal permanency. When permanency cannot be achieved through reunification, adoption or guardianship, and the youth is in jeopardy of emancipation from the foster care system, the importance of connections and relational permanency becomes crucial. Youth who for whom permanency is not achieved; need to have support and supportive relationships to assist them in a successful transition to adulthood and beyond. DCFS will continue to draft, implement, train, and sustain improved permanency practice.

In order to improve services to children in care and to those in care for extended periods of time, the Department believes improving placement selection, identifying supportive resources to the caregiver dyad (birth and foster) and child, the assessment and service delivery with focus on trauma experiences is a strategy that will impact not only younger children but all children who enter care. The revisions to Procedure 315 includes practices and guides the workers and supervisors to ensure families who experience protective custody are more supported by the agency, foster parents, providers and other stakeholders in a systemic community based approach to improving permanency for all. An improved front end practice such as placement selection and diligent search for family and fictive kin connections will impact permanency for the 0-5 population in that better identification of kin and fictive kin connections allows these children to remain in family systems, even if children are placed in foster care. While this practice is currently a tenet of DCFS procedures, the Department has taken measures to further improve and explore ways in which families stay connected, supported and empowered, even if protective custody must occur. Procedures for Fictive Kin in support of legislation were implemented June 1, 2015. This was largely expanded in the revision to Procedures 315 to include all permanency workers being responsible for family finding efforts. The expectation is that securing this information will open doors for placement, permanency and lifelong connections for children that was not previously possible.

DCFS will continue the Permanency Achievement Specialist (PAS) position and will continue to utilize their expertise and support in assisting caseworkers in addressing barriers to permanency. PAS staff upon request or identification also provides technical assistance to Purchase Of Service (POS) staff where the majority of foster care service provision resides in Illinois. The identification of permanency barriers by the POS agency, monitoring body, or regional staff, will assist in the addressing barriers more timely and ensuring permanency for youth in care expeditiously. Developmental services to children under the age of 5 are described in the discussion of School Readiness Initiative and The Early Childhood Project, under the heading of Well-Being Services. Please refer to those sections for additional information about developmental services.

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

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

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

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

Services for at risk populations
Services to address the most at risk population continues to be served first and foremost through the provision of intact family services when youth have been assessed to be able to remain in their home. The services are specific and time limited in theory to address the safety and risk concerns identified via assessment of the family. The services are aimed at addressing the issues that plague the parents in effectively parenting and addressing the child safety/well-being. When in home services are not an option due to safety concerns, youth are placed outside the home environment. Many youth enter department care and have identified trauma history which requires services beyond the traditional foster care model. Although
youth from ages 0-5 still present as the most at risk for abuse and neglect, there are other populations that also present with safety and risk concerns. Creation or revision of policy, service models or initiatives has been included to address their identified needs.

**Intact Family Services**

The recent revision of procedure 302.388 explain the principles and standards around which the Department provides Intact Family Services that are directed toward ensuring children’s development, safety and well-being to prevent out-of-home placement. Intact Family Services cases are designed to be short term. The revisions clarify not only practice issues but the inclusion of Office of Inspector General (OIG) recommendations. Procedure revisions emphasize the child and family team meetings, mental illness of parents, obtaining necessary records, early childhood education and assessment referrals, and assuring or disseminating of safe sleeping conditions for infants. Also included is the identification and enhancement of protective factors for the parents or caretakers. The revised procedures solidifies the need to provide services to address safety, development and well-being in order to keep children in their homes of origin, while addressing issues that brought the family to the attention of the Department. These procedures are currently being updated again to better address and serve children who are medically complex. Updates are expected to be completed within the next calendar year.

**Statewide Human Trafficking coordinator:**

Human Trafficking is a recently created state wide program under the Division of Operations/Permanency at DCFS. The statewide coordinator creates, implements, and completes training for DCFS staff and purchase of service agencies, as well as community partners who frequently come into contact with our population base. The coordinator presents at statewide and local trainings to increase the knowledge of what human trafficking truly looks like in Illinois. There is coordination with the Division of Communications at DCFS to produce publications and posters to bring attention to Human Trafficking issues in Illinois. The coordinator is the liaison to local and federal law enforcement, field staff and administrative staff as well as our community partners. Additionally DCFS has convened a workgroup which is part of Senate Bill 1763, to review the continuum of care for youth who have been identified as trafficked minors within DCFS purview. The workgroup is reviewing current programs both public and private within Illinois as well as nationally. This will assist in providing recommendations to the legislators in regards to an array of services needed for this population. The youth who fall into this category are at significant risk of abuse and neglect. The services address both youth who have been identified to have been trafficked along with those at risk for trafficking. The early identification, education and service provisions for this population is necessary to assist the youth with past trauma, and current trauma while establishing stabilization of youth in their placement setting or home environment.

**Therapeutic Foster Care**

The Department believes that most, if not all children thrive when cared for within a home and family environment. Placement in any residential setting is a point-in-time intervention that responds to the clinical needs of children. In keeping with this philosophy, it is important to look at the population that would be at the most risk of residential placement and determine what services would address the clinical needs of
the child to prevent a placement in a residential setting or to help transition the residentially placed youth back to a home setting. The Department has chosen to include wraparound services to meet treatment, supervisor and placement needs of children. This is done through implementing evidenced based Therapeutic Foster Care (TFC) for children with behavioral issues ages 6 through 12 and 12 years of age and older. This is a planned 5 year pilot.

The department identified three groups that should be targeted with TFC.

1.) Trauma Group: Children entering care with severe trauma histories. Severe trauma histories is defined as having 2 or more actionable or 1 extreme actionable experiences from among the CANS-rated items Physical Abuse, Emotional Abuse, Witness to Family Violence and Witness to Criminal Activity.

2.) Step Down Group: Children who are ready to be discharged from congregate care settings.

3.) Deflection Group: Children who would be placed in congregate care but who the Department deemed as appropriate for home-based services.

The implementation of these programs is in the beginning stages and full implementation is not anticipated until the beginning of FY 17 Quarter 3.
Chapter V – Program Support

Learning and Professional Development

Initial Staff Training: The State is operating a staff learning and development program providing initial training which includes the basic skills and knowledge required of all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) and State law.

The Illinois Core Practice Model: As part of the Department's Federal Program Improvement Plan, the Illinois Core Practice Model was developed in the fall of 2010, as an initiative designed to strengthen staff’s ability to engage families, accurately assess safety, provide early intervention/prevention services and promote timely reunification and permanency for children.

The Department initially implemented training of the Illinois Core Practice Model through Learning Collaboratives designed to improve the quality, effectiveness, provision and availability of trauma-informed services delivered to all DCFS children and adolescents who have experienced traumatic events. Existing caseworkers were trained in the following phases:

- Trauma 101
- Trauma 201
- Assessment: CANS Certification
- Strength-Based Service Planning
- Engagement and Involvement of Fathers
- Strength-Based Practice
- Family-Centered Practice
- Family Connections: Visitation and Shared Parenting
- Stability for Children and the Workforce

Since delivering the above individual trainings for existing staff, the Office of Learning and Professional Development has interwoven the Illinois Core Practice Model throughout both the Illinois Child Welfare Fundamentals and the specialty Foundations training courses that are required for Intact, Placement, Child Protection and State Central Register (SCR) workers. Additionally, individual webinars or classroom sessions are devoted to several of the above content areas. All caseworkers and their supervisors are currently required to take and pass the Child and Adolescent Needs and Strengths (CANS) training and exam.

The table below represents the number of DCFS and POS participants completing the individual courses from July 1, 2016 through March 31, 2017:

<table>
<thead>
<tr>
<th>Course</th>
<th>Delivery Method</th>
<th># Participants Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma 201</td>
<td>Classroom</td>
<td>158</td>
</tr>
<tr>
<td>Complex Trauma</td>
<td>Classroom</td>
<td>24</td>
</tr>
<tr>
<td>CANS</td>
<td>Online</td>
<td>371</td>
</tr>
</tbody>
</table>

Beginning in October 2016, the Department further worked to implement the Illinois Core Practice Model throughout the Department beginning with four “immersion sites”. The immersion site process was launched in conjunction with an Illinois Child Welfare Transformation Summit that
occurred on October 17 through October 19, 2016. As part of the pre-sessions of The Summit, representatives from the four regions selected to participate as the initial immersions sites learned about the immersion site process including an overview of the plan for training and coaching to the Illinois Core Practice Model. The first part of this plan rolled out immediately following the close of The Summit with the training entitled, “Core Practice Model: FTS Practice” (details included in a later section). The second and third parts of this plan include the delivery of the Child and Family Team Meeting (CFTM) training and coaching, and the “Model of Supervisory Practice” (also explained in a later section). CFTM is targeted to launch in the last quarter of FY 2017 with pre-session meetings and kickoff meetings scheduled for May 2017 and June 2017. The Model of Supervisory Practice occurred in three pilot regions from January 2016 to May 2016 with ongoing quarterly coaching from May 2016 to May 2017. Within the immersion sites, the target is to implement the Model of Supervisory Practice starting in December 2017 and January 2018.

Pre-Service Training: The Office of Learning and Professional Development conducts the initial pre-service training required for new DCFS/POS intact, child protection workers, placement caseworkers, and their supervisors. Pre-service training is also provided for adoption workers and staff at the State Central Register (SCR/Hotline). The Department provides Foster PRIDE pre-service training for prospective foster parents and Adoption/Guardianship Certification training for foster parents adopting a child or youth in placement.

All new direct-service employees are required to take the Department’s Fundamentals course, which provides an overview and basic principles of child welfare in Illinois and is taken prior to taking the Child Welfare Employee Licensure exam. Upon completion of the Fundamentals course, the employee moves into the Foundations specialty training appropriate for their position.

The Office of Learning and Professional Development does not track when new hires are enrolled in training. Staff is required to have a CYCIS ID to receive cases. New hires must be CWEL licensed in order to get their CYCIS ID. The CYCIS ID number is required for staff to be assigned cases. This assures that all new hires go through Foundation courses. By April 30 of each fiscal year, the schedule is posted on the D-Net so the POS agencies and DCFS can better determine when to hire according to the class schedules.

The CWEL exam is administered on the first day of classroom training. The following is an example of the Permanency Schedule:

Day 1-8: Webinar and On-line training
Day 9: CWEL exam
Day 9-17: Classroom training
Day 14: CERAP exam
Day 17: Specialty exam and CANS exam
Days 18-19: On-the-Job Training

All new hires are required to complete all exams and training prior to carrying a caseload. All employees must achieve a 70% or higher to pass all exams. If a new hire does not pass a required exam, they receive ½ day of remediation with a different trainer. They can retest one time within a year. If they fail the CWEL exam they can retake the 9 Fundamentals units or have remediation by a trainer. The CWEL does not expire.

All new hire trainings are held in Springfield, Aurora, or Chicago.
The table below represents the pre-service courses offered, the number of hours of each course, and the number of participants having completed the course from July 1, 2016 through April 30, 2017:

<table>
<thead>
<tr>
<th>Course Title</th>
<th># of Hours</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Child Welfare Fundamentals (Self-Directed)</td>
<td>18.0</td>
<td>241</td>
</tr>
<tr>
<td>Foundations for Placement</td>
<td>78.5</td>
<td>123</td>
</tr>
<tr>
<td>Foundations for Intact Family Services</td>
<td>79.25</td>
<td>53</td>
</tr>
<tr>
<td>Foundations for Child Protection</td>
<td>90.0</td>
<td>99</td>
</tr>
<tr>
<td>Foundations for State Central Register</td>
<td>46.0</td>
<td>16</td>
</tr>
<tr>
<td>Foster PRIDE Training for Foster Parents</td>
<td>27.0</td>
<td>2820</td>
</tr>
<tr>
<td>Online Adoption/Guardianship Certification Training</td>
<td>9.0</td>
<td>120</td>
</tr>
<tr>
<td>Adoption Core</td>
<td>78.0</td>
<td>10</td>
</tr>
<tr>
<td>Adoption Certification from Foster Care to Adoption (Classroom)</td>
<td>9.0</td>
<td>118</td>
</tr>
</tbody>
</table>

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

- Administrative Law Judge Training
- Bridging the Language Barriers: Working with Deaf and Hard of Hearing
- Burgos
- CANS
- Casey Life Skills Assessment
- Child and Family Team Meetings for Caseworkers and Supervisors
- Child Endangerment Risk Assessment Protocol (CERAP)
- Childhood Obesity
- Confidentiality
- DCFS Advocacy Office Tutorial
- Developmental Disabilities
- Diligent Search
- Division of Guardianship and Advocacy
- DuPuy Training
- Early Childhood Intervention: Age Birth to Three Years
- Ecomaps/Genograms
- Employee and Workplace Safety
- Error Reduction
- Family-Centered, Trauma-Informed, Strength-Based Practice
- Forensic Camera
- Head Trauma with Multiple Caregivers
- Human Trafficking
- Illinois Family Finding Practices
Ongoing Staff Training: The state is operating a staff learning and development training program that provides ongoing training for staff, addressing the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP and State law. The Children and Family Services Act:

(20 ILCS 505/21) Sec. 21. Investigative powers; training requires that “Each child protective investigator and supervisor and child welfare specialist and supervisor shall participate in such program and evaluation and shall complete a minimum of 20 hours of in-service education and training every 2 years in order to maintain certification. The Office of Learning and Professional Development has not tracked this information since February 2, 2010 when the previous Associate Director instructed staff to cease tracking this information. Every staff person and their supervisor has access to their training transcripts. Each transcript includes a certification start date, an end date and the number of training hours each person has completed. It is expected that each staff person and supervisor monitor the status of their in-service requirement.

Ongoing training includes training on any new initiatives, procedural changes or additions, and training to address any needs identified throughout the course of the year. FY17 has included:
Direct Service Child Welfare Service Employee Licensing: Illinois Administrative Rule 412 requires all DCFS and POS direct service caseworkers, investigators, and foster-home licensing workers hold a Child Welfare Employee Licensure (CWEL). In order to meet the requirements for licensure, the individual must meet the following requirements:

1) One must have applied in writing on the prescribed form and has not provided false information;
2) One must complete a background check completed in accordance with 89 Ill. Adm. Code 385 (Background Checks), has no pending or indicated reports of child abuse or neglect, and has no pending or 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 provides 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 is not in default of an educational loan in accordance with Section 2 of 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 has not been convicted of two or more moving traffic violations under the Illinois Motor Vehicle Code [625 ILCS 5], and has 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. The table below represents the number of CWEL actions from July 1, 2016 through March 31, 2017:

<table>
<thead>
<tr>
<th>CWEL Approvals</th>
<th>448</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>1</td>
</tr>
<tr>
<td>Suspensions</td>
<td>0</td>
</tr>
<tr>
<td>CWE Revocations</td>
<td>0</td>
</tr>
<tr>
<td>CWEL Relinquishments</td>
<td>1</td>
</tr>
<tr>
<td>CWEL Reinstatements</td>
<td>0</td>
</tr>
</tbody>
</table>

**Field Implementation Support Program (FISP):** In fiscal year 2016, both the Implementation Support (IS) program as well as the Supervisory Training to Enhance Practice (STEP) program came under the management of the STEP Statewide Administrator. In fiscal year 2017, the IS and STEP programs were merged together into a single program currently known as FISP. The objective and focus from the IS program and the STEP program are retained in the various deliverables of the newly combined FISP.

The combined FISP workforce development program encompasses previous deliverables from both the former STEP and the former IS programs. FISP facilitated on-the-job coaching with placement, intact, child protection, licensing, and support service supervisors, through the Model of Supervisory Practice (MoSP) (details in the following section). FISP also facilitated the ongoing deliveries of Trauma 201 curriculum (formerly under the deliverables of IS). These trainings occurred twice monthly and rotated around the various regions of the state in order to provide an opportunity for staff around the state to participate in the trainings six months following hire date. The training is also made available as a review course in trauma informed practice and complex trauma for veteran staff who choose to participate. FISP revised the Trauma 201 curriculum this year to incorporate more practical application exercises in order to support staff in understanding and practicing the application of information shared within the curriculum content into their daily case work practice. FISP spearheaded the development of the “Illinois Core Practice Model: FTS practice” curriculum and then facilitated the delivery of this curriculum within each of the four Illinois immersion sites (see following section for details). FISP will also be involved in the delivery of Child and Family Team Meetings (CFTM) training and coaching. The CFTM training will be provided by the Child Welfare Policy and Practice Group (Consulting Group) who will train and approve FISP staff to deliver the training. Following the training, the consulting group will coach and develop FISP staff into “Master Coaches” for the CFTM process. As “Master Coaches,” FISP staff will develop placement supervisors into “coaches” who then in turn develop their own placement staff into “Facilitators.” FISP staff also are responsible for the delivery and facilitation of the Success! Academy. Success! Academy is a leadership development program for middle managers within the Illinois Department of Children and Family Services (DCFS). The Success! Academy was initially administrated by Casey Family Programs with support from FISP. In January 2017, FISP moved from supporting Casey Family Programs to administrating the Success! Academy with support and consultation from Casey Family Programs. Casey Family Programs is targeted to fully transition out of the Success! Academy and provide only quarterly or as requested consultation to FISP by January 2018.

The Implementation Support (IS) Program was developed in 2014 to support the delivery and application of FTS child welfare services. This program was developed out of the Learning Collaboratives to continue the training of the FTS model and to reinforce FTS training staff.
received through the Learning Collaboratives and in their foundational training courses. The goal of Implementation Support was to improve the quality, effectiveness, provision, and availability of FTS services. This goal, as with IS program, has been merged into FISP. Thus as FISP, this program contributes to the child welfare mission by:

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

Since October 2010, FISP staff (formerly from both STEP and IS) have engaged in the following workforce development programs:

- In collaboration with the National Resource Center and the Child Welfare Workforce Improvement Center, implemented the Leadership Academy for Supervisors for both Department and POS supervisory staff with a total of 24 supervisors completing the course between November 2012 and October 2014; Our time frame is July 2016 through March of 2017;
- In collaboration with private child welfare agencies and Department regional administration, designed and implemented a coaching and mentoring program for supervisory staff utilizing the Department Model of Casework Practice;
- In collaboration with the Department’s Bureau of Operations, Clinical Division staff and OIG designed and implemented training on Head Trauma involving Multiple Caregivers for improving the clinical social work skills of supervisory and administrative staff;
- In collaboration with the Bureau of Operations, developed a Model of Supervision to support the sustained implementation of the FTS practice model and the Enhanced Safety Assessment (Enhanced CERAP) model of practice;
- In collaboration with the Northwestern University, developed and delivered a CANS Demonstration Project to support the sustained implementation of the CANS by training and coaching supervisors in using CANS data reports to support decision making;
- In collaboration with other units within the Office of Learning and Professional Development, developed and produced the different versions of the Illinois Core Practice Model: FTS Practice. Additionally, FISP was the unit used to deliver and facilitate these trainings, and track participation within each immersion site;
- Revised and updated Trauma 201 curriculum and provided delivery of the training on a rotating basis throughout the state for staff six months post hire;
- Revised and updated Model of Supervisory Practice Curriculum based upon the delivery of the MOSP in three pilots in fiscal year 2016. Continued to provide quarterly coaching follow up contacts with participants from the pilot over the twelve months following the close of the pilots (from May 2016 to May 2017);
- In collaboration with Casey Family programs, provided administration and facilitation of the Success! Academy for the leadership development of DCFS middle managers; and,
- In collaboration with the Child Welfare Policy and Practice Group (Consulting Group), DCFS Executive Leadership, DCFS Clinical Services, and the full DCFS Office of Learning and Professional Development, FISP has been working to develop and implement a strategy for training and individually coaching direct service staff and supervisors on the child and family team meeting (CFTM) process, including a strategy for sustaining the revised CFTM model once the consulting group completes their work in Illinois.
Illinois Core Practice Model: FTS Practice: This training was designed as a foundation for all trainings within the immersion sites in that it interweaves Family-centered practice, Trauma-informed practice, and Strength-based practice together as Illinois’ formal Core Practice Model. This training consisted of two pre-requisite online self-directed trainings, “Keeping Children Connected to Their Brothers and Sisters,” and “Understanding the Impact of Trauma.” Following the online courses, staff within the immersion sites was required to either attend in-person day and a half training, or a self-directed training based upon their roles. Direct service workers and supervisors were required to attend the in-person class, administrators were offered a condensed in-person class, and key support staff that did not need to attend the in-person class were required to complete the online course. The in-person class training includes a day and a half overview of Family-centered, Trauma-informed, and Strength-based practice, along with group application exercises to help participants understand how to apply FTS practice to their individual practice and service roles. These deliveries of the “Core Practice Model: FTS Practice” continued from November 1, 2016 until the end of January 2017. The online trainings continue to current date, and make up sessions for the in-person class, to accommodate those who did not participate or those hired since the delivery, continue to date as well. The following is the current numbers who have participated in this roll out:

<table>
<thead>
<tr>
<th>Total All Immersion Sites</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total targeted classroom participants</td>
<td>456</td>
</tr>
<tr>
<td>Total participants not registered/completed classroom training</td>
<td>7  1.54%</td>
</tr>
<tr>
<td>Total participants scheduled for self-directed learning - NON RESIDENTIAL</td>
<td>58</td>
</tr>
<tr>
<td>Total participants completed self-directed learning - NON RESIDENTIAL</td>
<td>56  96.55%</td>
</tr>
<tr>
<td>Total participants completed self-directed learning - RESIDENTIAL</td>
<td>35</td>
</tr>
<tr>
<td>Total participants scheduled for self-directed learning - SCR</td>
<td>100</td>
</tr>
<tr>
<td>Total participants completed self-directed learning – SCR</td>
<td>85  85.00%</td>
</tr>
<tr>
<td>Community Based SDL Participants</td>
<td>189</td>
</tr>
</tbody>
</table>

Illinois Model of Supervisory Practice (MoSP): The Office of Learning and Professional Development and the Director’s Chief Policy Advisor have worked in conjunction with representatives from a cross-section of DCFS and purchase-of-service providers to develop the Illinois Model of Supervisory Practice. This Model supports the DCFS mission and the Illinois Core Practice Model. It includes four functions of supervision: Developmental, Supportive,
Administrative, and Clinical supervision. It identifies an overarching philosophy of supervision and a framework for the frequency and format of supervision.

