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**Addenda** – 
A  Training Plan
B  Disaster Plan (*not included this year*)
C  Healthcare Oversight and Coordination Plan
D  Diligent Recruitment of Foster and Adoptive Homes
E  CAPTA
F  Citizen Review Panel
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Administration for Children and Families</td>
</tr>
<tr>
<td>ACR</td>
<td>DCFS Administrative Case Review</td>
</tr>
<tr>
<td>AFCARS</td>
<td>Adoption and Foster Care Analysis and Reporting System</td>
</tr>
<tr>
<td>ASFA</td>
<td>Adoption and Safe Family Act</td>
</tr>
<tr>
<td>AIP</td>
<td>AFCARS Improvement Plan</td>
</tr>
<tr>
<td>AOIC</td>
<td>Administrative Office of the Illinois Courts</td>
</tr>
<tr>
<td>APT</td>
<td>Agency Performance Team</td>
</tr>
<tr>
<td>BMN</td>
<td>Beyond Medical Necessity</td>
</tr>
<tr>
<td>BSF</td>
<td>Be Strong Families</td>
</tr>
<tr>
<td>CAC</td>
<td>Children’s Advocacy Centers</td>
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<tr>
<td>CANS</td>
<td>Child and Adolescents Needs and Strengths</td>
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<tr>
<td>CAP</td>
<td>Community Assistance Programs</td>
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<tr>
<td>CAPTA</td>
<td>Child Abuse and Prevention Treatment Act</td>
</tr>
<tr>
<td>CASA</td>
<td>Court Appointed Special Advocate</td>
</tr>
<tr>
<td>CAYIT</td>
<td>Child and Youth Investment Teams</td>
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<tr>
<td>CBCAP</td>
<td>Community-Based Child Abuse Prevention</td>
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<td>CCAC</td>
<td>Chicago Children’s Advocacy Center</td>
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<td>CCA-I</td>
<td>Child Care Association of Illinois</td>
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<td>CCC</td>
<td>Continuity of Care Center</td>
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<td>CCP</td>
<td>Community College Payment Program</td>
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<td>CDRT</td>
<td>Child Death Review Team</td>
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<td>CERP</td>
<td>Child Endangerment Risk Assessment Protocol</td>
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<td>CFCIP</td>
<td>Chafee Foster Care Independence Program</td>
</tr>