Training curriculum to support the Model of Supervisory Practice was developed and reviewed by a variety of stakeholders. Training on the Model began in January 2016 at three pilot sites (Waukegan, Aurora, and Harvey) for DCFS supervisors and supervisors at Lutheran Social Services. Training was followed by learning reinforcement and a voluntary coaching program supported by STEP staff. Coaching occurred monthly during the three pilots from January 2016 to April 2016. Beginning in May 2016 and continuing until the end of May 2017, coaching contacts occurred quarterly with pilot participants to provide ongoing coaching and support, while also collecting data that informs the revisions to Model of Supervisory Practice curriculum and delivery. There were 38 supervisors who successfully completed all four months of the pilot MoSP. With continued attrition outside of the child welfare field, 29 participants remained in the quarterly coaching contacts by May 2017. The MoSP is targeted to be the final part of Illinois plan for training to the Core Practice Model within each immersion site. All DCP, Intact, and Permanency supervisors from the four immersion sites are targeted to participate in the MoSP in fiscal year 2018. The targeted date for the next delivery of the MoSP will occur following the implementation of the CFTM training and coaching within the immersion sites. Thus, the target date for the start of the next MoSP will be in December 2017 and January 2018.

Child and Family Team Meeting (CFTM) Training and Coaching: DCFS has secured the consultation and training of CFTM from the consulting group known as Child Welfare Policy and Practice Group. This group has been working with FISP and other DCFS clinical programs throughout fiscal year 2017 in the development of a plan to implement both CFTM training and individual coaching throughout the state via the immersion site locations. FISP has been working in collaboration with these entities to develop a strategy for implementing both three-day training and follow-up coaching on the consultant group’s model for child and family teaming. The consultant group will provide a training of trainers for FISP and then will observe and coach FISP staff over a six-month time frame in the delivery of these trainings. Upon approval from the consulting group, FISP will take over all future deliveries of the three-day training within Illinois. The consultant group will furthermore provide coaching to FISP and select staff from DCFS Clinical Division and select lead supervisors from the field to become “Master Coaches” for their model of child and family teaming. FISP will be responsible along with these selected individuals mentioned, to provide ongoing individual and group coaching to supervisors throughout the state via the immersion sites facilitating this model of child and family team meetings. Each supervisor will be coached by the “Master Coaches” to develop and coach their own assigned teams into approved facilitators of this model for child and family team meetings. FISP will be responsible for ongoing development of future Master Coaches and coaches within the immersion sites as the consulting group moves out of Illinois and as future immersion sites are developed. Future immersion sites will be developed by DCFS until all regions of the state have participated in an immersion site and the subsequent training and practice changes occur within an immersion site. The implementation of the strategy for CFTM training and coaching is initiating in May 2017, and will focus initially on the placement supervisors and workers within the four current immersion sites.

Success! Academy: With the consultation of Casey Family Programs, FISP has taken the primary role in the administration and delivery of this leadership development program for DCFS middle managers. The purpose of the Success! Academy is to provide a development program to expand the skill set of DCFS middle managers who are expected to lead operational activities,
including systems improvement efforts. The program was introduced and conducted in response to a request from DCFS Director, George Sheldon. Initially, Casey Family Programs implemented the program and utilized FISP staff to support the delivery of the training and in the review of participant homework assignments. The logistics of this program is supported by staff from the Office of Learning and Professional Development. In fiscal year 2017, FISP staff switched to a primary role in the administration and delivery of the Success! Academy, with Casey Family Programs providing weekly consultation and support, along with attending most Success! Academy events. Speakers and expert presenters are arranged in collaboration with Casey Family Programs, while FISP further develops future expert speakers (known currently as “Developing Trainers”). FISP has begun reaching out with University Partners to identify and select future national experts and presenters to utilize as Casey Family Programs continues to withdraw their involvement in the Success! Academy by January 2018. With this program, the Developing Trainer coaching is provided by FISP, along with the class curriculum content developed by FISP, and the homework of participants reviewed and coached by FISP. In addition, FISP works with participants to schedule and facilitate Listening Circles throughout the state which provides opportunities for Success! Academy participants to demonstrate facilitation and leadership skills they learn within the Success! Academy, as well as learn about issues trending in the state from the client perspectives through these focus group sessions. The topics of the Listening Circles are developed in conjunction with DCFS Director and Executive Leadership. The resulting data collected from the Listening Circles is compiled in a report that is submitted to DCFS at the end of each Success! Academy cohort. Currently Casey Family Programs authors the report, while providing guidance to FISP who will take over the authorship of this report in the fall of 2018. The Success! Academy second cohort of participants was facilitated from the summer of 2016 through the fall of 2016. From January 2017 until June 2017, the third cohort has been facilitated. Each cohort is limited in size from 15 to 25 participants to provide for a group experience as participants engage in the intense demands of the Success! Academy including: regular homework activities and reports, multiple research and book readings and subsequent presentations by participants; topical presentations developed by participants (current and former), group discussion participation, and external events such as networking events, “Brown Bag” discussion events, and Listening Circles. Each participant is required to attend all classroom sessions which occur every other week and total ten meetings lasting half a day each. These classes rotate throughout the northern and central areas of the state to accommodate the participants representing all regions throughout the state. Each participant must be on time to classes and attend all classes in order to successfully complete the program and attend the graduation ceremony at the tenth session. All participants must be prepared and have completed their homework activity assignments and reports which are designed to give participants an opportunity to apply learning content from the classroom session in day to day practice within their professional leadership roles. The next cohort is scheduled to begin on July 13, 2017. All participants must be nominated by administration or can self-nominate. Nominations are followed by an application process and review. FISP collaborates with DCFS Executive Leadership on the selection of the participants for each cohort, and DCFS Executive Leadership approves protected time for each participant to fully engage in the Success! Academy program.

University Partnerships Program: The Office of Learning and Professional Development has established partnerships with seven 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.

This program benefits the Department and Purchase-of-Service (POS) 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.

In addition to the seven universities already in partnership with the Department, there are other universities in the planning stages for this partnership and/or have shown interests in implementing the program. In January 2018, Northern Illinois University will be joining the partnership as they will be launching a pilot of the program with the support of the Office of Learning and Professional Development.

The universities currently offering Foundations for Placement in their curriculum are as follows:
- Aurora University
- Dominican University
- Illinois State University
- Loyola University
- Northeastern Illinois University
- University of Illinois at Chicago
- University of Illinois at Urbana-Champaign

In FY 17, 50 students completed the programs offered by the universities. There is not financial support given to neither the students nor the University for their Participation within the program. Out of 50 students, 8 chose to pursue employment with private agencies. One trend with this program is some students do not choose to pursue employment immediately after graduation.

Dominican University has expressed interest in partnering with the Department to offer the Illinois Model of Supervisory Practice (MoSP) training course in the University’s MSW program. The Office of Learning and Professional Development has continued to work with Dominican University to develop plans for implementing this program.

**Academic Internship Program:** In collaboration with the Office of Employee Services recruitment program, the Office of Learning and Professional Development operates the DCFS Academic Internship Program. The Office of Learning and Professional Development in FY 17 had 73 student interns complete an internship placement within the Department. The breakdown can be found below:

- BSW Candidates: 28
- MSW Candidates: 29
- Other: 16
Within the “other” category, students who interned for the Department were seeking to obtain the following degrees either on a Bachelor’s or Masters’ level: Criminal Justice, Psychology, Social Welfare, Sociology, and Family and Consumer Science.

Students are required to complete an application, criminal and child abuse and neglect background checks, and complete an interview. Students are matched with a supervisor who works in the student’s area of interest. Students complete a learning plan with their supervisor in conjunction with the university, and are evaluated based on meeting university requirements for the internship.

**Summer Foster Care Employment Program**: In collaboration with the Office of Education and Transition Services and the Office of Employee Services, the Office of Learning and Professional Development operates the DCFS Summer Foster Care Employment Program. The Office of Learning and Professional Development provides youth in care between the ages of 16 through 19 with an opportunity to gain life and professional skills by obtaining a paid internship with the Department anywhere from 4 to 6 weeks.

This program allows for Youth Advisory Board Members to apply for this program. The Department is invested in the development of the youth and provides sessions to gain the feedback of the interns on a weekly basis. In addition, the Department creates a platform for the interns to further develop life skills such as money management, resume and interviewing skills, professionalism within the workplace skills, and many other life skills needed to be successful as adults.

**In-Service (Continuing) Education and Training**: Under The Children and Family Services Act (20 ILCS 505/21, all caseworkers, investigators, and their supervisors are required to be certified in their positions by completing mandatory pre-service training and testing. The Department is mandated to provide in-service training and education programs for all direct-service caseworkers, child protection workers, direct-service supervisors, and foster parents in order to maintain their certification. Department caseworkers, investigators, and supervisors are required to obtain 20 hours of in-service training credit every 2 years to maintain certification.

The Office of Learning and Professional Development has not tracked this information since February 2, 2010 when the previous Associate Director instructed staff to cease tracking this information. Every staff person and their supervisor have access to their training transcripts. Each transcript includes a certification start date, an end date and the number of training hours each person has completed. It is expected that each staff person and supervisor monitor the status of their in-service requirement. This applies to both DCFS and POS.

Most POS agencies have their own internal trainings specific to their agency’s Mission and Vision. This is not tracked by the Office of Learning and Professional Development. When DCFS or an agency offers a course that requires DCFS credit or CEU’s, the Office of Learning and Professional Development has a prescribed set of criteria that must be followed in order for credit to be given.

It should be noted that pre-service training, specialty training and testing and licensure apply to all DCFS or Private Agency Caseworkers who have primary case responsibility, their supervisors and to any licensing staff who license foster homes for youth in care. Child Care Institutions/Group Homes/Transitional Living programs are managed by private agencies and they do not have
primary case responsibility. Rule 403 Licensing Standards for Group Homes, Rule 404 Licensing Standards for Child Care Institutions and Maternity Centers and Rule 409 Licensing Standards for Youth Transitional Living Programs all require the Licensed Agency to have an organized in-service training program to train their staff to meet the needs of the children in their care. Historically, there have been some specific required training for CCI staff (Human Trafficking, Trauma 201) and these were provided by OLPD. Upon request the Office of Learning and Professional Development would work with any agency who requested assistance with their training program. Private Agency Training is monitored by the Agency Performance Team and Licensing.

From July 1, 2016 to March 31, 2017, the Department has conducted in-service training as follows:

<table>
<thead>
<tr>
<th>Course</th>
<th>Delivery Method</th>
<th># hours</th>
<th># Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Law Judge Training</td>
<td>Classroom</td>
<td>1.5</td>
<td>99</td>
</tr>
<tr>
<td>Bridging the Language Barrier: Working with Deaf and Hard of Hearing</td>
<td>Online</td>
<td>1</td>
<td>72</td>
</tr>
<tr>
<td>Burgos</td>
<td>Web-Based/Self -Paced</td>
<td>2</td>
<td>469</td>
</tr>
<tr>
<td>CANS</td>
<td>Web- Based/Self -Paced</td>
<td>3</td>
<td>371</td>
</tr>
<tr>
<td>Casey Life Skills Assessment</td>
<td>Online</td>
<td>1.5</td>
<td>515</td>
</tr>
<tr>
<td>Child and Family Team Meetings for Caseworkers and Supervisors</td>
<td>Web -Based/Self -Paced</td>
<td>2</td>
<td>187</td>
</tr>
<tr>
<td>Child Endangerment Risk Assessment Protocol (CERAP)</td>
<td>Classroom</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Childhood Obesity</td>
<td>On Demand</td>
<td>0.5</td>
<td>409</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>On-Demand</td>
<td>2</td>
<td>2121</td>
</tr>
<tr>
<td>DCFS Advocacy Office Tutorial</td>
<td>On-Demand</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>Web -Based Teleconference</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Division of Guardianship and Advocacy</td>
<td>Web-Based/Self-Paced</td>
<td>1.5</td>
<td>184</td>
</tr>
<tr>
<td>DuPuy Training</td>
<td>On-Demand</td>
<td>3</td>
<td>267</td>
</tr>
<tr>
<td>Early Childhood Intervention: Age Birth to Three Years</td>
<td>Web-Based/Self-Paced</td>
<td>2</td>
<td>193</td>
</tr>
<tr>
<td>Ecomaps/Genograms</td>
<td>On-Demand</td>
<td>1.5</td>
<td>386</td>
</tr>
<tr>
<td>Egregious Acts</td>
<td>Classroom</td>
<td>6.5</td>
<td>137</td>
</tr>
<tr>
<td>Employee and Workplace Safety</td>
<td>On-Demand</td>
<td>2</td>
<td>733</td>
</tr>
<tr>
<td>Error Reduction</td>
<td>Classroom</td>
<td>3</td>
<td>134</td>
</tr>
<tr>
<td>Forensic Camera</td>
<td>Classroom</td>
<td>3</td>
<td>37</td>
</tr>
<tr>
<td>Head Trauma</td>
<td>Classroom</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Head Trauma with Multiple Caregivers</td>
<td>Classroom</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Human Trafficking</td>
<td>On-Demand</td>
<td>3.5</td>
<td>1</td>
</tr>
<tr>
<td>Indian Child Welfare Act</td>
<td>On-Demand</td>
<td>1.5</td>
<td>843</td>
</tr>
<tr>
<td>Illinois Family Finding Practices</td>
<td>On-Demand</td>
<td>1</td>
<td>954</td>
</tr>
<tr>
<td>Introduction to Windows 7</td>
<td>On-Demand</td>
<td>1.5</td>
<td>26</td>
</tr>
<tr>
<td>Juvenile Court Testimony Training</td>
<td>On-Demand</td>
<td>4</td>
<td>954</td>
</tr>
<tr>
<td>Keeping Children Connected to their Brothers and Sisters</td>
<td>On-Demand</td>
<td>1.5</td>
<td>956</td>
</tr>
<tr>
<td>Kids and Older Caregivers</td>
<td>Classroom</td>
<td>3.5</td>
<td>144</td>
</tr>
</tbody>
</table>
Credentialing of Treatment Providers: The Department, under the Office of Learning and Professional Development, comprised of both DCFS and private agency providers, has implemented credentialing criteria and practice requirements. This was developed for providers and their supervisors of trauma-focused interventions. The requirements identify minimum educational, state licensure and treatment experience for providers of trauma-focused and evidence-based or evidence-informed practices. Specific pre-credentialing education/training and continuing education requirements have been identified. These include certification of completion of training in trauma-focused, evidence-based interventions.

Clinical staff have worked with the Office of Learning and Professional Development to identify fields for enhancement to the Virtual Training Center (VTC), which is the Office of Learning and Professional Development’s web-based training delivery and information system. The revisions to this database will store and process provider credentialing information for an estimated 1,500 to 2,000 treatment providers. The enhancements to the Virtual Training Center are nearly complete and will be continuing on through FY 18 in addition to credentialing therapists being piloted. Credentialing requirements will be phased in throughout the State in FY17 going into FY 18.

Foster Parent Support Specialists: The Foster Parent Support Specialist (FPSS) Program provides a wide range of support to DCFS foster parents and assists caseworkers along with supervisors in locating foster homes that meet the needs of identified children. The primary focus of the program is to improve the quality of foster care in meeting the needs of children in placement, to reduce the number of resignations of experienced foster parents, and to reduce placement disruptions.
FPSS promotes permanency by maintaining, strengthening and safeguarding the functioning of foster families to retain foster homes. In addition, FPSS promote family reunification, stabilize foster care placements, facilitate youth development, prevent shelter placements, and ensure the safety, permanency, and the well-being of children.

FPSS reach out to assigned DCFS licensed foster parents no less than monthly to ascertain stability of the home, check on any needs which should be addressed and take necessary action to address the placed children’s well-being needs. They respond 24/7/365 by phone to foster parents with needs and, when it cannot be resolved by phone, they go to where the foster parents are, including foster homes, emergency rooms, police stations, etc.

FPSS provide ongoing mentoring and development for foster parents, including recommendations on their foster parent training needs, how to become affiliated with foster parent support groups and referring them to the appropriate services or DCFS staff. They mentor foster parents to assist them in working closely with birth parents such that foster parents coach parents, demonstrate and assist with shared parenting and perform other support and family reparation work with birth parents when the goal is return home.

Many of the FPSS also serve or have served as PRIDE foster parent trainers. All are required to attend Pre-service and/or In-Service PRIDE and other trainings as directed by their Supervisor.

There are currently 31 Foster Parent Support Specialists serving DCFS foster parents across the state.

**Foster/Adopt Training**

*Pre-Service Training:* The Office of Learning and Professional Development conducts the Foster/Adopt PRIDE training, which is the initial pre-service training required for prospective relative and non-relative foster parents. The required six-hour home-of-relative (HMR) pre-service training is offered in the classroom and on DVD. The twenty-seven (27) hour non-relative pre-service training was revised in December, 2016, piloted from January through March 2017. It will be rolled out statewide in July 2017 as classroom, hybrid and online training. Upon completion of the pre-service training, the perspective foster parents have the option of completing the six-hour Educational Advocacy training prior to licensure or within four years, which is the timeframe of the licensure renewal process.

A Relative Caregiver Orientation was developed as a two-hour training that will be completed by the relative caregiver within the first two weeks of a relative placement. The training will orientate the relative caregivers to DCFS rules, policies, procedures, and expectations. The Orientation is scheduled to be piloted in July 2017.

The Relative Caregiver Pre-service training was revised to enhance the trauma portion of the curriculum and to provide an online option for completion of this training resulting in an increase in the number of training hours from 6 to 18 hours. The additional hours are offered as self-paced, on-demand training. The revised training will be offered in July 2017.

The table below represents the pre-service courses offered, the number of hours of each course, and the number of participants having completed the course from July 1, 2016 through March 31, 2017:

~ 285 ~
**Course Name** | **Delivery Method** | **# of Hours** | **# Completed**
--- | --- | --- | ---
Foster PRIDE Training for Foster Parents | Classroom | 27 | 2820
Educational Advocacy | Classroom | 6 | 461
PRIDE HMR | DVD | 6 | 929

*The classroom based training was held in all regional areas.*

**In-Service (Continuing) Education and Training:** Rule 402 requires all licensed foster parents to complete 16 hours of in-service training every four years. In-service training is offered in the classroom, CD-ROM and online.

From July 1, 2016 through March 31, 2017, the Department has offered and conducted in-service training as follows (note that “0” indicates that the course was offered but no one registered for it):

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Delivery Method</th>
<th># of Hours</th>
<th># Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption/Guardianship Certification</td>
<td>Web-Based</td>
<td>6</td>
<td>745</td>
</tr>
<tr>
<td>Adoption Certification: From Foster Care to Adoption</td>
<td>Classroom</td>
<td>6</td>
<td>342</td>
</tr>
<tr>
<td>Module 1: The Foundation for Meeting the Developmental Needs of Children</td>
<td>Classroom</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Module 2: Using Discipline to Protect, Nurture, and Meet Developmental Needs</td>
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<td>Module 5: Supporting Relationships Between Children and Their Families</td>
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<td>Module 6: Working as a Professional Team Member</td>
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<td>Module 8: Promoting Permanency Outcomes</td>
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<td>Module 9: Managing the Impact of Placement on your Family</td>
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<td>Module 12: Understanding and Promoting: Preteen and Teen Development</td>
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Research Partners

DCFS maintains a number of partnerships with Universities involved in research and program planning. Some of these will be described below.

University of Illinois at Chicago

The Child Welfare Research Collaborative (CWRC)
Jane Addams College of Social Work
Projects Summary FY17

This document 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 2017. It includes two research projects, with both focused on placement stability.

PLACEMENT STABILITY

CWRC will support DCFS’s goal to increase placement stability. This support will include two projects: (1) evaluation of effectiveness of Clinical Intervention for Placement Preservation (CIPP) program and the Clinical Intervention for Placement Preservation-Discharge (80% of effort) and (2) prospective data collection and analysis for the foster parent survey, including merging of new CANS and DCFS administrative data sources to identify predictors of negative and positive placement outcomes among high risk youth (20% of effort).

(1) In FY16, CWRC completed analysis for a pilot evaluation of the CIPP program. A total of 107 cases receiving CIPP services were included in a pre- and post-CIPP data collection that involved youth, caregivers, caseworkers, and GALs. A final report from the initial evaluation was distributed in the second quarter of FY16. In FY16, the scope of work was expanded to include a pilot evaluation of D-CIPP. In FY17, CWRC will provide ongoing support and conduct all analyses for DCFS’s summative CIPP evaluation and conduct its D-CIPP evaluation. This support will include expert consultation, technical support, database creation (required for more efficient data processing), administrative data collection, and multivariate analyses. In the first quarter of FY17, the CWRC will link pre- and post-CIPP data collected from youth, caregivers, and case managers for 250 CIPP meetings with administrative data and produce an evaluation report with a focus on identifying trends for subgroups of youth that could not be reliably analyzed in the pilot evaluation due to the small sample size. Analyses will include descriptive data related to participant satisfaction, pre- and post- youth wellbeing and placement outcomes, and comparison of

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outcomes for youth served by CIPP with a historical sample selected through propensity matching. CANS and administrative data will be linked to CIPP evaluation data to understand historical needs and identify markers of need for early intervention, service gaps, and youth outcomes over time. Additionally, a summative evaluation using a similar design will be conducted for D-CIPP. Using materials developed in FY16, data will be collected for 200 youth completing the DCIPP process to better understand the potential impact of D-CIPP on goal completion, service delivery, and youth wellbeing outcomes.

FY17 Activities and Deliverables

- Evaluation report for CIPP summative evaluation
- Evaluation report for D-CIPP summative evaluation
- Presentation of evaluation results to DCFS

(2) Foster parent survey: In FY 2015, CWRC completed 150 90-minute telephone interviews with foster parents. The interviews collected information about factors at the child, family, and system level contributing to stabilization and instability for children at high risk for subsequent moves, with a specific focus on understanding how different needs are best met by different service constellations to stabilize placements. This study will help DCFS better understand predictors of placement disruption and how DCFS can minimize disruptions for children in foster care, from the perspective of foster parents. Work in FY16 focused on analysis of factors contributing to stabilization of placements over time, with a particular focus on understanding the potential to address relevant factors through policy initiatives and enhancement of current practice models. In FY 2017, CWRC staff will conduct analysis of new linked data from the Integrated Database and CANS data to better understand long term outcomes. Follow up interviews will be conducted with a subset of foster parents whose foster child had an unexpected outcome (e.g., conversion to adoption despite indications that adoption was unlikely or a disruption despite indications that stability was highly likely) in order to understand intervening factors that shifted a projected outcome. A report based on these data will be produced. Value for DCFS is to better understand factors that provide stabilization of youth at high risk in foster homes and the reasons for placement instability from the perspective of foster parents.

FY17 Activities and Deliverables

- Link survey data to new administrative data to identify long-term placement outcomes and identify predictors of outcomes.
- Produce written final report of longitudinal findings.
- Conduct presentations of findings upon request.

DATA AGREEMENT

A data sharing agreement between the Jane Addams College of Social Work CWRC, DCFS and Chapin Hall Center for Children has been established and will be maintained throughout the contract period. DCFS will allow Chapin Hall to provide regular updates to the Integrated Data Base to the CWRC. DCFS will also allow Northwestern University to share CANS data. In addition, DCFS will continue to provide the Jane Addams College of Social Work CWRC access to AFCARS and NCANDS data housed at the DCFS through a secure site. The purpose of access to the Integrated Data Base, CANS data, and other DCFS-related data is to facilitate analysis of data required for this project.
FY17 Activities and Deliverables
- Receive and download quarterly data transmissions.

Outcomes
- Receive and download quarterly data transmissions.

University of Illinois at Urbana-Champaign

Child and Family Research Center
School of Social Work
Quarterly Report – April

1. Child Endangerment Risk Assessment Protocol (CERAP) annual evaluation

   Project summary: In conjunction with the DCFS Director, the Deputy Director of Child Protection, and the CERAP statewide advisory council, the CFRC will develop and implement an evaluation that tests the reliability or validity of the CERAP safety assessment. Topics for the evaluation are designed to be responsive to the Department's current needs related to safety assessment, safety management, and maltreatment recurrence. Deliverables for the project include the CERAP annual evaluation report and a presentation of report findings to the CERAP statewide advisory council.

   Progress report: During this quarter, the CFRC created a survey that will collect data related to the use of the CERAP safety determination to inform the decision to reunify. There are three version of the CERAP survey that will be sent to judges, juvenile court attorneys, and placement workers. Draft versions of the survey were developed and sent to the CERAP Advisory Committee for review. Once the survey items were finalized, the surveys were put online on the CFRC's secure server, and links to the three surveys were sent to the individuals who will send the emails to the survey participants. Survey data will be collected and analyzed in April and the report will be completed in May.

2. Illinois Child Death Review Teams (CDRT) Annual Evaluation

   Project summary: In collaboration with the Department and the CDRT Executive Council, the CFRC will analyze data collected by CDRTs throughout the state on child deaths and write an annual report.

   Progress update: The data for CDRT report (which focused on deaths that occurred in calendar year 2015) was received in December 2016. The data was analyzed and the report was written during this quarter. The final report was sent to the CDRT Executive Council for approval on February 20, 2017.
3. B.H. Monitoring Report

Project summary: Using DCFS administrative data and other data sources, the CFRC produces an annual monitoring report that describes the Department's performance in key outcome areas of safety, permanence, and well-being.

Progress update: The September 2016 data were received at the end of December 2016. After being checked, these data were used to create tables for each of the indicators included in the annual monitoring report. The data tables have been provided to the researchers who are writing the chapters and rough drafts should be completed by mid-April. The report will be sent to DCFS legal and the BH plaintiff attorneys in June 2017.

4. Child Welfare Outcomes Website (Data Center)

Project summary: Each of the outcome indicators included in the B.H. monitoring report is available on the CFRC outcome website (also known as the Data Center, http://www.cfrc.illinois.edu/datacenter.php). Through this publicly-available website, interested individuals can examine data for each indicator for the state as a whole, by DCFS administrative region, by sub-region, LAN, or county.

Progress update: In this quarter, we converted 2/3 of the Data Center's database queries to prepared statements, allowing for greater speed and security, with the other third planned for the upcoming quarter. In conjunction with this, a general cleanup of code was undertaken, with the removal of hundreds of lines of code resulting in faster load times. Additionally, some bugs were detected and fixed for the "Population Data" portion of the Data Center.

5. FCURP

Project summary: The Center's Foster Care Utilization Review Program (FCURP) works in close partnership with the DCFS Division of Quality Assurance (DQA) to prepare for, conduct, and respond to the Federal Child and Family Services Review (CFSR). Using a continuous quality improvement structure, FCURP plays a vital role in maintaining a viable public-private framework for supporting ongoing efforts to enhance child welfare outcomes in Illinois at the state and local levels. A sample of a monthly activity report for FCURP is below:
## Outcome Enhancement Review 3 (OER 3)

- Facilitated bi-weekly planning phone calls (standing call)
- Executed January 2017 Kick-Off Event
- Convened January 2017 OER 3 training for all APT staff
- Began logistics for February review: ran sample; determined sample selection strategy and tools; selected cases according to methodology; sent out preliminary evaluations; forwarded all evaluations to IA for scheduling; assigned cases to reviewers, Team Leaders and QA staff
- Managed and/or team led/conducted QA for February review of cases (11)
- Refined sampling methodology for reviews
- Conducted Daily Team Leader Meetings
- Refined process of providing feedback to staff on review findings
- Debriefed February reviews with DD OQE
- Planned in-person Team Leader meetings for March
- Began logistics for March review: ran sample; determined sample selection strategy and tools; selected cases according to methodology; sent out preliminary evaluations; forwarded all evaluations to IA for scheduling; assigned cases to reviewers, Team Leaders and QA staff

## Computer Support and Data Archive

Project summary: The CFRC maintains several Linux servers that house the administrative data and other program evaluation data that are used to produce the BH report, CERAP report, and other analyses as requested by DCFS. In order to maintain these databases, the CFRC employs a data manager and IT staff with expertise in Linux system administration, web development, computer networking, server security, and statistical software packages. There is no deliverable associated with this "project," although the databases are used to produce other deliverables for the Department, such as the BH report.

## Post Adoption

Project summary: Nicole Bonoan is a CFRC employee who assists the Department by:

- Developing and maintaining collaborations with state and local community officials for the purpose of applied research, analysis and technical assistance activities that improve outcomes for children and families served by the Department
- Providing technical assistance to DCFS and agency staff to facilitate coordination of post-permanency services
- Reviewing monthly or quarterly reports of Maintaining Adoption Connections programs and statewide Adoption Preservation and Respite programs, provider requests for extension of services, fiscal reports
- Entering metrics into DCFS reconciliation system and preparing vouchering documents.
8. Joint Special Review - Christy Levine

Christy Levine has prepared a report regarding the DCFS Joint Special Review process that can be found on page 346.

Chapin Hall
DCFS Multiple Projects and Pilot Evaluations – FY17

Chapin Hall is a policy research center dedicated to bringing sound information, rigorous analyses, innovative ideas, and an independent, multidisciplinary perspective to bear on policies and programs affecting children. As a research institution, Chapin Hall has a long history of conducting both local and national evaluations, including the use of random assignment trials in projects such as the Illinois Family Preservation Evaluation, the National Evaluation of Family Preservation and Reunification Programs, and the Multi-Site Evaluation of Foster Youth Programs. Throughout these and many other projects, Chapin Hall has shown itself to be an objective evaluator with the capacity to conduct rigorous research and disseminate relevant and accessible findings to both policymakers and practitioners. Contained herein are the tasks Chapin Hall will conduct for DCFS in FY17, including activities that are currently expected to continue into FY18 for certain projects depending on implementation timing.

Brief Description of Services Provided:

Services are to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and wellbeing of children.

Services provided under this contract include research, evaluation, and data analysis and implementation support in support of improved system-level performance, management decision-making, and client outcomes. The contract includes sixteen (16) projects:

- Partnering with private agencies: managing performance and capacity
- Medicaid Managed Care
- Residential Care Research
- Strategic Implementation Support
- Data Support
- Center for State Foster Care and Adoption Data
- Therapeutic Foster Care Evaluation
- Residential Monitoring Evaluation
- Home Visiting Evaluation
- Regenerations/RUR Evaluation
- Mark Courtney Independent Consulting
- Core Practice Model/Immersion Site Evaluation
- Multi System Families Research
Youth Voice
NYTD Support
OITS Support

1. Partnering with private agencies: managing performance and capacity

Chapin Hall will support a yearlong learning experience, coordinated with the Core Practice Model (CPM) implementation and designed to integrate DCFS and private agencies (POS) understanding of continuous quality improvement (CQI) and how to use data to identify, develop, and test improvement efforts. The Illinois POS-DCFS CQI Framework is an integrated and collaborative structure that promotes shared focus and accountability for the ongoing monitoring of progress towards Illinois child welfare strategic goals and outcomes using CQI processes. The framework is driven by using data as evidence to inform decision-making and solution-finding at all levels of the child welfare system. The framework is supported by a CQI capacity building effort that will build on the skills of the Illinois CQI community to support the effective use of data in program improvement planning and decision-making.

In FY17, DCFS Quality Assurance Division plans to implement an Illinois POS-DCFS CQI Learning Collaborative. Chapin Hall will support DCFS plans to implement an Illinois POS-DCFS CQI Learning Collaborative. Chapin Hall will base this work generally on the principles of the Breakthrough Series Collaborative (BSC) methodology, developed in 1995 and adapted to child welfare by Casey Family Programs in 2001. This Learning Collaborative will be a critical component of the staged implementation of the CPM in immersion sites. To support DCFS efforts to establish this Collaborative, Chapin Hall will provide strategic implementation support, including providing DCFS and private agencies access to child welfare outcome data, so that improvements over time can be gauged. Chapin Hall will also facilitate teaming and shared learning experiences to build the capacity of the Illinois child welfare system to generate evidence, process evidence, and apply evidence to decision-making.

FY17 Activities and Deliverables

- Provide technical assistance to DCFS stakeholders on the development of a governance structure for the Illinois POS-DCFS CQI Framework.
- Provide technical assistance to DCFS stakeholders in the development of the processes and procedures needed to operationalize the Framework.
- Assist DCFS stakeholders in the development of presentation materials and other communication strategies for DCFS stakeholders to use to message and promote the Framework.
- Assist DCFS stakeholders in the development of a monitoring process to ensure the Framework is operating as intended.
- Assist DCFS stakeholders in the development of an implementation plan to create and launch the CQI Learning Collaborative proposed as part of the Framework.
- Assist DCFS stakeholders in the development of the CQI Learning Collaborative curriculum, training materials and other resources to be used in the Learning Collaborative process.

FY 17 Outcomes
2. Medicaid Managed Care

As DCFS works with others to organize a managed care plan for children and young people in care, Chapin Hall is serving as a thought partner, drawing on its experience working with other states on similar issues. Broadly, the shift to managed care is usually accompanied by the desire to optimize the delivery of health care to the covered population. Managed care plans generally operate through prospective payments disbursed through managed care organizations to health care providers, creating incentives to organize the delivery of health care services around outcomes as opposed to services.

Among the challenges of implementing Medicaid managed care for foster children, setting an appropriate rate is among the most difficult. For various reasons, health care utilization on the part of foster children differs from other Medicaid populations. Establishing an appropriate rate and then aligning the rate with needs of foster children is especially important. To that end, Chapin Hall is working with DCFS to develop a profile of physical and behavioral health care utilization on the part of foster children, whether such services are financed in Illinois through Medicaid or through child welfare dollars.

This work would include: 1) developing ‘per placement month’ spending trajectories that illustrate how the cost of healthcare varies over the developmental life course of children in out-of-home care; 2) developing diagnosis-specific health trajectories that characterize the most common diagnoses by placement month; and, 3) using the above analyses, provide recommendations for how to organize healthcare for foster children.

**FY17 Activities and Deliverables**

- Develop profile of top 20 claim categories by cost of service
- Develop spending trajectories that illustrate the change in spending by placement month, including spending by Medicaid, child welfare placement services and child welfare funded community behavioral health services, on a county level
- Provide ongoing support the DHFS/DCFS Illinois Managed Care Steering Committee
- Serve as intermediary to Medicaid actuaries developing rates
- Develop statistical model that links spending trajectories to placement outcomes (e.g., permanency)
- Consult with DCFS stakeholders at each point during the analytical phase of the work outlined above.

**FY17 Outcomes**

- DCFS leadership will be provided with information that can be used to help plan next steps in implementing managed care for the foster care population.
Chapin Hall will support the implementation of a new approach to the administration of residential care, including data analysis to inform placement decision-making and the development of home-based alternatives to congregate care placements. 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 may focus on UIRs, monitoring reports, and/or the services provided to wards before, during, and after residential care. Multiple sources of data including Medicaid and CANS data may be used. 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, early identification of youth in need of high-end care, and training and monitoring guidelines for residential providers around the prevention and reporting of UIRs.

FY17 Activities and Deliverables

- Develop an actuarial approach to placement matching
- Examine lateral moves from one residential placement to another

FY17 Outcomes

- DCFS leadership will be provided with information that can be used to help plan potential changes in policy and practice to improve timeliness and quality of care for foster youth.

4. Strategic Implementation Support

Chapin Hall will provide targeted strategic consultation to the Department to help leadership meet strategic objectives. With the release of the Report of the B.H. Expert Panel, joint filing of the B.H. Plan, and subsequent judicial and legislative mandates, we anticipate there will be requirements of the Department that represent opportunities for innovation and improvement if implemented soundly and in a manner consistent with research evidence.

Targeted consultation activities will focus on 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. Activities will include but are not limited to ad hoc analyses to support decision-making, meeting attendance and workgroup service, as well as the provision of targeted implementation support activities such as drafting and editing documents and presentations of research findings.

Chapin Hall also will provide facilitation and support to the Department in the planned integration of data metrics and indicators into the operations of the Department and as part of a larger continuous quality improvement (CQI) process to improve practice and outcomes. This consultation may include guidance on the meaning and definition of indicators and metrics and the methods for calculating them, as well as consultation to Department leadership on the development of mechanisms by which the Department can make meaningful changes as a result of the regularly reported, high-quality data.
FY17 Activities and Deliverables

- Targeted consultation to help DCFS meet its strategic objectives
- Participate in regularly scheduled consultation calls with Strategic Planning, Clinical, QA&R leadership
- Attend meetings and participate on workgroups as needs and circumstances arise.
- Provide feedback on metrics and indicators generated in accordance with the Department leadership and research principles
- Provide feedback on the application of metrics and indicators to make policy and practice decisions
- Presentations of research findings relevant to strategic goals

FY17 Outcomes

- DCFS leadership will have evidence to leverage in aggressively transforming Illinois child welfare on multiple fronts congruent with the Department's strategic objectives

5. 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 Chapin Hall is able to complete rigorous 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 program plan, although additional data sets, e.g., Chicago Public Schools, IL Dept. of Human Services, and Medicaid data, are also 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.

FY17 Activities and Deliverables

- Support all other tasks in the contract and other DCFS-related research that requires up-to-date state and administrative data
- Continue to do quality control on data that is provided to Chapin Hall from DCFS
- Continue to transition to new Medicaid data format based on changes that HFS has made to Medicaid data
- Continue to 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 other tasks, as appropriate
- Support researchers on the use of this data
- Orient new staff on the characteristics and context of the data

FY17 Outcomes
• DCFS leadership will have a cohesive set of data based on state administrative data that has been cleaned, linked, re-formatted, and documented so that researchers can rely on the data for research and evaluation.
• 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.

6. Center for State Foster Care and Adoption Data

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 comparisons to other jurisdictions.

Beyond the basic subscription and access to the historical and current data analytics available through the web tool, Chapin Hall will provide additional support for the use of Illinois data available through the Center to support Illinois private agency efforts to improve performance as it is important for both DCFS staff and its contracted private agencies to have access to the data used to assess their performance. Equally important is that these stakeholders have the skills required to analyze those data correctly and interpret and apply the findings. As such, access to the FCDA and related technical assistance and training opportunities can level the playing field insofar as the Illinois child welfare system agencies vary with regard to their internal capacity to collect and use administrative data to improve services and outcomes. To meet this need, we will provide file development and analytics training designed to build skills in the area of generating evidence, processing evidence, and applying evidence to decision-making.

FY17 Activities and Deliverables

• Continue to provide DCFS with a basic subscription to the Multistate Foster Care Date Archive (FCDA), which allows comparisons at the state, county, and child level.
• Upon request, 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. The state may also choose to modify definitions of permanency and placement types.
• Upon request, develop a POS agency-based longitudinal file and upload it to a parallel web-based interface. This will permit comparisons at the provider agency level. Hand-in-hand with this work, Chapin Hall would work with the State to develop a plan for providing POS agencies access to the agency-based web tool.
• Support for the ongoing use of DCFS users of the FCDA through technical assistance and training opportunities.
• Illinois-specific Advanced Analytics course.

FY17 Outcomes
• DCFS and private agency staff will build knowledge and skills with respect to best practices in performance measurement; this includes but is not limited to an understanding of how to use the FCDA web tool to develop sound evidence about the performance of Illinois’ foster care system.

7. Therapeutic Foster Care Pilot Evaluation

Chapin Hall will conduct the evaluation of the Therapeutic Foster Care (TFC) pilot(s). The evaluators will work with the DCFS, selected providers, and model developer(s) to ensure that the goals of the pilot (e.g. placement stabilization, improved child functioning and well-being, deflection from higher end care, and reduced length of stay) are accounted for during the planning, design and implementation of the pilot (s). Chapin Hall will consult on implementation design and recommend modifications where needed to ensure that the evaluation can be rigorous, reliable, and valid. Chapin Hall will also provide ongoing support for fidelity management activities as part of continuous quality improvement during implementation by engaging with model developers and providers to develop data and reporting mechanisms to inform the implementation. The evaluation will measure the congruence of the pilot to the core values and guiding principles articulated in the RFP, as well as add to the field’s knowledge of whether the strategies articulated in the RFP and proposed by the selected provider are effective for impacting the four key outcomes. In FY16, DCFS selected providers who will implement TFC and has begun preparing for the TFC Pilot implementation.

Anticipated FY17 Activities and Deliverables

• Continue to support DCFS’ implementation efforts
• Finalize process and outcomes evaluation design
• Begin process and initial outcomes evaluation

Anticipated FY17 Outcomes

• DCFS leadership will have preliminary information about the effectiveness of the TFC pilot and a plan to gather more definitive information over the course of the pilot.

8. Residential Monitoring Pilot Evaluation

Chapin Hall will conduct the evaluation of the Residential Monitoring Pilot. Chapin Hall will work with DCFS to refine expectations for residential providers and to operationalize these so that expectations can be incorporated into a monitoring plan. Chapin Hall will work with DCFS and a group of key stakeholders to identify target outcomes for monitoring activities (e.g. increased congruence with core values and principles, reduced use of restraint and coercion, increased visitation, expedited discharges) that are also in line with new dashboard indicators established by DCFS. While the provision of Therapeutic Residential (TR) treatment occurs in a complex environment that precludes a causal attribution related to monitoring, Chapin Hall will work to develop an evaluation design that can detect differences between historical trends in practice and adherence to new protocols. This will require 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 will also incorporate 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. In FY16, Chapin Hall assisted DCFS, UIC, and NU in their efforts to design a new monitoring program, designed process and outcomes evaluation, secured necessary permissions for evaluation activities, and designed and implemented a baseline provider survey.

Anticipated FY17 Activities and Deliverables

- Continue to support DCFS implementation efforts
- Finalize process and outcomes evaluation design
- Begin process and initial outcomes evaluation

Anticipated FY17 Outcomes

- DCFS leadership will have preliminary information about the effectiveness of the new residential monitoring program and a plan to gather more definitive information over the course of the pilot.

9. Home Visiting Pilot Evaluation

In conjunction with DCFS and the Teen Parenting Services Network (TPSN), Chapin Hall will continue to work with the child welfare subcommittee of the Illinois Home Visiting Task Force to develop a plan for implementing a home visiting pilot that targets pregnant and parenting youth in foster care. In FY17, the pilot will be implemented by eight Healthy Families Illinois (HFI) programs (Advocate Illinois Masonic Medical Center, Children’s Home + Aid, Children’s Home Association, Easter Seals Rockford, Pilsen Wellness Center, Sinnissippi, Stephenson County Health Department, and Teen Parent Connections) in seven Illinois counties (Cook, DuPage, McLean, Peoria, Stephenson, Whiteside and Winnebago). Home visitors will receive additional training related to the unique needs of this population. Pregnant and parenting youth will be referred for home visiting services by TPSN, with the goal of enrolling approximately 30 in an HFI program, and participation will be voluntary.

Chapin Hall will evaluate the implementation and outcomes of this pilot. The implementation study will examine the characteristics of youth being served and the home visitors who are delivering services, assess fidelity to the HFI model and identify barriers to implementation using program data, administrative data and semi-structured interviews with home visitors, home visiting supervisors and youth. The youth will be interviewed twice: approximately three months following their enrollment in the program and then again at 12-months post-enrollment. The outcome study will use program and administrative data to examine short-term and long-term parent, child and system outcomes. In FY16, Chapin Hall participated in pilot planning meetings and other planning activities and developed an evaluation plan.

FY17 and FY18 Activities and Deliverables

- Begin data collection for the implementation study which will continue through December 2017
- Begin data collection for the outcome study which will continue through December 2017
- Implementation study interim report: Tentatively, June 2017
- Implementation study final report: Tentatively, June 2018
• Outcome study interim report: Tentatively, June 2017
• Outcome study final report: Tentatively, June 2018

FY17 Outcomes

• Pilot will be implemented with fidelity to the HFI model.

10. Regenerations/RUR Pilot Evaluation

Chapin Hall will conduct the evaluation of the Regenerations/RUR Pilot for DCFS youth in temporary detention. DCFS, in cooperation with its partners – the Cook County Juvenile Temporary Detention Center, Cook County Juvenile Probation, the Cook County Juvenile Court, Lutheran Child and Family Services (LCFS), Youth Advocacy Programs (YAP) and the University of Illinois-Chicago – have implemented a pilot 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 both new wards that were not in DCFS care when they were placed in detention and current wards without a placement.

The evaluation of the Regenerations pilot will include two components: an implementation study and an outcomes study. The implementation study will examine the characteristics of the youth being served and the way in which services are being delivered, including describing characteristics of youth served by the pilot, assessing fidelity to the Regenerations model, exploring perceptions of the program by those involved, and identifying implementation barriers, via interview, survey, and use of program and administrative data. The outcomes study will examine whether the benchmarks defined by DCFS and its partners are being achieved. These benchmarks include outcomes related to placements and discharge as well as satisfaction, via survey and program and administrative data. Other outcomes the implementation team has expressed interest in examining include family connections, education, and employment. In FY16, Chapin Hall assisted DCFS, UIC, LCFS/YAP in their efforts to design a new monitoring program, designed process and outcomes evaluations, and secured necessary permissions for evaluation.

FY17 Activities and Deliverables

• Continue to support DCFS’ implementation efforts
• Begin process and initial outcomes evaluation

FY17 Outcomes

• DCFS leadership will have preliminary information about the effectiveness of the pilot and a plan for collecting more definitive information.

11. Mark Courtney Independent Consulting

Dr. Mark Courtney will act as an independent advisor to the Illinois Department of Children and Family Services (“DCFS”) with respect to a lawsuit filed in 1988 by the American Civil Liberties Union of Illinois against DCFS known as B.H. v. Sheldon (“BH”) as follows:
• Provide consultation and support to the CWAC Well-Being Committee to finalize indicators and assessments.
• Support the collection of data for well-being.
• Consult regarding the determination of external validation of the CANS in conjunction with Deputy of Clinical Services and the DCFS Clinical team.
• Participate in the ISCAW Steering Committee
• Remain available as consultant/expert for BH Consent Decree negotiations and reporting related to data and outcomes.
• Support/Consult with Chapin Hall regarding Immersion site evaluation
• Info on FTS/MoSP and other parts of immersion sites should be shared regularly

Chapin Hall will conduct an evaluation of the success of the BH pilots and act as fiscal agent under this Contract. Dr. Courtney’s work shall at all times be separate and independent from Chapin Hall’s evaluation of the BH pilot programs. Dr. Courtney will not report to Chapin Hall. Chapin Hall will not be accountable for Dr. Courtney’s work product.

12. Core Practice Model/Immersion Site Evaluation

Chapin Hall will conduct the evaluation of the DCFS implementation of a core practice model via immersion sites (e.g., a staged implementation or “immersion” process). The Core Practice Model will utilize a Family-Centered, Trauma-Informed, Strengths-Based (FTS) curriculum that includes a Model of Supervision (MoSP) to ensure sustainability. Front-line staff across the state will be retrained using this curriculum and supervisors 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 will partner with its contracted providers to broaden the array of services that are available to children and their families at the selected immersion sites.

Chapin Hall will serve as the evaluators. The evaluation will include front-end planning and implementation support activities (e.g., activities to support initial planning, activities to support “statewide summit” planning), a process evaluation, and an outcomes evaluation. Core practice model outcomes evaluations often include staff surveys, parent surveys, and analyses of administrative data. Chapin Hall’s evaluation work will include designing and planning implementation of baseline surveys of staff and parents, as well as relevant analyses of administrative data.

One of the DCFS’s important initial efforts related to the core practice model / immersion site implementation is the hosting of a joint statewide summit in partnership with the Administrative Office of Illinois Courts (AOIC), contracted private agencies and other stakeholders. This summit reflects the critical need for partnership between DCFS, AOIC and Illinois private agencies. The summit will create a forum for judges and other court staff along with DCFS and POS staff to come together to problem solve, learn and kick off the Core Practice Model and its focus on a complete child welfare transformation. The summit will be convened in the Fall of 2016. The two-day summit is anticipated to include 750 total participants. The Summit will include an announcement of the implementation of the Core Practice Model and the immersion site process as detailed in the Behavioral Health Implementation Plan. This is an effort by DCFS to create a new system of child welfare that thrives on collaboration and a child and family centered practice model.
**FY 17 Activities and Deliverables**

- Develop key indicators for the core practice model / immersion site process and outcomes evaluation
- Support development of processes to measure key process and outcomes evaluation indicators
- Conduct initial analyses for process and outcomes evaluations as appropriate.
- Help plan and serve on the summit steering committee
- Support DCFS in their development of invitations, session planning, and break-out session planning for the Summit

**FY17 Outcomes**

- DCFS Leadership will have been provided support convening the Summit and a plan in place to evaluate the impact of the implementation of the new core practice model via immersion sites.

**13. Multi-System Families Research**

Health care and human services in most states operate in silos that may prevent individuals and families from getting the service that they need. Furthermore, how these services are organized and provided may result in inefficient or ineffective use of fiscal resources. It is clear that many individuals and families have multiple needs and problems that range from food and shelter to treatment for serious health and mental health needs to protection from abuse or neglect. The state, in addition to addressing these issues, has a responsibility to ensure public health and public safety.

Families that have a child placed in foster care in Illinois are quite likely to have multiple problems that result in service provision by the state. DCFS may not know the extent of that participation given the manner in which data is collected about families that come to their attention. Specifically, there is no place in SACWIS or any other electronic record where there a comprehensive list of services provided to members of the families would be recorded.

During FY16, Chapin Hall addressed the following key questions about these children and families receiving multi-services across state agencies, with a focus on DCFS families, including:

How do individuals and families service utilize the costliest state programs? How does this vary from other families with children who come to the attention of the state? For those families served by the state who have not had children placed, what is the extent of family violence, including reported child maltreatment? What are the program participation and other Illinois state agency interventions precursors of the placement of a child into foster care?

FY17 work might build on these questions and might include the development of data sets and analysis for youth and families receiving multi-services across agencies. These activities would
involve potential engagement with DHS, DJJ, HFS, and Public Health as part of the State’s Health and Human Services Transformation efforts.

FY17 Activities and Deliverables

- Continue to maintain data sets, data permissions for DHS, DJJ, HFS, and Public Health data so that the data is available for additional analyses.
- Seek funding to build on work begun in FY16

FY17 Outcomes

- DCFS leadership will have well-prepared and maintained data files to facilitate quicker time-to-deliverable once funding to build on work begun in FY16 is secured.

14. Youth Voice

Youth Voice is the active way that young people represent themselves and their needs. As one part of the Department’s larger agenda to transform child welfare in Illinois, a comprehensive approach to capturing information about youth perspectives is critical to planning efforts that reflect youth values and preferences. Chapin Hall will help DCFS incorporate Youth Voice by developing a comprehensive strategy for capturing information about youth perspectives, and providing support and guidance in the Department’s efforts to respond to youth suggestions and feedback. Specific activities will include: participation in workgroup meetings to discuss the implementation of strategies to capture and respond to youth suggestions and feedback; technical support for strategies to collect, manage, and report on data regarding youth suggestions; and recommendations for policy or program changes that incorporate Youth Voice.

FY17 Activities and Deliverables

- Participate in monthly workgroup meetings
- Develop and maintain data collection & management tool
- Youth Voice report summarizing feedback and suggestions
- Recommendations for target areas on which to focus for Youth Voice response

FY17 Outcomes

- An understanding of the impressions and suggestions of youth for improving service delivery
- Strategies for improving service delivery in response to youth voice
- Documentation of the feedback and suggestions provided by youth

15. NYTD Support

Federal regulations require that states collect and report two types of data for the National Youth in Transition Database (NYTD). The first is information about youth who receive independent living services paid for or provided by the state agency that administers the Chafee program. The second is information about the demographic and outcomes of youth in foster care on their 17th birthday. Every three years, baseline survey data are collected from a new cohort of youth at age
17 and follow-up survey data are collected at ages 19 and 21. States are required to achieve a response rate of at least 60% for the outcome surveys of 19 and 21 year olds who are no longer in foster care and a response rate of at least 80% for the outcome surveys of 19 and 21 year olds who are in extended foster care. Because Illinois has consistently failed to achieve the minimum response rates on the follow-up outcomes survey, it has been repeatedly penalized with a reduction in its annual Chafee funds.

Currently, POS/DCFS caseworkers are responsible for reporting the required independent living services data in SACWIS on a monthly. Caseworkers are also responsible for ensuring that the baseline and follow up NYTD surveys are completed by youth within 45 days of their 17th, 19th and 21st birthdays by having the youth complete the survey online or by administering a paper and pencil version of the survey in person or by phone.

Chapin Hall will work with DCFS and POS agencies to (1) improve the quality of the independent living services data that are reported, (2) increase response rates on the baseline and follow up outcomes surveys, and (3) identify ways to use the data to enhance service provision and better youth outcomes. Specifically, we will examine the systems currently being used to collect the independent living services and outcomes data, talk with caseworkers about their experiences with and barriers to data collection and talk with youth about ways to promote participation in the outcomes surveys.

**FY17 Activities and Deliverables**

- Develop plan to improve the quality of the independent living services data that are reported
- Develop plan to increase response rates on the baseline and follow up surveys
- Develop plan to better use survey data to enhance services provision and youth outcomes
- Implement survey collection and data use improvement plans

**FY17 Outcomes**

- DCFS will have a plan in place to improve the quality of NYTD survey data and better use that data to enhance services provision and youth outcomes

16. OITS Support

Chapin Hall will provide data and reporting support to the DCFS Office of Information and Technology Services and the OITS SQL system developers by maintaining a Nomad System Administrator.

**FY17 Activities and Deliverables**

- Conduct analyses of administrative data for complex ad hoc data requests employing appropriate reporting platforms such as Nomad, ArcGIS, Crystal Reports, and Microsoft products, etc.
- Provide and document unique services for future management by OITS staff including weekly data-exchange-based reporting, address geocoding/mapping, and non-Nomad application maintenance and weekly and monthly formal executive reports
• Support Nomad products by identifying and documenting for OITS staff data quality issues affecting Nomad system and Nomad data warehouse-sourced documents, including conflicting data definitions
• Design and implement improvements in managing Nomad team table databases used for routing automated and manual reports
• Identify, document and edit mainframe Nomad programs generating automated reports for the purpose of rationalizing report distribution and for reducing reporting resource consumption,
• Assist OITS staff via knowledge of Department mainframe Nomad systems on an as-needed basis through analyzing procedures, testing data interactions via data entry screens and reporting and writing and helping OITS staff screen end-user and management complaints regarding system performance
• Support non-OITS internal and external users of all above products, from 1:1 consultation on processing and updating records in Nomad systems to advising proper interpretation of reports.

FY17 Outcomes

• DCFS will be assisted in maintaining shared applications, performing data forensics, and producing reports until legacy systems are retired.

Western Illinois University (WIU) has two contracts with the DCFS Office of Professional Development. The Testing and Evaluation contract with the School of Sociology provides independent testing, certification, and training program evaluation services which support the Department compliance with mandates of both Federal Title IV-B and IV-E funding Rules, and National Council On Accreditation (COA) testing and evaluation standards for child protection and child welfare training services.

The statistical analysis of exams specifically includes an evaluation of possible test item bias for: gender; education level; ethnicity; language; and age; along with descriptive data on Purchase of Service and IDCFS test-takers when the sample sizes are of a measurable size. Further, each of the existing exams are monitored and updated as necessary to replace questionable test items and/or incorporate new training curriculum test items. New or existing test items are developed and modified as needed. The goal of the ongoing data analyses for all exams is to ensure statistically stable, reliable and valid test items.

The second contract is with the Center for the Application of Information Technologies (CAIT). This contract supports and maintains the Department’s specific on-line learning management and training delivery system, the Virtual Training Center (VTC). The web-based training system is operated and maintained 24 hours per day, seven days per week from any computer or other data communication device with internet access. More than 69,375 individuals have an active personal account in the VTC training information system. The contract services include hosting and support for: on-line training course; exams; registration; user access; user training record database; user helpdesk support system; upgrades and change orders; and system maintenance.

Both of these contracts will continue into FY18.
**Northwestern University:** The Trauma/Behavioral Health contract continued in FY 17 with the Mental Health Services and Policy Program (MHSPP) at Northwestern University. This group provided program evaluation, research, training and consultation services to DCFS. MHSPP did not provide direct clinical services to children. MHSPP assisted DCFS in collecting, analyzing and reporting on CANS assessments given to DCFS children. MHSPP aggregated this data with CYCIS and other DCFS provider data. MHSPP evaluated the data and reported to DCFS regarding child-, program-, provider-, agency- and system-level functioning. MHSPP maintained the DCFS Statewide Provider Database and Graphic Information Systems. In addition, MSHPP consulted with DCFS on multiple behavioral health and child trauma issues, including the trauma credentialing project for DCFS-contracted therapy providers. MSHPP also built a database, REDCap, for the collection of the Child and Adolescent Services Intensity Instrument (CASII), which is used in clinical processes as an objective tool to assess service intensity needs of youth. To date, the primary work has been focused on setting up users, troubleshooting and providing trainings to users. The goal in FY18 is to enhance reporting mechanisms from the established database entries.

CANS data has been used by DCFS over the last several years to (1) facilitate treatment-planning for needed services; (2) validate decision making about placement; (3) help to inform agency and department decision making; and (4) monitor client and caregiver status and progress in placement/services. Such use allows DCFS to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety and wellbeing of children.

The Department will continue contracting with Northwestern University in FY 18 for Trauma/Behavioral Health services.

**Updates on Information Systems**

The Department has continued efforts around general maintenance and enhancements of the ICWS system. Over the last reporting period the Department has been diligently working to address the several disparate systems in support of the ICWS consolidation effort. This will reduce our Illinois footprint to fewer, more primary data systems that will allow for better overall outcome reporting. As part of the effort to consolidate systems the Department is working to prepare for a feasibility study for the new Federal CCWIS initiative as described in the “Statewide Information Systems” section found on page 41. Over this reporting period the following ICWS releases were implemented:

**SACWIS Release 5.8.3 notes  IMPLEMENTED 04/24/16**

This release included enhancements to:

- Provider License Types
- Case Member/Collateral relationships
Case Family Findings
eHealth

**SACWIS Release 5.8.4 notes** IMPLEMENTED 05/08/16

This release included enhancements to:

- Toxicology Resource Referral functionality

**SACWIS Release 5.8.6 notes** IMPLEMENTED 06/12/16

This release included enhancements to:

- ANCRA Facility Intakes
- Missing Child and Youth Reports
- Notes

**SACWIS Release 5.8.7 notes** IMPLEMENTED 06/19/16

This release included enhancements to:

- eHealth
- Investigations

**SACWIS Release 5.8.8 notes** IMPLEMENTED 07/06/16

This release included enhancements to:

- E-Health Update Immunization Codes
- Investigations – Consistency in Screen Displays
- New Referral added from CWS Intake – Type Service header added to display
- Affirmative Action Investigation – New Caseload Analysis report
- Allow POS Case Aide workers to create all non-supervisory notes
- CERAP Safety Assessments

**SACWIS Release 5.9.0 notes** IMPLEMENTED 07/27/16

This release included enhancements to:

- Corrected issue with Toxicology Referral not showing on Collection Site monitoring screen.
- Intake Evaluation – created business rule violation to prevent note Contact Date from being a date that occurred before the Intake Evaluation Start Date.
• Case – created business rule to prevent note Contact Date from being a date that occurred before the Case Open Date.

**SACWIS Release 5.9.2 notes**  IMPLEMENTED 02/11/17
This release included enhancements to agency incident reporting:

With this update, SACWIS provides new functionality for Significant Event Reporting, formerly referred to as an “unusual incident report” (UIR). This process captures:

• Significant, sometimes traumatic occurrences that impact children and youth served by the Department
• Incidents involving Department offices, contracted agencies and facilities, or circumstances involving personnel of the Department and contracted agencies/facilities
• Circumstances involving caregivers; including licensed and unlicensed relative caregivers, fictive kin, licensed foster parents, specialized foster parents
Chapter VI – Consultation and Coordination between States and Tribes

Indian Child Welfare Act (ICWA)


Congress’ expressed intent in enacting the Indian Child Welfare Act of 1978, 25 U.S.C.A. 1902, is to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families.” The Department of Children & Family Services is likewise committed to Native American/Alaskan Native (AI/AN) children in substitute care and those whose families are receiving remedial and rehabilitative services to prevent out-of-home placement. The Department continues to engage in Active Efforts to prevent the break-up of Native American/Alaskan Native families through the provision of intact family services, as well as with case planning services when Native American/Alaskan Native children are placed into substitute care. The Department updated its Rule and Procedure 307 (Indian Child Welfare Services) to promote timely identification and consultation with tribes. Currently, the Department is working to update a fourth revision on Procedures 307, to be in consistent with the new Rule and Guidelines of 2016 by December 2017.

IDCFS Rule and Procedure 307 are available on-line at the following links:

IDCFS Indian Child Welfare Advocacy Program

The Department’s Indian Child Welfare Act Advocacy (ICWA Advocacy) Program is part of the Office of Affirmative Action and was developed to serve Native American/Alaskan Indian Native children, and their immediate and extended family members to ensure compliance with the Indian Child Welfare Act in child welfare proceedings. ICWA does not apply to divorce proceedings, intra-family disputes or juvenile delinquency proceedings.

The Mission of the IDCFS ICWA Advocacy Program is to:

- Enhance services and facilitate communication between the Illinois child welfare system and communities involved with Native American/Alaskan Indian Native children and families.
- Identify and advocate for Native American/Alaskan Indian Native children and families that have come into care.
- Ensure 100% ICWA compliance.

The Department has two ICWA Program Specialists positions; The ICWA Program Specialists participate in activities within the Native American /Alaskan Indian community on a monthly basis. This supportive approach has cultivated a trusting relationship and has led to collaborations between Native American /Alaskan Indian community members and the Department. This collaboration has led to the development of the DCFS ICWA Advisory Council. The advisory council also advises the Department on Native American/Alaskan Indian needs.

If extended family members are not an appropriate foster placement option, then all child welfare staff who have an ICWA case, are required to document all active attempts to obtain a
Native American Indian foster home... Procedure 307 requires all child welfare workers who possess a identified ICWA case to return to the IDCFS Statewide Automated Child Welfare Information System (SAWCIS) and fill in primary race as Native American/Alaskan Indian. The ICWA Program’s mandatory training shall be used to educate all child welfare staff to correctly and promptly identify and verified Native American/Alaskan Indian children in the child welfare system or children that may be coming into the system, thereafter.

DCFS ICWA Program Specialists also serve as liaisons between the court system, child’s case work team, and tribal representatives. The Program Specialists consult with tribal representatives nationwide to determine a child’s enrolled membership and/or eligibility for membership with a federally recognized Tribe. The Program Specialists also ensure the provision of child welfare services in a manner consistent with ICWA requirements. Although Illinois currently does not have any federally recognized tribes within its borders, all of the ICWA Program’s communications and collaborations, with approximately 560 federally recognized tribes, involve those outside of the State of Illinois. The ICWA Program Specialists maintain communication with the child’s identified tribe and informs the court and the child’s family team of any recommendations and culturally appropriate resources suggested by the tribe. They also collaborate with the child’s family team, which includes tribal representatives, to review services and participate in case planning services for the child and family. These collaborations ensure that 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.

The Department ensures that diligent search efforts are made to identify and locate extended family members as possible caregivers for the child. All assigned workers, especially in an ICWA case, are required to document any and all outreach efforts to the child’s extended family.

If a determination is made that a child is eligible for services under ICWA, the Program Specialists will actively 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, diligent search efforts for extended members as potential resources, and education/advocacy regarding the child’s Native heritage. The Program Specialist will encourage the case manager and will assist in getting the placement preferences from the parents and from the tribe, pursuant to the new ICWA Rule and Guidelines. In situations in which a child is placed in a non-Native Indian foster or adoptive home, the ICWA Program Specialist will provide the non-Native foster or adoptive parents with referrals and resources to address the unique needs of the Native American/Alaskan Indian Native child and family. Resources have included, but are not limited to, information about culturally sensitive activities, cultural events, traditional ceremonies, drumming, Powwows, and Native American/Alaskan Indian Native language and storytelling.

The Department seeks to engage the Native American/Alaskan Indian Native community to provide guidance to the Department on the types of services and types of resources available to the child and his or her family.

- Provides clinical consultation, coordination and case support to child welfare professionals and tribal representatives on ICWA cases.
- Maintain open lines of communication with identified tribes on how to enhance services via phone email, facsimile, and regular mail.
- Convened a group of Native American/Alaskan Indian Native community leaders throughout the state to enlist their participation on the Illinois Indian Child Welfare
Advocacy (IICWA) Council to obtain guidance on matters involving, affecting and improving the provision of child welfare services to Native American /Alaskan Indian Native children and their families. DCFS also seeks this Council’s support to recruit Native American /Alaskan Indian Native foster homes. The Council has achieved the following:

- Mission/Purpose statement
- Core Values
- Created Bylaws
- Collaborates with Native American /Alaskan Indian Native programs within the State, including Chicago Public School’s Native American Title VII Program, the American Indian Center, American Indian Health Services, American Indian Association of Illinois, Kateri Center of Chicago, American Indian Ministry of the Archdiocese of Chicago, and California Indian Manpower Consortium
- The Council is in process of creating FY2018 goals, one of which is developing a strategic Native American foster parent recruitment plan to target the recruitment and retention of Native American foster homes. The goal of the plan is to concentrate the ICWA Program Specialists Native American/Alaskan Native foster parent recruitment efforts in the areas where there is the greatest need as reflected by Native American intake and placement. Information about ICWA foster parent recruitment is also contained in the Final Report: Diligent Recruitment and Retention of Foster and Adoptive Resources.
- Includes the ICWA Program on the Office of Affirmative Action’s website to enhance communication and access to resources for Native American/Alaskan Indian community members. The ICWA Program section includes extensive links to other resources within the Native American/Alaskan Indian community throughout the State, including contact information for prospective Native American /Alaskan Indian Native foster parents. The Advocacy Program’s brochure and foster care recruitment brochure are now complete. The brochures were created to inform the Native American Indian community organizations and agencies throughout the state of Illinois of the services the Department provides. The brochures are being distributed throughout the year at community outreach activities and are posted on the DCFS ICWA website.

The ICWA Program Specialists, as part of their advocacy function, implement the Department’s efforts to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” both internally (with DCFS employees) and externally (with private agency providers and other community partners). The Program Specialists:

- Provide supplemental support in the verification process of whether an Indian child is an enrolled member or is eligible for membership. Federal tribes have sole authority to determine their enrolled and eligible members.
- Initiate, maintain, and cultivate connections with the identified tribes of the child and families involved.
- Attend Child and Family Team Meetings (CFTMs), Administrative Case Reviews (ACRs), and any case related meetings, including court hearings.
- Seek and Identify community support organizations, programs and activities for American /Alaskan Indian Native children and families.
- Participate on the Chicago American Indian Community Collaborative with the Native American community, program/ agency directors and members with the goal of building unity and collaboration.
• Participate monthly in community outreach and advocacy activities within the Native American /Alaskan Indian Native community.
• Provide technical assistance to child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the pendency of the child welfare case.

Increased awareness and compliance with the ICWA through on-going child welfare staff education and training has resulted in the increased timeliness of referrals (for inquiries to tribes for a child’s enrolled membership or eligibility for membership status with federally recognized tribes) to the ICWA Program. There were 324 new intakes to the ICWA Program from May 2015 to May 2016, resulting in the growth of 247% from the previous year. From May 2016 to May 15, 2017, there were 314 new referrals which show a continued awareness of the Advocacy Program and a continued awareness of the need for compliance with ICWA statute from last year to this year.

Collaborations with Tribal Nations/ICWA Professionals Nationally

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

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

Although Illinois is one of 17 states without federally recognized tribes within the state’s borders, with the continued relationship with the ICWA State Managers group, Illinois has been a leader (among states without federally recognized tribes) and has been a model for the ICWA State Managers group regarding ICWA compliance. Our leadership is evidenced by:

• Creating and implementing a statewide model of communication, inclusion of input from a collective tribal voice of statewide tribal program/agency directors that serve as IICWA Council members (per ACF Program Instructions: section 6, page 11 “States without federally-recognized tribes within their borders should still consult with tribal representatives and document such consultations”)
• Participating as a member of the Chicago American Indian Community Collaborative (CAICC)
• Tribes that become a party to an Illinois child welfare case have participated by phone in court proceedings (telephone communication has been encouraged by the courts due to the tribes distance from Illinois). Tribes have also been encouraged to participate in the service plan creation and implementation, in recognition of the best interest of the child and for active efforts, as well as for ICWA compliance purposes.
Native American/Alaskan Native Community Outreach and Advocacy within the State of Illinois

The ICWA Program Specialists have made efforts to engage the Native American/Alaskan Native Community through monthly outreach and advocacy activities. These activities include participation in major Native American events such as the annual largest Midwest Pow-Wow hosted by the American Indian Center. Other outreach within the Native American community includes collaboration with the Native American Title VII Program through Chicago Public Schools. These collaborations have afforded opportunities to create relationships between the Department and the Native American Indian community and Indian families. The result has been more opportunities for the delivery of prompt, culturally relevant services to Native American/Alaskan Indian Native families.

ICWA Trainings to Support ICWA Compliance

The Department’s Professional Development Division, in conjunction with the ICWA Program, designed an on-line, self-directed, ICWA Training curriculum that is mandated for all child welfare field staff of IDCFS and POS agencies. The ICWA Program Training webinar launched in October of 2016 and is currently a part of the training curriculum for all new investigators and placement workers.

ICWA Goals and On-going Activities

The ICWA Program will continue to facilitate the Department’s compliance with ICWA placement and case planning services when Native American/Alaskan Native children who are in an out of home placement. The following are goals that have been completed or FY17 and are ongoing for FY18. The ICWA Program’s continuing goals and activities include the following:

• Increased collaboration between the Native American/Alaskan Indian Native community and the Department, as well as ongoing outreach activities and participation on advisory committees within the Native American community. The Program has initiated extensive outreach to Native American/Alaskan Native leaders and community members to develop the statewide Illinois Indian Child Welfare Advocacy (IICWA) Council; informational meetings for interested Native American/Alaskan Indian Native community leaders and community members have been convened. The development of the advisory group continues with the goal of having a broad-based membership comprised of educators, Native American parents, religious and or spiritual leaders, attorneys and downstate community leaders. The ICWA Program will continue to collaborate with the Chicago Public School Title VII program, American Indian Center, American Indian Health Service of Chicago Inc., American Indian Association of Illinois, and Kateri Center of Chicago. Also the ICWA Program Specialists will diligently encourage all staff on an ICWA case to directly communicate on a regular basis with the child’s tribal representative for input, resources, extended family placement and to keep the tribal representative informed on the child’s case.
• An ICWA webinar presentation has been provided to child welfare professionals, statewide.
• The ICWA Program is included on the DCFS Office of Affirmative Action website with links to resources within the Native American/Alaskan Indian community throughout the
state, including contact information for prospective Native American/Alaskan Native foster parents, community programs, and resources.

- A foster care brochure which specifically targets recruitment of Native American/Alaskan Indian foster homes has been developed and is distributed in the Native American/Alaskan Native community. The Native American/Alaskan Indian foster parent brochure was completed and distributed as of August 2016.

- The ICWA Program Specialists will continue to strengthen their support with ICWA cases to direct service teams.

- ICWA Advocacy Program of IDCFS has provided a mandatory Office of Affirmative Action self-directed interactive training, that specifically, targets all child welfare staff involved in an ICWA case.

- To better comply with the new ICWA Rule regarding the identification of a Native child, the IDCFS Rule and Procedure 307 requires that once the child have been confirmed as a Indian child as defined by ICWA, then the assigned placement worker must actively document the primary race of the child as Native American/Alaskan Indian.

- A revision of Procedure 307 was completed in October of 2016. Procedure 307 may again need to be reviewed to ensure compliance with the New ICWA Rule (June 2016). This is identified as an FY18 goal.

- Consolidation and mainstream intake of referrals for confirmation of ICWA eligible child(ren) in care was achieve in June 2016. This goal was completed in FY17

- Mandated ICWA webinar training for all child welfare and child protection staff was launched in October 2016. This goal was completed in FY17.

Illinois 2018 Annual Progress and Services Report (APSR) Update:

The Department has been diligent to capture the spirit of ICWA regarding collaborating with approximately 560 federally recognized tribes (across the nation, as no federal trust lands are within the Illinois borders), tribal organizations (demonstrated through the development of the Illinois Indian Child Welfare Advisory Council) and tribal consortia (partnering with the Chicago American Indian Community Collaborative) and to maintain those collaborations.

Ongoing Examples, listed, but are not limited to:

- All child welfare staff are encouraged to make frequent contact with family members and invite tribal Indian Child Welfare workers to participate in all child custody proceedings, participate in Child Family Team Meetings, clinical staffings, ACRs, by phone.

- Assigned child welfare staff to ICWA cases, are provided tribal contacts to keep Tribes informed of the case and to participate in meaningful communications.

- Email and telephone contact with Tribal workers are open and ongoing, to various tribes.

- Consult with the Office of Education and Transition to discuss amendments and create a plan of action by 12.31.15; included but not limited to: outlined amendments regarding limiting Another Planned Permanent Living Arrangement (APPLA) as a permanency plan to youth 16 and older and identified needs for support for this population. This item is currently pending and is a FY18 goal.

Description of Indian Tribe Consultation and Coordination to Ensure Fair and Equitable Treatment for Indian Youth in Care
There are no federally or State-recognized Native American/Alaskan tribes officially residing in Illinois, but there are numerous tribal members from other states who reside permanently in the Cook County area. The Native American population in the balance of the state is more diffuse. In the most recent census estimate from the US Census Bureau 2010, approximately 101,451 Illinois residents claimed Native ancestry.

Only a small percent of the IDCFS cases are Native American children. Nevertheless, the Department takes very seriously its responsibilities to serve this population appropriately and effectively. The Department will continue to educate its staff and private agency workers with appropriate policy, actions and services through rules, procedures, meetings, conferences, contracts, curricula, and training.

As well, no tribe has requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state’s allotment for such administration or supervision (per the ACF Program Instructions, p. 19, section Consultation with Tribes (section 477(b)(3)(G) of the Act), Bullet #5)

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

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

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

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

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

Caseworker Visits

Monthly Caseworker Visit Formula Grants – Caseworker Visits

Monthly compliance reporting by caseworkers and teams is provided through SACWIS and the Performance Monitoring Data Site. This site provides information at the agency level and case level which allows the Department as well as DCFS/POS supervisors and managers to identify and monitor the extent of and need for caseworker visit activity. As a result of these efforts DCFS has achieved the following:

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th># Months 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>12429</td>
<td>65788</td>
<td>73025</td>
<td>63707</td>
<td>90</td>
<td>97</td>
</tr>
</tbody>
</table>

Departmental Procedures 315 Permanency Planning addresses worker interventions and contacts made during the delivery of child welfare services. Specifically, section 315.110b)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 service plan 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.

Director George H. Sheldon advised in an update of the Department’s Strategic Plan, that:

“DCFS senior leadership as well as the Chairs of our Child Welfare Advisory Council (CWAC) spent 1-1/2 days formulating the framework for the plan and who it serves. The major determination was that it could no longer be a DCFS Strategic Plan but must become an Illinois Child Welfare Strategic Plan that moves DCFS in the direction of putting children and families at the center of our work. I have asked the Strategic Planning and Innovation team to facilitate discussions and gather feedback through a series of meetings in the next few months."

The changes that result will affect and improve all of the activities and services funded under the title IV-B program in Illinois.
Chapter VIII – Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments: The Department previously had not received an Adoption Incentive Payment since FFY10. The large number of children in placement in the mid-1990s enabled the Department to achieve a significant number of adoptions in those earlier years and the resulting adoption incentive awards to the Department were therefore substantial. However, with the decrease in the foster care population to one third the number of children in care during those peak years, even fairly high percentage rates of adoption did not result in recent incentive awards. With a change in regulations which create a modified program of Adoption and Legal Guardianship Incentive payments, the situation is now different and the Department may again find encouragement for improved performance through fiscal incentives. For FFY14, half of the incentives were calculated on a 2007 base (prior methodology) and the second half calculated using the new methodology.

The Department 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. The Department did receive an award for FFY15 performance in FFY16 totaling $213,642. Regarding permissible uses of these funds; adoption and guardianship children often have to overcome educational deficits as a result of educational inconsistencies in their earlier school years. These inconsistencies may arise from parental neglect or through school disruptions due to the child being in the foster care system. DCFS plans to use these incentive funds to offer educational related supports not currently available. These services would include both tutoring type supports as well as educational advocacy for children needing support to access necessary services through the development of Individual Education Plans (IEP’s). These services are new and will supplement and not supplant current Department spending.

Title IV-E Adoption Assistance Program Savings Reporting: As a Title IV-E agency, the Department 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. The Department uses the actual case identification methodology specified by the Secretary of the Department of Health and Human Services. The Department must spend the savings on Title IV-B and IV-E programs; 30% of which must be spent on post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% must be spent on post-adoption and post-guardianship services. In addition, the Department must use the savings to supplement and not supplant any Federal or non-Federal funds used to provide any service under Title IV-B or IV-E. The Department calculated $3,430,689 in FFY16 Applicable Child Savings - Maintenance, and $927,842 in Applicable Child Savings – Administration, for a total of $4,358,531. A minimum 20% must be spent on Adoption Preservation Services ($871,706) and up to 10% ($435,883) 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 exceeded the requirement spending $1,555,034 on Adoption Preservation Services and $157,517 on other post-adoption / post-guardianship services. The final report showing the entire $4,358,531 was fully expended in FFY 2016 for qualifying purposes, was submitted by the October 30, 2016 due date. In the FFY16 submission of the CB-496 Part 4 (Annual Adoption Savings Calculation and Accounting Report), the Department also recognized a negative retroactive adjustment to the FFY15 submission of -
$83,299 maintenance and -$347 administration due to specific cases eligibility updates. Total recognized and expended savings for both FFY15 and FFY16 was $8,145,960.
Chapter IX – Child Welfare Waiver Demonstration Activities

IB3 Research Project:

IB3 is approaching the completion of its fourth year of operation. Conducted through the Children’s Bureau of the Administration for Children and Families, IB3 operates as a 5-year experimental design research project to provide therapeutic and psycho-educational services to very young children, ages birth through three, and their caregivers. The demonstration serves both IV-E eligible and non-IV-E eligible children entering care in Cook County. Unless extended, the waiver will end September, 2018.

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

Developmentally focused parent training and support interventions, the Nurturing Parenting Program (NPP) and Child-Parent Psychotherapy (CPP), have been implemented with targeted cases to address the developmental effects of maltreatment and trauma and to promote attachment with permanent caregivers.

For each of the above-mentioned interventions, the selection of participating children and families is determined by an enhanced developmental screening protocol implemented through the Integrated Assessment or Early Childhood Program. The enhanced screening protocol includes the Devereux Early Childhood Assessment for Infants and Toddlers, the Infant Toddler Symptom Checklist, and the Parenting Stress Inventory. These protocols supplement the screening protocols used by the state prior to the demonstration.

As of the end of April, 2017 a total of 1,816 children are in the IB3 Waiver. There is no change in the balance in assignment to the intervention and control groups since the last reporting period [48%-Intervention and 52% Control].

<table>
<thead>
<tr>
<th>Total IB3 Population Numbers 4-21-17</th>
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<tbody>
<tr>
<td>Total IB3 Children</td>
<td>1,852</td>
</tr>
<tr>
<td>Total Intervention Agency Children</td>
<td>885 (48%)</td>
</tr>
<tr>
<td>Total Comparison Agency Children</td>
<td>967 (52%)</td>
</tr>
</tbody>
</table>

The waiver authority does not provide additional funding for waiver projects or programs. Cost savings that are achieved by the waiver are used to support case management and placement costs that are not claimed under Title IV-E and allows DCFS to both test and fund services provided by the waiver. Waiver projects are required to remain cost neutral over the five year period. States are allowed to retain any cost savings generated by their projects. The total costs of services to the IB3 intervention group from July 1, 2013 to March 31, 2017 amounted to
$8,261,364.46 in foster care subsidies and $17,195,710.00 in administrative costs for a total of $25,457,074.46. An average of $2,412.36 additional dollars was spent per child in the intervention group compared to the amount that would have been spent if they had received services as usual.

As the demonstration progresses, it is anticipated that the higher intervention costs will eventually be recovered and potentially produce savings as the foster care and administrative costs for intervention cases decline more rapidly than average spending on comparison cases.

IB3 targets high-risk children and caregivers (birth parent(s) and/or foster parent(s)). The traumatic experiences of these young children are assessed by using the scores in the Trauma Experiences section for the CANS Inventory. An enhanced assessment utilizing a battery of tools is conducted as part of the Integrated Assessment on all children under the age of four categorizes the case into one of three risk levels: High, Moderate, and Low.

Typically, referral recommendations are made based on the risk level, with high risk cases being recommended for CPP and the other risk levels for NPP. Engagement of families by direct-service staff is supported by IB3 staff through training, literature and informal coaching. Cases are scheduled for rescreening every 6 months to determine the status of trauma symptoms, and the well-being and developmental gains of the child. During fiscal year 2016, the waiver experienced a sharp drop in the number of trained CPP therapists available to serve waiver families. There was a staff turnover of 55%. This, coupled with a higher than expected number of children being assessed as high risk, caused a waiting list of families recommended for CPP. These families were directed to the Nurturing Parenting Program for birth parents, which provides a group intervention through in-class sessions and home coaching. An unanticipated outcome of this procedural change is that CPP therapists report that parents that have completed NPP prior to starting CPP are more easily engaged and ready to participate than parents that have not completed NPP.

Referrals to NPP services are now regularly used as the initial service for birth parents whose children are referred for CPP due to their children being high risk. It has been consistently found that many birth parents are often not ready for the psychotherapeutic approach of CPP for a variety of reasons. Parents who demonstrate a lack of empathy for the child’s trauma experiences are frequently first referred for NPP-PV to offer the psycho-education on an array of areas important to this age group that may support later engagement in CPP interventions. Children who are found at low risk of trauma symptoms are often those removed at birth, and their parents present with an array of complex and challenging issues which led to this early removal. Those parents are regularly referred for NPP-PV.

To-date, for fiscal year 2017 (from 7/1/16 – 4/30/17) 143 parents have been referred to NPP. Since the inception of the waiver there have been 585 parents referred. 80 parents were successfully enrolled and 63 completed [Lifetime- 233 have completed the program to-date]. This reflects a lifetime retention rate of 63%. One previous NPP provider, Association House, has returned as a NPP provider this fiscal year and commenced providing services in February, 2017. This provider will be able to convene up to 4 groups per their new contract. The waiver has also been able to increase the number of NPP classes offered in Spanish.

The waiver now works with 4 CPP providers. CPP contracts for waiver providers were expanded to allow them to accommodate additional families. Over the lifetime of the waiver, there have been 234 children referred. There are currently 87 active cases. Engagement rates
vary across the 4 providers from a low of 41% to a high of 82%. The mean is 56%. Successful closures also range from 45%-18% across agencies with a mean of 26%. The focus of continuous quality improvement [CQI] is bringing the 2 below standard agencies to the mean.

Engagement rates for foster parents continue to be a challenge for the waiver. Despite a high number of attempts to get foster parents to attend, they tend, as a group, not to successfully participate. Of those that do attend NPP, however, the retention rate is very high, at 61%. To-date, of the 234 foster parents that have been referred, only 90 have completed which reflects a completion rate of 44%.

Engagement continues to be positively impacted by the field support from IB3 staff. It continues to involve direct interaction with supervisors and staff of the Intervention agencies. Agency staff have been helped to better understand the program and interventions, and helped with developing outreach and engagement strategies for IB3 families. This outreach has resulted in notable increases in caseworker engagement activities and family participation in the interventions and is, in part, due to the addition of 2 new staff to this team. It is important to note that in the recent survey of IB3 providers completed by Chapin Hall [Submitted to the Children’s Bureau January, 2017], IB3 was cited by all groups [caseworkers, supervisors and managers] as the primary source for information about the program. IB3 has long held the view that training is insufficient to achieve practice changes without ongoing support for application and implementation.

Field support has also provided information helpful in understanding the client population. Numerous parents and caregivers require multiple referrals and outreach to result in their participation in services. Field support has also revealed that 37% of NPP-Parent Version recommendations are no longer available due to substantial mental health problems, substance abuse, domestic violence or due to goal changes and unknown status which further illustrate the needs of this population.

The evaluation design includes process and outcome components and a cost analysis. The evaluation design builds on the rotational assignment system that the Illinois DCFS uses to assign foster care cases to either teams of DCFS case managers or contracted private child welfare agencies. The Illinois DCFS teams and service provider agencies were first randomly assigned to an intervention or to a comparison cluster. Eligible children in family cases are then rotationally assigned to the next available provider within each cluster designation. The process evaluation is measuring outputs related to program exposure, program differentiation, and adherence (fidelity) to each evidence-based intervention. In addition to program output measures, the process evaluation is measuring the extent to which the tenets of implementation science have been followed. This includes documenting the process to develop an internal Teaming Structure, assessing organizational capacity, and tracking program installation. The overarching goal of the outcome evaluation is to examine the impact of the IB3 waiver demonstration on key child welfare outcomes in the areas of safety, permanency, and well-being. Specifically, the evaluation is comparing the intervention and comparison groups on the following outcomes:

- Parenting and child rearing behaviors
- Rates of needed service receipt
- Placement stability
- Child well-being (including emotional regulation and child temperament, behavior problems, cognitive functioning, and adaptive/pro-social behavior)
• Time to and rates of permanency (reunification, adoption, and guardianship)
• Safety (foster care re-entry and reported and indicated re-abuse)

The cost analysis is comparing the costs of services received by children and families assigned to the intervention group with the costs of services for children and families receiving treatment as usual. The analysis examines costs in both groups by service type, funding source, service provider, and costs per child and family.

The evaluation utilizes data from multiple sources. Data on parenting behavior, service receipt, and child well-being outcomes are obtained from the enhanced developmental screening protocol, the Adult-Adolescent Parenting Inventory (AAPI-2), focus groups, and interviews. Safety, permanency, and stability outcomes are being measured with existing administrative data from the Illinois Statewide Automated Child Welfare Information System and related information reported biennially to the Federal Adoption and Foster Care Analysis and Reporting System and National Child Abuse and Neglect Data System.

Illinois estimated that rotational assignment would distribute 1,560 children into the intervention group and 1,040 into the control group over the duration of the demonstration. As of April 21, 2017, 885 children have been assigned to the intervention group and 967 have been assigned to the control group.

Key process and outcome findings are summarized below and reflect information reported by the state in the interim evaluation report submitted in April, 2016 and semi-annual progress reports submitted through January 30, 2017. The two data sources used in this report are program data [previously reported] which reflects our real time knowledge of the families in the project. Program data is current to the month preceding the report. In the process evaluation, the evaluators are tracking 2 –cohorts totaling 1,026 children and their data may not be as current as program data.

Process Evaluation Findings:
• Since the beginning of the demonstration, CPP has been recommended for 266 children. Of the 125 cases that have been closed since the beginning of the demonstration, only 30 (24 percent) have been closed successfully. The remaining 95 cases (76 percent) were discharged due to engagement challenges.

• The Nurturing Parenting Program - Parent Version (NPP-PV) has been recommended for the parents of 672 children since the beginning of the demonstration and 201 parents have completed the program. Since the beginning of the demonstration, 63 percent of the parents that have been referred to NPP enrolled in the program and, of those, 38 percent completed the program.

• The Nurturing Parenting Program - Caregiver Version (NPP-CV) was completed by only 22 percent of the caregivers referred to NPP-CV, as of the April 2016 interim evaluation report. Interviews with foster caregivers identified logistical barriers, such as childcare and transportation and skepticism/disagreement about foster parents’ need for parenting training as key factors hindering participation in NPP-CV. During one six month reporting period (July – December 2016), the overall retention rate for caregivers that ever attended NPP-CV during the reporting period was 89 percent. The ongoing challenge is initial engagement and convincing caregivers to attend the first session.
Interviews and focus groups with parents, foster parents, and service providers were conducted to assess participant responsiveness to the IB3 demonstration. Some of the key findings from these interviews and focus groups include:

- Core IB3 program services are very well received when parents and foster caregivers participate in them.

- Logistics and communication are the primary barriers to engagement and participation of both parents and foster caregivers in IB3 services.

- Communication is the primary issue affecting staff (primarily caseworkers) perceptions of the program and its interventions. Feedback from caseworkers suggests they know the least about the IB3 services/interventions compared to other providers (e.g., CQI team members, legal representatives, and NPP and CPP service providers).

- Caregiver interview participants expressed general frustration and fatigue with regard to DCFS service expectations. This seems to significantly impact their follow-up with IB3 and other DCFS services.

In the summer of 2016, the evaluation team surveyed caseworkers, supervisors, and program managers from the IB3 intervention agencies. The overall survey response rate was 68 percent (n = 149). Key survey results include the following:

- DCFS IB3 program staff members have been the most important source of information for staff learning about IB3 services; word of mouth (i.e., from colleagues) and the IB3 manual were the least important sources of information. With respect to preparation and role understanding, supervisors and program managers were the most likely to report feeling knowledgeable and prepared for their work. Caseworkers were less certain about their level of knowledge and preparation.

- Responses to questions about the time it takes to receive IB3 referrals were generally favorable. About two-thirds of caseworkers said they were extremely, very, or somewhat satisfied with the time it takes to receive referrals. About one in four case workers said they receive client updates from service providers all the time or often; forty-percent of the respondents said they rarely or never receive client updates from service providers.

- Respondents identified several barriers that hinder reunification even after IB3 services have been completed. Barriers include homelessness, substance use, mental health, and financial concerns, as well as court processes and judicial readiness to order reunification.

Outcome Evaluation Findings

- An examination of pre- and post-test differences in scores on the AAPI-2 for parents and caregivers who completed the NPP program (n=171) indicates there was substantial improvement in parenting competencies among program participants. There were moderate to strong improvements in four out of the five parenting and child rearing behaviors assessed, with the strongest improvements found in levels of parental empathy. However, the probability of returning home was found to be low even for children whose caregivers or parents completed the NPP program and scored as low risk at post-test: only 1 out of 10 children were returned home.
Based on data as of December 1, 2016, for the evaluation cohort who entered foster care during Fiscal Years 2014 and 2015 and were screened for referral to the IB3 interventions, no statistically significant differences were found between the intervention and control groups in reunification rates, overall permanence, and average time in care. However, certain findings in all three of these outcome areas are trending in the expected direction.

In light of the exceptionally long lengths of stay of foster children in Cook County (less than 10 percent have exited state custody since the start of the demonstration), only three types of proximal permanency outcomes could be reliably compared: return home rates regardless of whether state custody was relinquished (i.e., includes trial home visits); reunification rates with case closure; and permanency rates which encompass reunification, adoption, and legal guardianships. Only the return home rate showed a marginally significant association ($p < .10$) with assignment to the intervention group in the expected direction of improved permanence. The other two proximal outcomes were also in the expected direction, but the observed difference was not large enough to rule out chance error.

For those children initially placed in non-kinship family settings under the case management of voluntary/non-DCFS agencies, children in the intervention group were more likely to return home than children in the control group. Children initially placed with kin had higher return home rates than children initially placed with non-kin regardless of whether they were assigned to the intervention or control group. Children in the intervention group placed in kinship homes managed by DCFS were less likely to return home than similar children in the comparison group. These results suggest the effects of the IB3 interventions are not uniform across different populations and settings.

In regard to length of placement, a graph of smoothed hazards rates showed flat levels after 2 years in foster care for cases assigned to comparison agencies but sharply rising rates for children assigned to intervention agencies. If this pattern continues into year 3 of the demonstration, it is very likely the intervention effect on reunification rates will strengthen during this critical period of judicial oversight when decisions are made about alternative permanency plans for the children.

The evaluation team has completed a preliminary analysis of the association between rates of children returning home and the types of involvement parents and caregivers have had with the IB3 interventions (i.e., whether caregivers completed/were still attending the program, dropped out, were “no shows,” or were in the control group). Results indicate a significant association between types of involvement with IB3 interventions and the rates of return home was limited to the subgroup of children initially placed in non-kinship family settings under voluntary agency management. Children in this subgroup were marginally more likely to return home if caregivers had completed or were still attending an IB3 program compared to children whose caregivers had dropped-out, were no shows, or were in the control group ($p = .066$). The pattern of association between IB3 exposure and odds of returning home provide promising evidence of a positive impact of IB3 programs, at least for this subgroup of children. There may, however, be other unmeasured characteristics linked to both service completion and returning home (e.g., caregiver compliance) that explain the apparent association.

As we move forward, the following steps are being taken to improve the operations and effectiveness of the waiver:
• Expansion of field support with more IB3 staff engaged in direct contact with Intervention agencies to expand understanding of the waiver program and interventions, and support Intervention agencies in their development of strategies for effective outreach to parents and caregivers. This work is showing a very positive affect on the utilization of waiver interventions and on casework practice towards permanency.

• The addition of staff in the Early Childhood Program will continue to make possible an increase in the number of children in the waiver being rescreened, to track development, well-being and trauma symptoms.

• Outreach to licensing supervisors is an increasing part of field support to Intervention agencies to support their understanding of foster parent needs around the recommended interventions and assist in the development of engagement strategies for foster parents.

• Continued convening of annual IB3 Summits to report on waiver progress and tie waiver experiences to important child welfare issues and practices.

• Support of the expanded use of NPP as an evidence-based model of parent education in other regions of the state. This will launch in FY 2018 and will be supported by waiver staff

Alcohol and other Drug Abuse Title IV-E Waiver:

The Department's application for the Alcohol and other Drug Abuse (AODA) Title IV-E waiver project was submitted in June 1999, approved by ACF for a five-year demonstration on September 29, 1999, and implemented on April 28, 2000. This was the second of five waivers (Subsidized Guardianship, AODA, Training, IB3, and Immersion Sites) granted to Illinois by ACF. The Title IV-E AODA waiver demonstration is designed to increase and accelerate reunifications and other family permanency and safety outcomes for foster children from alcohol and drug-involved families. The proposal as approved by ACF seeks to improve child welfare outcomes by providing an AODA assessment and referral service and by utilizing Recovery Coaches to assist birth parents with obtaining AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and concurrent permanency planning. The program theory underlying the Illinois AODA Waiver Demonstration is a basic access-linkage model that poses programmatic outcomes improve when the program elements include (a) careful assessment of client AODA and other problems surrounding the family (b) tailored treatment plans so that specific services are matched with or designed to address specific problems and (c) specific engagement and linkage mechanisms (e.g. referral, onsite services or intensive case management) that increase access to these services.

The AODA waiver design is experimental, in that parents are randomly assigned to either a control or experimental (demonstration) condition. Parents randomly assigned to the demonstration group receive traditional services plus the enhanced services provided by a Recovery Coach. The Recovery Coach works with the parent, child welfare caseworker, and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary, and provide ongoing support to the
parent and family through the duration of the child welfare case. Parents randomly assigned to the control group receive child welfare and AODA treatment services as usual. This is not a “no treatment” intervention design.

After the initial five year extension granted in 2007, in September 2013 the Children’s Bureau approved amendments that extended the demonstration for an additional five years through September 30, 2018 to focus serious efforts on earlier family engagement in order to improve reunification. Evidence from the project evaluations showed the recovery coach model was more effective when there was only a short time period between temporary custody and the assessment completed by Juvenile Court Assessment Program (JCAP). To improve the effectiveness of the recovery coach model (specifically improve the reunification rates for families), this 5 year extension focuses on closing the gap between temporary custody and screening by adding an aggressive outreach component to the JCAP model. A JCAP staff member now serves as a “mobile assessor” to take the assessment out into the field to the parent’s home and have immediate contact with the parent(s). This strategy is designed to engage families earlier in the process by making contact as soon as Temporary Custody is determined and to provide an assessment in the parent’s residence to increase their overall chances of achieving reunification.

The evidence to date indicates that the mobile assessment is indeed increasing the number of parents screened earlier for substance abuse issues. An additional focus, although proving to be difficult in terms of implementation, is directed toward continued collaboration with the Juvenile Court Judges, other court staff, caseworkers and the treatment community to create a benchmark tool to assist caseworkers, parents, and the court with criteria, guidelines and a visual representation for assessing and discussing a parent’s progress in recovery and movement toward reunification.

Effective January 2017, Illinois’ existing two waivers (AODA and Illinois Birth-Three [IB3]) were combined into a single waiver with the Department’s new intervention that implements Immersion Sites. The cost neutrality methodology for the consolidated waivers changed from an experimental design to a statewide capped allocation of IV-E dollars. The new end date for the consolidated waiver will be June 30, 2018 unless an extension is requested. If the state requests an extension and one is approved the waiver could continue through September 30, 2019 or an earlier mutually agreed date. A further discussion of the new waiver is included in the “Activities for the next reporting period” section below.

Significant Evaluation Findings:

Changing substance use patterns: The nature of substance use patterns among the IV-E waiver population has changed over the duration of the project. The following figures highlight changes as reported by parents. In particular and specific to the “primary drug of choice”, one will note the declining presence of cocaine [red bars] (since peaking at 41.3% in 2003) and the increasing prevalence of marijuana [green bars] (constituting 41.2% of the population in calendar year 2016). Alcohol is represented by the blue bars. Opioids are represented by the purple bars. Statewide, an increase in heroin and opioid use has been observed in recent years. To date this increase has not been seen among AODA waiver clients. DCFS and evaluation staff will continue to monitor drug use data for any future changes in heroin use among the AODA waiver population.
As part of the JCAP assessment, there are questions that map on to DSM IV clinical diagnoses (including both abuse and dependence). An individual can be abusing substances (i.e. using to the point as to create difficulties at work or with personal relationships) but not dependent on substances. The following figure displays the percent of parents that meet the diagnostic criteria for either substance abusing or substance dependent. At least two important findings are worth noting. First, alcohol and marijuana abuse/dependence is steadily increasing over time. Second, a substantial proportion of parents meet the diagnostic criteria with more than one substance (i.e. poly substance use).
The most recent development associated with the Illinois waiver demonstration is the addition of the mobile assessment unit. The concept of the mobile unit emerged from a recognition that many parents were not attending court hearings (temporary custody or otherwise) and thus IDCFS workers were (1) unable to assess for substance abuse problems and (2) unable to quickly connect families with much needed services. Rather than wait for parents to come to court and make their way to JCAP, the mobile unit brings the assessments into the field and to the families. The evaluators hypothesized that this programmatic development would increase the overall number of parents screened for substance abuse issues, increase the overall number of parents associated with the waiver demonstration, shorten the time between temporary custody and assessment, and finally – and perhaps most importantly – improve the effectiveness and outcomes associated with the recovery coach model. Given the slow rate of family reunification, we have yet to estimate the impact of the mobile unit on child welfare outcomes. However, it is clear that the mobile unit is responsible for a significant increase in the overall number of parents screened (up 27% since 2012, just prior to waiver extension), number of parents eligible for the waiver demonstration (as approximately 68% of parents are identified as having a substance abuse problem), and a decrease in the time between temporary custody and screening.

Recovery coaches and risk of reentry: The evaluators constructed a measure of reunification that captures the concept of permanency. Specifically, the measure of permanency included both unstable and stable reunifications, thus reflecting the field’s evolution in how it regards reunification. Only recently did the federal government introduce estimates of reentry into states’ performance indicators. Overall, 28.8% of the sample achieved reunification within three years. Unfortunately 23% of the families that achieved reunification failed to maintain that reunification for at least 12 months. Thus, in the final analyses, only 22% of the overall sample achieved both family reunification and then permanency through 12 months subsequent to discharge from foster care. In comparison, the national standard (median rate determined by the CFSRs) is 15 percent. The encouraging news, as it relates to recovery coaches and the Illinois AODA waiver, is that the process of reunification is responsive to intervention. The
recovery coaches significantly increase the odds of achieving a stable reunification for substance abusing families. Specifically, families who were assigned a recovery coach were nearly twice as likely to achieve a stable reunification as compared with families who received only traditional child welfare services (see following figure). Still, there remains a lingering concern about the high likelihood (approximately 1 out of every 4) of disrupted reunifications, even with the recovery coach. The evaluators plan to learn more about reentry in the coming quarters.

**Timing matters:** As part of the evaluation a measure of service access was constructed (or more accurately the timing of service access) to test whether a foundational belief in social work – early engagement – improves outcomes for vulnerable populations. The focus of this work directly reflects the Illinois’ waiver extension – that is – deploy the mobile JCAP unit so that assessors can screen and connect families with services in a timelier manner. The hypothesis is that closing this gap (or lag) will improve outcomes. Approximately 75% of parents were screened by JCAP within 2 months. This estimate has increased over time with the introduction of the mobile JCAP unit. Overall, 19.2% of the sample achieved reunification within three years. Bivariate analyses indicate that the assignment of a recovery coach significantly improved the likelihood of achieving reunification (16% vs. 21%, an increase of 31%). What was learned from subsequent bivariate and multivariate analyses is that not only does the recovery coach model improve reunification, but this effect is limited to families that are quickly assessed and connected with services. The relative likelihood of achieving reunification for children in the experimental group that did not experience a timely screening and service connection (14%) is no different than the children associated with the control group. In comparison, 22% of the
children in the experimental group associated with an early screening/access achieved reunification. The take home message from this finding is clear; a timely assessment in and of itself will not produce improved outcomes for substance abusing families in child welfare. Similarly, innovative services (like the recovery coach) can move the needle with regard to improving family reunification, but only when delivered in a timely manner. For reasons largely unknown, the effects of the recovery coach program seem to dissipate or even vanish the further families and caseworkers get from the temporary custody hearing.

A surprising yet compelling finding that emerged from the timing study pertains to racial disparities. For children assigned to “services as usual” group, relatively large effects emerged for both race and age. Specifically, African American children and young children were less likely to achieve reunification. Yet, in the multivariate analysis of experimental group families, no racial disparities emerged. That is, with the help of a recovery coach, African American children were just as likely to achieve reunification. Racial disparities have been a long standing concern and a quite stubborn problem for child welfare systems. African American children are over-represented at every point within the child protection and child welfare system. Moreover, despite decades of systematic efforts, few interventions have been developed and tested to eliminate racial disparities and decrease over-representation. The finding that racial disparities are non-existent for families associated with the recovery coach model is encouraging. Perhaps there is something about the comprehensive assessment and the provision of specialized services that helps to address unique family needs and thus eliminate biases that may impact reunification decisions. This is an important area of research that warrants additional attention.

Cost neutrality data: The Illinois AODA waiver demonstration is cost neutral and more specifically has generated approximately $11,702,000 in savings for the State of Illinois. These savings come from (1) significantly higher rates of family reunification, (2) more-timely (quick) reunification, (3) significantly lower rates of re-entry, and (4) significantly lower rates of subsequent maltreatment.
Permanency, Reentry and Safety: The following figure displays the relative percentage of children that have achieved permanency since the beginning of the AODA waiver (April 2000). This includes families from Cook County enrolled in the demonstration as of July 26, 2016 and the permanency data run through December 2016. The figure also includes rates of reentry and rates of subsequent maltreatment. Rates of reunification are calculated with all observed children in the denominator. The numerator is comprised of children that were marked as reunified within a given set of months. Overall, children in the demonstration group were more likely to be reunified at 12 and 24 months, although these differences are not statistically significant. The time to reunification is another important metric to explore. Children in the experimental group were reunified in significantly less time than children in the control group (903 days vs. 1057 days). That is a difference of 154 days or approximately 5 months.

Regarding adoption, children in the demonstration group showed lower rates of adoption, but the differences are not statistically significant. There were no differences when comparing the time to adoption (1798 days vs. 1838 days).

The rates of reentry to foster care (post reunification) and the subsequent allegations of child maltreatment both favor the experimental group – perhaps indicating that despite going home at near similar rates – the children were less safe in the control group. The differences on subsequent safety are statistically significant, while those for reentry are not.

![Control and Experimental Group Outcomes](image)

Activities for the next reporting period: IDCFS waiver staff plan to continue training child welfare agencies and AODA treatment facilities to talk about the project and to do TRACCS (data collection) to track trainings since many agencies have had staff turnover.

IDCFS waiver staff plan to connect with the Cook county judges to schedule a meeting to provide training and report outcomes regarding the waiver. This report will include the findings specific to early engagement, so judges are aware of the importance of screening and service connections.

In the coming reporting period, the evaluation team will spend a considerable amount of time investigating how and why racial disparities seems to vanish with the recovery coach intervention. The issue of overrepresentation for African American families has been a long standing problem for child welfare systems. Identifying programs that help address this concern remains a priority.

The Immersion Site intervention will attempt to reduce time in foster care and achieve quicker
permanencies. It will provide stable placements in home-like settings, rather than group or congregate care, while children are in placement. The core practice model to be implemented in the Immersion Sites will be a Family Centered Trauma Informed Strengths based (FTS) practice model. The FTS model will be supported by the Model of Supervisory Practice (MoSP). The MoSP will train supervisors to support and coach front line workers in the implementation of FTS. Child and Family Teams (CFT) will be the primary vehicle in the Immersion Sites to engage youth, families, and community members in the ongoing planning and organizing of the services and supports children and families need to move to permanency. Enhanced services and flexible funding will be available in the Immersion Sites to support the work of the Child and Family Teams.

The AODA waiver will continue to be implemented as before in Cook, Madison, and St. Clair Counties. The AODA waiver evaluation will not include St. Clair County since that county is one of the initial Immersion Site interventions along with Lake County, Rock Island and surrounding counties, and Mt. Vernon and surrounding counties.

In addition to this interim evaluation report, DCFS will submit a final AODA evaluation within six months following the conclusion of the demonstration. The final report will include process, outcome, and cost analysis components. The AODA evaluation will continue to compare the experimental and control groups for significant differences in access to treatment, participation in treatment, time in treatment, and completion of treatment. The evaluation will also compare permanency rates, placement duration, placement re-entry, and child safety and well-being.

Project evaluators will also continue to prepare journal articles and other reports based on evaluation data from the waiver project. Two papers and an infographic summary were produced by the evaluators during the current reporting period. Titles of the journal articles developed by the evaluators are listed below.

- Timing Matters: A Randomized Control Trial of Recovery Coaches in Foster Care
Chapter X – Office of Quality Enhancement/Continuous Quality Improvement

Introduction

A New Framework and Process
DCFS has been undergoing a transformation of the structure and process of Continuous Quality Improvement. DCFS began exploring possibilities for revising the current CQI structure to be inclusive of the Purchase of Service Agencies during an informational and planning summit held in February 2016. The purpose was to develop a CQI Framework that utilizes the 5 elements of CQI described in the ACF Children’s Bureau Information Memorandum (IM). The IM provides information on Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies. Using Implementation Science to guide the steps for developing the framework, a collaboration of both DCFS and Private Agency Quality Assurance staff identified areas where existing meetings could be repurposed, placed an emphasis on using data to inform improvement and determined communication pathways throughout the child welfare system. Implementation is proposed for June 2017 for the DCFS/POS regional meetings and a kick off meeting of the statewide committee is tentatively set for July 2017.

The following programs and initiatives are all pieces of the continuing work performed by or with the Office of Quality Enhancement, along with numerous partners. The Office of Monitoring (APT – Agency Performance Monitoring) is a separate Division within DCFS, but the work of the two Divisions frequently coincides, and the offices are perpetual partners.

One-Pagers

One-Pagers are issues that are unable to be resolved at a local team/office level, and so are then brought to Regional Quality Councils to be addressed. If the issue cannot be resolved at the regional level, then it is taken to the Statewide Quality Council. These issues are raised by direct service staff, and are either resolved during the meeting, or are taken to the appropriate DCFS Division for further research or problem-solving. Staff from Quality Enhancement takes part in these meetings, assisting in the development and presentation of One-Pagers, and following each item through to resolution. Below are examples of One-pagers that have been resolved in FY17.

Central Region RESOLVED
Issue:
10/12/16 - On the performance monitoring dashboard, the due date for the initial Integrated Assessment and the initial family service plan are calculated using the 45th day after case opening. Note: The Clinical Screeners/IA programs utilize the 45th day from Temporary Custody. IA procedures will now reflect 45 days from case opening – defined as from the date of TC; not PC.
11/12/16 - Repetitive LEADS check printed results. DCP is required to request a LEADS check, even if the investigation just closed, etc. If LEADS is positive the LEADS results are printed and mailed to each office, even if there is no new information from the last LEADS completed on that family. Note: PCD staff will not mail the duplicate printout to worker but will document this only on their internal LEADS Log.
4/12/17 - A centralized consent unit has not been fully staffed. Some authorized agents in the field have been in the role a significant period of time. Authorized agent responsibilities are not regularly reviewed to ensure ongoing compliance with procedures. **Note:** The consent unit is fully staffed and all POS consent requests are being handled by the consent unit. The training is developed but not on line.

**Southern Region RESOLVED**

**Issue:**
1/18/17 - When the initial 1420 is not entered and the case has the first ACR, that initial 1420 cannot be entered after ACR enters their 1420. There are a couple of cases that keep showing up with a missing initial service plan (although they have been completed) and this issue cannot be corrected. **Note:** ACR is recommending that placement staff be given two working days to data enter their CFS 1420 information for the initial service plan. On the third working day, ACR will re-enter its information.

1/18/17 - In SACWIS, only collaterals that are listed as family members can be added on the relationship page so they are unable to be listed in Family Findings within SACWIS. **Note:** It was reported that this is a design issue and the Design Team has corrected.

1/18/17 - New foster homes are not being licensed, as there is a shortage of licensing staff to process applications. As a result, children have to be placed outside their immediate area which creates a number of barriers, including issues with visitation, maintaining connections to their community, etc. **Notes:** Licensing staff is on board and applications are processed on time.

**Cook Region RESOLVED**

**Issue:**
4/12/17 - There is no UIR data entry for POS. **Note:** UIR 2.0 training module was provided. UIR can go live after training is completed/POS can do data entry.

4/12/17 - The traumatic impact that our youth in care suffer from having to be exposed to 50 rejections for a foster care placement while sitting with their worker who has to exhaust all placement efforts before being able to place the youth in the shelter. **Note:** The process will not be changing how shelter placements are done or approvals at this time. There are close to 20 emergency foster homes and the set goal is to try to have 35 by end of year. It is a goal to get the number of youth down in the teens and then to zero by the end of the year.

**Northern Region RESOLVED**

**Issue:**
1/18/17 - According to DCFS and POS staff from every downstate region represented at either a RQC or PIP workgroup meeting, the length of time it takes DCFS to approve a POS adoption and/or guardianship subsidy has dramatically increased during the past 6 months – year. **Note:** The POS adoption review process can be completed within 30 days of submittal.

11/12/16 - Statewide: Appropriate and minimally restrictive homes are not available in the numbers needed to serve the population of kids in DCFS foster care. Children and youth are faced with siblings being separated and are sometimes moved outside of their communities to secure placements. **Note:** There is a power point and FC training schedule and ongoing work has been implemented in the Recruitment & Retention Plan.

**CQI Case Review Processes**

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

In 2013, the Peer Review process became automated so that the protocol and data base were integrated into the Statewide Automated Child Welfare Information System (SACWIS). This process eliminated the review of the hard copy case file, making the peer review process more streamlined. At the completion of the peer review the caseworker and supervisor were able to immediately see the ratings and any comments made by the reviewer.

While there had been many benefits to having a formalized peer review process in place for such a lengthy period of time, the process had also become outdated and unreliable in several aspects. Therefore, the long standing peer review system was retired in January 2017 to incorporate a more comprehensive, outcome focused case review process that evaluated cases throughout the Illinois Child Welfare System, instead of only cases managed by the Department. When combined, the following qualitative and quantitative review processes create a comprehensive case review system that is better suited to meet the CQI needs of Illinois:

- **Outcome Enhancement Review (OER):** The OER process is modeled after the CFSR process and utilizes the Onsite Review Instrument (OSRI) that the Children’s Bureau evaluates each state with. The case reviews include a stratified random sampling process that includes intact and placement cases served by Department and POS agencies. The reviews include a file review and stakeholder interviews. Approximately 100 cases are completed each year.

- **Qualitative Service Review (QSR):** QSR reviews will be conducted in 4 immersion sites that are currently being piloted in the downstate regions. The immersion sites are organized by judicial court circuits and include Department and POS cases. The long-term plan is for the immersion circuits to continue to expand throughout Illinois until the state is reorganized by judicial court circuits. The review tool was developed by The Child Welfare Group and was customized for Illinois. The case reviews include a stratified random sampling process that includes intact and placement cases (all permanency goal types) served by Department and POS agencies. The reviews include a file review and stakeholder interviews. Approximately 192 cases are completed each year, although the number of reviews will increase as additional immersion sites are added.

- **Eckerd Investigation Reviews:** Through the use of a predictive analytics model customized to Illinois, investigations are identified and ranked based on the likelihood a child may be at risk of serious injury or death. While the investigations are assigned and investigated per standard Department rules and procedures, each investigation is assigned to an Eckerd reviewer at the Division of Quality Assurance. The review staff assess all prior and current case history involving the child/family and follow the pending investigation until the investigation is completed. The review staff monitor decision making and investigative practices, and they intervene with the assigned investigator and their supervisor when needed. Approximately 200-250 investigations are reviewed each month.
• Agency Performance Team (APT) reviews: The Division of Monitoring conducts ongoing compliance oriented reviews involving intact, placement and specialized foster care cases that are served by POS agencies. The case reviews include a stratified random sampling process and the use of a standardized review instrument customized to the type of case which is being reviewed. The reviews are conducted by reviewing SACWIS and case file documentation. Approximately 2600 placement, 450 intact and 300 specialized foster care cases are reviewed each year.

• Maltreatment in Foster Care reviews: This review focuses on children who have been maltreated in foster care either by a relative foster parent, non-relative foster parent or a facility staff person. The reviews are conducted through the use of a standardized review instrument that includes a review of the case record and corresponding investigation. The case sample includes DCFS and POS cases. 125 cases were reviewed in FY-16 and plans are underway to review 250 in FY-17.

• Special Reviews: Special reviews are conducted as needed when youth in care die as a result of abuse/neglect or through street violence. The reviews are conducted jointly by staff from the Divisions of Quality Assurance and Clinical Practice. Reviews include cases that are assigned to either DCFS or a POS agency. A standardized review instrument is completed, and various stakeholder interviews are frequently completed. 30-35 reviews are completed each year.

• Eckerd Intact reviews: Although this review process is currently in the planning stages, the Department is considering implementing a predictive analytics model to identify and review a portion of intact cases served by DCFS and POS agencies. Informal reviews of intact cases associated with the Eckerd Investigation Review process have already been occurring, however, consideration is being given to implementing a formalized process. Decisions regarding case sampling and review methodology have not yet been decided upon.

Agency Performance Monitoring (APT)

One of the primary principles of monitoring adopted by APT is that the level and frequency of monitoring activity is based on the performance of an agency and the level of risk that performance provides. Monitoring Principles were established as part of the initial model and have been practiced since implementation. The principles are a focus of subsequent training provided to monitoring staff.

APT uses a four-level monitoring system. The four levels of monitoring are 1) Routine Monitoring, 2) Intensive Monitoring, 3) Intensive Monitoring w/ Quality Improvement and/or Corrective Action Plan, and 4) Contract Review. There are two primary factors utilized in the determination of a private agency monitoring level. These two factors are 1) private agency performance across identified performance measures, including permanency performance, and 2) the existence and significance of performance red flags impacting the safety of wards or the significant or sustained violation of Department contracts. The four-level monitoring system has been implemented with the following contracts:
• Foster Care Dashboard Performance Data – the dashboard shows data across 12 different measures, 11 of which are formally used as a factor to set monitoring levels. The measures are 1) permanency, 2) caseworker contact w/ children, 3) caseworker contact w/ foster parents, 4) caseworker contact with parents, 5) weekly parent/child visitation, 6) parent/child visitation 4 times per month, 7) absence of maltreatment while in care, 8) absence of maltreatment 6 months post-permanency, 9) home of relative licensure, 10) placement stability, 11) service plans completed w/in 45 days, and 12) caseworker stability. (Measure #12 is informational only and not used to determine monitoring level.)

• Intact Dashboard Performance Data - there are a total of 11 measures reflected on the dashboard. The data reflects performance for children served in Intact Family settings. Of the 11 measures, 10 are used to set monitoring levels. The measures are 1) families remain intact during service period, 2) family case does not reopen within 12 months, 3) no maltreatment during service period, 4) no maltreatment 6 months post case closing, 5) weekly child/worker visits first 30 days, 6) weekly parent/worker visits first 30 days, 7) ongoing monthly child/worker visits, 8) ongoing monthly parent/worker visits, 9) initial comprehensive assessments completed within 45 days, 10) initial service plan completed within 45 days, 11a) case closed within 6 months, and 11b) case closed within 12 months. (Measure #11 is informational only and not used to determine monitoring level.) Below is a sample Dashboard.

### Intact Statewide Scorecard – FY17 (CFY)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Goal</th>
<th>PFY Pct</th>
<th>CFY Pct</th>
<th>LM PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Families Remain Intact During Service Period</td>
<td>90%</td>
<td>89.07</td>
<td>88.13</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Family Case Will Not Re-open Within 12 Months</td>
<td>85%</td>
<td>94.75</td>
<td>95.37</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No Maltreatment During Service Period</td>
<td>100%</td>
<td>90.65</td>
<td>92.23</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>No Maltreatment 6 months post case closing</td>
<td>100%</td>
<td>93.17</td>
<td>94.95</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Weekly Child/Worker Visits first 30 Days</td>
<td>90%</td>
<td>87.23</td>
<td>88.91</td>
<td>84.58</td>
</tr>
<tr>
<td>6</td>
<td>Weekly Parent/Worker Visits first 30 Days</td>
<td>90%</td>
<td>88.18</td>
<td>89.56</td>
<td>87.02</td>
</tr>
<tr>
<td>7</td>
<td>Monthly Child/Worker Visits On-Going</td>
<td>100%</td>
<td>95.54</td>
<td>95.65</td>
<td>93.56</td>
</tr>
<tr>
<td>8</td>
<td>Monthly Parent/Worker Visits On-Going</td>
<td>100%</td>
<td>96.29</td>
<td>96.14</td>
<td>94.35</td>
</tr>
<tr>
<td>9</td>
<td>Initial Comp Assessments Completed in 45 Days</td>
<td>90%</td>
<td>84.87</td>
<td>88.35</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Initial Service Plan in 45 Days</td>
<td>90%</td>
<td>86.49</td>
<td>91.16</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Tier 1 Cases Closed Within 6 Months</td>
<td>90%</td>
<td>64.88</td>
<td>61.46</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Tier 2 Cases Closed Within 12 Months</td>
<td>90%</td>
<td>60.68</td>
<td>53.38</td>
<td></td>
</tr>
</tbody>
</table>

• Specialized Dashboard Performance Data - there are a total of 10 measures reflected on the dashboard. The data reflects performance for children placed in specialized foster care settings. The measures are 1a) children achieving legal permanency (MD cases), 1b) children achieving legal permanency (MH, MH/MD cases), 1c) children achieving...
legal permanency (AFC cases), 2) monthly in-person caseworker contact w/children, 3) monthly in-person caseworker contact w/foster caregiver, 4) monthly in-person caseworker contact w/parents (RH goals only), 5a) weekly in-person parent/child Visits (RH goals only) (per SACWIS), 5b) average number of parent/child visits per month (RH Goals Only) (per SACWIS), 6) absence of maltreatment while in foster care, 7a) absence of maltreatment 6 months post permanency (MD Cases), 7b) absence of maltreatment 6 months post permanency (MH, MH/MD Cases), 7c) absence of maltreatment 6 months post permanency (AFC Cases), 9) children placed with less than 2 paid providers over a 12 month period, and 10) service plan completed within 45 days of case opening.

- 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. These performance issues can be identified by anyone with a monitoring role with POS agencies.

SharePoint: APT developed a SharePoint site where all APT tools are maintained, and all data collected from audits, reports, and meetings are entered. The system allows for the reporting of performance trends which are subsequently discussed with agency staff and may become a part of the decision making process around the level of monitoring assigned to the agency.

Reports/Audits: At any time, the Department may elect to adjust an agency site monitoring level for performance. It allows APT to determine the extent of compliance with rule and procedure across multiple measures, Trend data collected by virtue of report/audits are shared with agencies on a regular and frequent basis, and are used in part to define aspects of the agency’s Quality Improvement Planning /Corrective Action Planning. The chart below shows the number and type of reports written by APT staff since implementation in 2013.

<table>
<thead>
<tr>
<th>Type of Report/Audit</th>
<th>Frequency of Report/Audit</th>
<th># Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Reports</strong></td>
<td>Monitor Monthly Report – FC/Spec</td>
<td>4410</td>
</tr>
<tr>
<td></td>
<td>Monitor Monthly Report - IFS</td>
<td>2043</td>
</tr>
<tr>
<td></td>
<td>Supervisor Tri-annual – FC/Spec</td>
<td>615</td>
</tr>
<tr>
<td></td>
<td>Supervisor Tri-annual - IFS</td>
<td>318</td>
</tr>
<tr>
<td><strong>SACWIS Case File Audits</strong></td>
<td>10%/Trimester - FC</td>
<td>6714</td>
</tr>
<tr>
<td></td>
<td>10%/Trimester - IFS</td>
<td>1658</td>
</tr>
<tr>
<td></td>
<td>10%/Trimester - Spec</td>
<td>1703</td>
</tr>
<tr>
<td><strong>Hard Copy File Audit</strong></td>
<td>IFS/FC</td>
<td>2853</td>
</tr>
</tbody>
</table>
Performance Meetings: An important aspect of the monitoring model is the regular and frequent communication with the agency regarding performance. The communication between agency program directors and quality assurance staff occurs primarily during monthly performance meetings, with the exception of Level I, which occurs triennially. The agency CEO/Executive Director is always invited to participate. In addition to monthly meetings for agencies on monitoring Level III, the APT Manager and Associate Deputy participate in an end-of-trimester meeting. The performance meeting is the forum for discussion around all performance measures and red flag performance issues, as well as monitoring the implementation and efficacy of the agency QIP/CAP.

Monitoring Collaboration: In order to effectively monitor the performance of private agencies, APT must consider feedback from other units within the Department that have a role in private agency process, or in monitoring aspects of private agency performance. The collaboration between units provides the best overall picture of private agency performance. Consequently, APT regularly and frequently reviews trends and case specific data from Administrative Case Review, Advocacy Office, Director's Office, OIG, Clinical, and Agency & Institution Licensing. In order to facilitate collaboration and communication between Department units, the Division of Monitoring built a SharePoint portal called Monitoring Partnerships that can be accessed in order to report POS performance issues and/or review POS performance issues reported by other units. This aspect of the monitoring SharePoint site has not been fully implemented.

Efficacy of the Monitoring Model: APT 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. APT 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 12 and FY 16 (to date). The last column shows the percentage of increase/decrease between FY 12 and FY 16 performance.

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Measure Goal</th>
<th>FY 12</th>
<th>FYTD 16 Thru April</th>
<th>% +/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency</td>
<td>40%/yr.</td>
<td>28.57%*</td>
<td>29.56%**</td>
<td>3.47%</td>
</tr>
<tr>
<td>CW Contact w/Children</td>
<td>95%</td>
<td>93.25%</td>
<td>98.25%</td>
<td>5.36%</td>
</tr>
<tr>
<td>CW Contact w/Care Provider</td>
<td>90%</td>
<td>85.47%</td>
<td>96.63%</td>
<td>13.06%</td>
</tr>
<tr>
<td>CW Contact w/Parents</td>
<td>80%</td>
<td>55%</td>
<td>78.73%</td>
<td>43.15%</td>
</tr>
<tr>
<td>Weekly Parent/Child Visits</td>
<td>80%</td>
<td>42.07%</td>
<td>63.51%</td>
<td>50.96%</td>
</tr>
<tr>
<td>4X Month Parent/Child Visits</td>
<td>4 visits</td>
<td>2.84 visits</td>
<td>4.78 visits</td>
<td>68.31%</td>
</tr>
<tr>
<td>Lack of Maltreatment in Care</td>
<td>100%</td>
<td>99.82%</td>
<td>98.77%</td>
<td>-1.05%</td>
</tr>
<tr>
<td>No Maltreatment 6 Mo. Post-perm</td>
<td>100%</td>
<td>97.53%</td>
<td>97.99%</td>
<td>0.47%</td>
</tr>
<tr>
<td>HMR Licensure</td>
<td>90%</td>
<td>61%</td>
<td>63.48%</td>
<td>4.07%</td>
</tr>
<tr>
<td>Placement Stability</td>
<td>90%</td>
<td>87.3%</td>
<td>84.71%</td>
<td>-2.97%</td>
</tr>
<tr>
<td>Timely Service Plans</td>
<td>95%</td>
<td>18.77%</td>
<td>87.17%</td>
<td>464.41%</td>
</tr>
<tr>
<td>CW Stability</td>
<td>Info only</td>
<td>44.9%</td>
<td>47.82%</td>
<td>6.50%</td>
</tr>
</tbody>
</table>

Case Interviews

| Staff Interview | 1163 |
| Care Provider Interview | 966 |
| Parent Interview | 517 |
APT Monitoring of DCFS Performance: During FY16 the Division of Monitoring recommended monitoring the performance of Department foster care and intact family service teams. While the Department’s Division of Quality Assurance and Research facilitates the activity around peer review for DCFS regional operations, as well as providing performance data, the APT model of monitoring has proved effective in moving the performance of the private sector in a positive direction. Therefore, implementing for the public sector practice has been recommended for FY17.

DCFS performance tends to lag behind that of the private sector when compared across the dashboard performance measures. The chart below shows the relative performance between POS and DCFS for FYTD16. The red cells in the last column indicate DCFS underperforming the private sector, and green indicate where DCFS is outperforming the private sector.

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Measure Goal</th>
<th>POS FYTD 16</th>
<th>DCFS FYTD 16</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency</td>
<td>40%/yr.</td>
<td>24.63%</td>
<td>19.28%</td>
<td>5.35%</td>
</tr>
<tr>
<td>CW Contact w/Children</td>
<td>95%</td>
<td>98.25%</td>
<td>93.70%</td>
<td>4.55%</td>
</tr>
<tr>
<td>CW Contact w/Care Provider</td>
<td>90%</td>
<td>96.63%</td>
<td>65.31%</td>
<td>31.32%</td>
</tr>
<tr>
<td>CW Contact w/Parents</td>
<td>80%</td>
<td>78.73%</td>
<td>47.00%</td>
<td>31.73%</td>
</tr>
<tr>
<td>Weekly Parent/Child Visits</td>
<td>80%</td>
<td>63.51%</td>
<td>29.38%</td>
<td>34.13%</td>
</tr>
<tr>
<td>4X Month Parent/Child Visits</td>
<td>4 visits</td>
<td>4.78 visits</td>
<td>2.07 visits</td>
<td>2.71 visits</td>
</tr>
<tr>
<td>Lack of Maltreatment in Care</td>
<td>100%</td>
<td>98.77%</td>
<td>98.82%</td>
<td>-0.05%</td>
</tr>
<tr>
<td>No Maltreatment 6 Mo. Post-perm</td>
<td>100%</td>
<td>97.99%</td>
<td>98.28%</td>
<td>-0.29%</td>
</tr>
<tr>
<td>HMR Licensure</td>
<td>90%</td>
<td>63.48%</td>
<td>29.30%</td>
<td>34.18%</td>
</tr>
<tr>
<td>Placement Stability</td>
<td>90%</td>
<td>84.71%</td>
<td>82.44%</td>
<td>2.27%</td>
</tr>
<tr>
<td>Timely Service Plans</td>
<td>95%</td>
<td>87.17%</td>
<td>43.26%</td>
<td>43.91%</td>
</tr>
<tr>
<td>CW Stability</td>
<td>Info only</td>
<td>47.82%</td>
<td>35.38%</td>
<td>12.44%</td>
</tr>
</tbody>
</table>

APT has recommended the same implementation model with DCFS foster care and intact family services utilized for the private sector. That will include, but not necessarily be limited to 1) identifying a monitoring level by field office site, 2) regular and frequent performance meetings with regional administrators, area administrators, and Department QA staff as appropriate, 3) SACWIS, hard copy file reviews, and case interviews, 4) monthly monitoring and triannual supervisory performance reports, and 5) regular and frequent analysis of Quality Improvement Planning, Corrective Action Planning implementation, and performance improvements.

Outcome Enhancement Review

The Outcome Enhancement Review (OER) is an adaptation of the Department’s Federal Preparatory Review process, which was established in 1999, in an effort to prepare the state for the federal CFSR. The OER is built upon the indicators and outcomes evaluated in the CFSR (evaluating Safety, Permanency, and Well-Being), and serves as Illinois’ most comprehensive and qualitative services review process. The OER involves a thorough review of intact family, reunified family, and foster care case files, both electronic and hardcopy, followed by
stakeholder interviews. The combination of reviewing case file documentation along with conducting case-specific stakeholder interviews is intended to provide an accurate and comprehensive portrait of service provision to the child and family, and the extent to which Federal outcomes are being satisfactorily met.

Since the federal process was updated for Round 3, Illinois has also updated the OER process ("OER3"). The state has chosen to adopt the federal Onsite Review Instrument as its tool, and to use the federal Online Monitoring System to enter OER reviews and conduct quality assurance checks. This revised process was piloted in the Fall of 2015, and launched statewide in the Spring of 2016. A subsequent large review was completed in the Fall of 2016. At the end of calendar year 2016, The Department made a decision to modify the review schedule for 2017. The OER3s have become a monthly review format, occurring between February and October. Every month during this 9-month period a minimum number of cases will be reviewed in all regions of the state, and according to sampling criteria.

The OER3 sampling process involves the review of a random sample of intact and placement cases assigned to both the Department and private sector agencies (POS) in each region. Strict sampling criteria are followed to establish a valid sample. A minimum of sixty-five (65) cases are reviewed: forty (40) placement cases and 25 intact cases minimum throughout the 4 regions of the State. This sample size was chosen to match the sample drawn during a CFSR, and ensures the ongoing evaluation of a sizeable number of cases from the state’s largest metropolitan area, as well as from downstate areas. Following each OER3, a statistical report is generated for each region detailing the items and outcomes either found to be strengths (compliance levels at or above 95%) or areas in need of improvement (compliance levels below 95%). Additionally, shortly after a review occurs, a Feedback Conference is scheduled with the supervisor and caseworker of each case to review findings and answer questions.

OER3 data will be shared directly with the Deputy Director of DQE, as well as DCFS Leadership, and DCFS and POS staff at the regional Program Improvement Plan (PIP) Workgroups (see the following section for more information). OER3 data has also been used by the state to report on Illinois CFSR3 PIP goals and benchmarks. Currently the state is not under a Federal PIP.

During this reporting period, our Federal partners came to Illinois to observe our review process, and provided valuable feedback regarding strengths and areas for improvement. This onsite visit was done to help Illinois prepare for either a State conducted CFSR or Traditional CFSR in 2018.

Regional Program Improvement Plan (PIP) Workgroups

In 2005, in response to the initial federal CFSR and subsequent development of the Department’s first CFSR PIP, FCURP developed (with DQA support) the only joint DCFS and POS workgroup structure in the state that was designed to engage field and QI staff from all regions of the state in discussions of CFSR and OER data in order to develop regional improvement activities that would support the state CFSR PIP. There is a Regional PIP Workgroup in each region of the state. In addition to field and QI staff, Workgroup membership includes investigations, placement, and intact services, ACR, APT, Clinical, and legal staff. Each Workgroup is co-chaired by a DCFS and POS group member.
FCURP has maintained quarterly meeting schedules for all regions, coordinated PIP meeting logistics, supported DCFS DQA staff in their roles, provided data at each meeting, facilitated data discussions and regional workgroup improvement activities (2005 to present). Each region is currently focused on implementing activities designed to improve achievement of permanency. Activities are focused on: Improving testimony in court, improving relationships with courts, preparing cases for court, and enhancing supervision to support the movement of cases toward timely permanency. Beginning in June 2017, the Regional PIP Workgroups will be enhanced to reflect goals of the Joint DCFS-POS CQI Framework (see below for more information). Regional PIP Workgroups will be the core ingredient of the new CQI Framework.

**Joint DCFS-POS CQI Framework**

In late winter 2016, DQA and FCURP convened a Summit of DCFS and POS CQI staff (including APT and some Operations staff) to begin developing a Joint DCFS-POS CQI Framework. The purpose of a joint CQI framework is 1) to support a shared focus and accountability for the ongoing monitoring of progress toward Illinois’ child welfare strategic goals and outcomes using CQI processes, and 2) to improve safety, permanency and well-being outcomes for children and families by increasing the efficiency and effectiveness of child welfare practices across the state.

A Steering Committee has been guiding the work and meets twice per month. Since July 2016, the Steering Committee has been exposing key stakeholders to the Framework around the state and collecting feedback/buy-in. The Regional PIP Workgroups are being enhanced to better reflect their role in the framework:

- To use data in a CQI process to identify, implement, and monitor regional casework practice improvements related to key child & family outcomes (foster care, intact, residential, Immersion Sites)
- To establish collaboration & information sharing between DCFS and POS at the regional level on critical policy and practice issues.
- To advance a structured system of accountability for all agreed upon program improvement activities by all POS and DCFS teams in a region

Subsequent to the June Regional PIP Workgroup meetings, a Statewide PIP Oversight Workgroup will be launched to help direct the work of the Regional PIP Workgroups. In addition, the Illinois DCFS-POS CQI Capacity Building Collaborative will be developed and launched to support the work of QI and operations staff to achieve regional goals, and develop the capacity of said staff to utilize data in decision-making at all levels.

The Framework, when fully implemented, will look like this:
Additionally, “Regional Mobilization Teams” are being launched in each region to establish communication pathways and relationships between DCFS QA staff and POS QA staff. The purpose of these teams is to be rapid response QI teams and have an established/nurtured network and communication pathway by which to transmit critical and time-sensitive information requiring action.

CQI Community Group: Although not a DCFS or DQA effort/structure, there exists in the state a CQI Community Group. The group exists to provide networking and professional development opportunities for CQI staff across the state and has been instrumental in professionalizing the field of CQI in Illinois. While this group initially began as a child welfare POS-only group, it has recently expanded to include non-child welfare POS (but still social service agency) CQI staff, and DCFS QA and APT representatives. During FY16, the Community met every other month in person (3 locations statewide as well as webinar every meeting), and convened its second CQI Conference: In Pursuit of Quality. The initial conference (in 2015) was in part the impetus for the above-mentioned Joint DCFS-POS CQI Framework. The Community is currently working on convening the 3rd Annual CQI Conference, In Pursuit of Quality: Data Literacy, as well as continuing to meet every other month.

Aristotle P. Consent Decree Review

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

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

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

In 2013, an agreement was established with the Guardian Ad Litem (GAL) to increase the number of reviews conducted that would include all agencies, as well as their associated teams in the review process. This process differs from past years, when reviews were conducted only at the agency level.

The migration of team level data provides indicators on how teams are performing, as well as the agency as a whole. For the year 2016, a total of 433 sibling groups were reviewed by five Aristotle Monitors. One of the Monitors retired in December 2016. A total of 13 DCFS offices/sites and 72 POS agencies were reviewed for 2016.

The compliance rate(s) for visitation has remained steady for the past five years with very little variance. Thus, the compliance rate per the consent decree is 70%. By comparison, the number of sibling groups reviewed for the five previous years are listed below:

<table>
<thead>
<tr>
<th>CALENDAR YEAR</th>
<th>TOTAL # OF CHILDREN REVIEWED</th>
<th>VISITATION COMPLIANCE RATE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>433</td>
<td>77%</td>
</tr>
<tr>
<td>2015</td>
<td>491</td>
<td>77%</td>
</tr>
<tr>
<td>2014</td>
<td>576</td>
<td>79%</td>
</tr>
<tr>
<td>2013</td>
<td>769</td>
<td>77%</td>
</tr>
<tr>
<td>2012</td>
<td>605</td>
<td>82%</td>
</tr>
</tbody>
</table>

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

The Department has been working with the Eckerd Rapid Safety Feedback Program out of Florida to apply predictive analytics to identify the children at highest risk of death or serious physical injury that have had prior contact with the Department through an investigation. The Eckerd Rapid Safety Feedback Model began in Florida and has been successfully used in Florida and other areas in the United States to help decrease child deaths and serious harm by identifying children at the highest risk and by utilizing a review process focused on key practices needed to support safety. The model was implemented in Illinois on May 16, 2016. During the last APSR reporting period the Department was attempting to impact the following area through the work with Eckerd with the following problem statement:

Child known to the Department from a prior, accepted report, regardless of finding, who experiences a child fatality or life threatening episode within 12 months of that previous accepted report

It was discovered after implementation of the Eckerd Program in Illinois that the focus of the original problem statement was too broad, and therefore in September 2016 the problem statement for Illinois was revised and the age category of focus became children 0-8 years of age that met the following problem statement:

Likelihood a child known to the Department (0-8 years of age) will experience fatality or life threatening episode within 24 months of: a) latest report or b) 24 months of latest report or case of household member or c) 24 months of latest report or case involving perpetrator

The Division of Quality Assurance and Research has hired a team of 15 reviewers and 3 Supervisors. The review process is on investigations that have the highest probability of having a poor outcome (serious harm or death) utilizing a tool that focuses on 9 critical practices. Some of the practice areas that are the focus on this review model include: review and use of prior history, safety planning, type and thoroughness of contacts during the investigation, appropriate service linkage, and quality of supervision.

The Eckerd Rapid Safety Feedback model provides Illinois with a listing of all current, pending, and completed investigations within the last 60 days, and ranks a child according to the level of probability of that child experiencing a death or serious physical harm, based on all prior history the child and/or other subjects of the investigation have had with the Department. The Eckerd Rapid Safety Feedback Team reviews a percentage of the children identified as high risk in these investigations and reviews the pending investigation between the 10th-14th day, as well as all current and prior history associated with any subject involved in that investigation. The investigator and supervisor are notified via email when one of their investigations has been identified as one of the high risk investigations to be reviewed. The focus of the review is to ensure that all pertinent practices have been utilized in the assessment of safety. If any concerns are found related to the safety of the child or the information used to assess safety, a staffing is requested with the investigator and supervisor to discuss the case and if needed, agree on action items needed to ensure all available information has been included in the assessment of safety. The investigation is followed until it is closed (regardless of whether a staffing has occurred or not) and is reviewed again around the 45th day, unless Eckerd staff are notified that the investigation will be closing prior to the 45th day. The second review is completed to ensure that no new information has been obtained that may involve any
unresolved safety related issues. If the investigation being reviewed has a current open service case, the worker and supervisor assigned to the case are notified that a high risk investigation has been taken involving their child/family, and that the information in SACWIS will be reviewed. There are 3 teams of reviewers throughout the State: Chicago, Belleville and Springfield. Each team has 5 reviewers and 1 supervisor who are responsible for reviewing a percentage of high risk investigations statewide. This model allows for a thorough review of all history, and if needed, the ability to have a discussion about the investigation and casework information in order to ensure all pertinent information is known, and used to assess the current circumstances. The goal of this model is to reduce the number of child deaths or serious harm in Illinois where the Department has had prior contact with the child or other subjects in the investigation.

Through the 3rd Quarter of FY 2017, the Illinois Eckerd Team has reviewed 1585 investigations throughout the state, and conducted a staffing with the Supervisor and Investigator on 401 investigations.

### Joint Special Reviews

The DCFS Joint Special Review Process is a newly established review and reporting process to examine case dynamics and identify case management practices in cases where there has been either the death of a child or youth, or an egregious act of child abuse or neglect has
occurred. It is collaborative effort between the DCFS Offices of Quality Enhancement and Clinical Services, and the University of Illinois at Urbana, Children and Family Research Center. Cases referred for review and reporting have had some type of service intervention through DCFS or Private Agency providers in Illinois in the previous twenty four months. Reviews combine both a clinical and quality assurance lens to comprehensively identify areas for training, supervisory support, and quality improvement. Forty three cases have been reviewed and formally reported on as of March 2017.

The Joint Special Reviews Presentation is a two hour interactive training for direct practice child welfare supervisors to review and discuss the general themes and findings from the initial set of statewide Special Reviews. A statewide rollout to direct service DCFS and POS supervisors and managers from Child Protection, Intact Family Services, and Permanency Services, began in January 2017. Staff is presented with, and discusses, five areas that historically, and possibly predictively, can impact further child fatality, related to fire arm safety, case management practices, assessment and supervision, clinical supervision, and youth specific practices. After presentation of the trends and lessons learned from the reviews, the presentation is interactive in nature so supervisors can share their reactions, thoughts, abilities, methods, and ideas in improving the quality of supervision in specific areas. Approximately 200 supervisors, managers, and quality enhancement staff, have been exposed to the presentation as of March 2017.
Chapter XI – Financial Information

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

The Department will continue to comply with all the financial requirements affecting title IV-B, subparts 1 and 2 and those specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

Section 1 - Title IV-B, Subpart 1:

$10,119,319 FFY 2015 Award
$10,125,521 FFY 2016 Award

The Department will not spend more title IV-B, subpart 1 funds for child care, foster care maintenance, and adoption assistance payments during any of the Federal fiscal years (FFYs) 2015 - 2019 than the state expended for those purposes in FY 2005 (per section 424(c) of the Act). Information on the amount of title IV-B, subpart 1 funds expended by the state during FFY 2005 for child care, foster care maintenance, and adoption assistance payments is included in the Department’s 2016 APSR.

State expenditures of non-federal funds for foster care maintenance payments used as state match for title IV-B, subpart 1 funds awarded for FFY 2017 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). The Department’s CFSP includes information on the amount of non-federal funds expended for foster care maintenance payments which were used as title IV-B, subpart 1 state match for FY 2005.

No more than 10% of the federal title IV-B, subpart 1 funds will be expended by the Department for administrative costs (section 424(e) of the Act). These expenditures will be included in the annual budget request for administrative costs on the CFS-101, Parts I and II.

Contact Person: Brian Turner
Phone: (217) 524-1510

Section 2 – Title IV-B, Subpart 2:

<table>
<thead>
<tr>
<th>Estimated Title IV-B, Subpart 2 Expenditures For FFY 2016, By Category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 12,110,594</td>
</tr>
<tr>
<td>$ 3,269,860 27.00% a) Total Family Preservation Services</td>
</tr>
<tr>
<td>$ 2,785,437 23.00% b) Total Family Support Services</td>
</tr>
<tr>
<td>$ 2,543,225 21.00% c) Total Time-Limited Family Reunification</td>
</tr>
<tr>
<td>$ 3,512,072 29.00% d) Total Adoption Promotion and Support</td>
</tr>
</tbody>
</table>

~ 348 ~
The Department agrees to spend a “significant” portion of the title IV-B, subpart 2, Preserving Safe and Stable Families (PSSF) grant on each of the four PSSF service categories: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. Currently, the term “significant” is interpreted by ACF to mean at least 20 percent of the grant total. Information will be included in the Department’s APSR if the Department does not continue to spend a “significant” portion of its title IV-B, subpart 2 grant award on any of those four service categories. The amount allocated/assigned to each service category will only include funds expended for service delivery. Any amount allocated/identified with planning and service coordination will be reported separately. The estimated expenditures for services provided will be reported on the CFS-101, Part II.

For many years the State of Illinois has only expended title IV-B, subpart 2 funds for the provision of client services. However, the Department recognizes that no more than ten percent of federal funds under title IV-B, subpart 2 may be spent for administrative costs (per section 434(d) of the Act). The Department also recognizes that this limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.

The state will provide the state and local expenditure amounts for FFY 2015 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 2015 through 2019.

The Department will continue to comply with all financial requirements affecting title IV-B, subparts 1 and 2 and the reporting requirements specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

More services will be offered under the four PSSF service categories than will be claimed by the Department. However, the amounts claimed by the Department will be limited to the percentages shown above. Historically, the State of Illinois has expended more dollars 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, the Department will continue to fund all administrative and planning activities associated with title IV-B, subpart 2 services during FFYs 2015 through 2019 from state funds. If this should change for any reason, the State will revise this section of the APSR. For FFYs 2015 through 2019 the Department will continue to adhere to the federal requirements regarding permissible uses of and substantial funding for each of the service categories claimable under title IV-B, subpart 2.

If the State of Illinois intends to release or apply for the reallocation of funds under title IV-B, subpart 2, the CFCIP, or the ETV program, the Department will note the amounts we are releasing or requesting on the appropriate lines of a revised FFY 2015 CFS-101.

Maintenance of Effort and Non-Supplantation: During FFY 2014, 2015 (and 2016 based on available records to this point) 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 FFYs 2015 through 2019, the Department will continue to adhere to these Maintenance of Effort requirements and assure that federal funds provided to the State of Illinois under title IV-B, subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities.

During FFYs 2015 through 2019, the Department will ensure, on an annual basis, that a “significant” portion of each mandatory service category is provided to at-risk families throughout the State of Illinois.

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

**Non-Supplantation:** The Department has complied with the non-supplantation requirements during each of the years covered by the last 5-year plan, and assures that it will comply with these requirements during the 5-year period covered by the current CFSP, FFYs 2015 through 2019.

Data regarding the non-supplementation level of expenditures established by HHS is included in the chapter covering documentation of the non-supplantation and maintenance of effort requirements of the Department. The base year used to establish that expenditure level was FFY 1992. This base level was determined by the Department’s 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 the Department’s efforts to increase its claims for reimbursement and obtain additional title IV-E and title IV-B revenue. However, the Department was required to transfer the first $13 million received from DHHS each year to the state’s General Revenue Fund. This equated to the title IV-E and title IV-B receipts in the year prior to the enactment of the legislation creating the Children’s Services Fund. Therefore, it may be demonstrated that the combined title IV-E and title IV-B receipts for FY 1979 were, at most, $13 million. This sets a maximum possible base.

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

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

Family Support Services:

The 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. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the $500,000 federal threshold. The baseline amount for Family Support Services under title IV-B, subpart 2 is $740,200.

Family Preservation Services:

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

Time-Limited Family Reunification Services:

The 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, associated with approximately 71 families.
The level of services and expenditures will continue to exceed those established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Time-Limited Family Reunification. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the $500,000 federal threshold.

**Adoption Promotion and Support Services:**

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

The Department’s Adoption Promotion and Support Services baseline is difficult to calculate because so few services were offered or purchased during or prior to 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 for these services would be lower, estimated at less than $1.8 million.

<table>
<thead>
<tr>
<th><strong>Summary of Non-Supplantation Amounts in the Base Year-FFY 1992:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title IV-B, part 2 Service</strong></td>
</tr>
<tr>
<td><strong>Baseline Amount</strong></td>
</tr>
<tr>
<td>Family Preservation Services</td>
</tr>
<tr>
<td>Family Support Services</td>
</tr>
<tr>
<td>Time Limited Family Reunification</td>
</tr>
<tr>
<td>Adoption Promotion and Support</td>
</tr>
</tbody>
</table>

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**Other Fiscal Information:**

- Federal funds expended in FFY 2015 under title IV-B, subpart 1: $10,119,319  
- Federal funds expended on administrative costs in FFY 2015 and FFY 2016 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 wards and families that are not charged to any other federal program.
• Federal funds expended in FFY 2015 for monthly caseworker visits under title IV-B, subpart 2: $12,015,781.

The Department will continue to supply relevant fiscal information for each of the years covered under the current CFSP, FFYs 2016 through 2020, starting with this year’s APSR.

The federal funds expended under each of the four categories of services in FFY 2015 for Promoting Safe and Stable Families (PSSF) Program and for planning and administration are noted below:

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Preservation Services</td>
<td>$3,484,576</td>
<td>$3,484,576</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>$2,763,630</td>
<td>$2,763,630</td>
</tr>
<tr>
<td>Time-Limited Family Reunification Services</td>
<td>$2,403,156</td>
<td>$2,403,156</td>
</tr>
<tr>
<td>Adoption Promotion Support Services</td>
<td>$3,364,419</td>
<td>$3,364,419</td>
</tr>
</tbody>
</table>

Total for other service related activities, including planning $0
Total administration (not to exceed 10%) $0

During FFY 2015, $50 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 2014 and FFY 2015 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 2015: Actual expenditures under title IV-B, subparts 1 and 2 for FFY 2015 were slightly more than the estimated expenses. Expenditures of title IV-B funds were originally planned to be 32% for Family Preservation Services, 20% for Family Support Services, 20% for Time-Limited Family Reunification Services, and 28% for Adoption Promotion and Support Services. However, 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.

Category of Title IV-B, Part 2 Funds – FFY 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL Title IV-B, subpart 2 funds</td>
<td>$11,889,984</td>
<td>$12,015,781</td>
</tr>
<tr>
<td>Family Preservation Services</td>
<td>$3,804,900</td>
<td>$3,484,576</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>$2,377,732</td>
<td>$2,763,630</td>
</tr>
<tr>
<td>Time-Limited Family Reunification</td>
<td>$2,378,064</td>
<td>$2,403,156</td>
</tr>
</tbody>
</table>
Adoption Promotion and Support Services | $3,329,288 | $3,364,419

Section 4 – FFY 2018 Budget Request (CFS-101, Parts I and II): As part of the APSR, the Department will complete Part I of the CFS-101 form to request title IV-B, subpart 1 (CWS) and title IV-B, subpart 2 (PSSF and Monthly Caseworker Visit funds), CAPTA, CFCIP, and ETV funds. The state will use the appropriate FFY allocation tables as the basis for budgeting. The Department will complete Part II of the CFS-101 to include the estimated amount of funds to be spent in each program area by source, the estimated number of individuals and families to be served, and the geographic service area within which the services are to be provided.

FFY 2018 Budget Request (CFS-101, Parts I and II): The signed CFS-101 Part I for FFY 2017 as a PDF document will be submitted to the ACF on or before June 30, 2017. The CFS-101 Part II for FFY 2015, that does not need signature, will also be submitted to the ACF on or before June 30, 2017 as a PDF document. If the Department intends to release or apply for funds for reallocation under title IV-B, subpart 2, the CFCIP, or the ETV program the Department will note the amounts we are releasing or requesting on the appropriate lines of a revised FFY2015 CFS-101, so that ACF will be able to re-allocate the funds in accordance with the prescribed formulas.

FFY 2015 Title IV-B Expenditure Report (CFS-101, Part III): The signed CFS-101 Part III final report for FFY 2015 will be submitted to the ACF on or before June 30, 2017 as a PDF document. For FFYs 2015 through 2019 the Department 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 April 10, 2017. 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 FFY 2017 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 2017 grants, obligate the funds by September 30, 2018, and liquidate by December 29, 2018).

**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 2017, funds must be obligated by September 30, 2018, and liquidated by December 29, 2018).

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 2017, funds must be obligated by September 30, 2018 and liquidated by December 29, 2018). 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. The
Department will continue to provide all required information during the 5 year CFSP covering FFYs 2015 - 2019.

**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 2016, funds must be obligated by September 30, 2018 and liquidated by December 29, 2018).

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

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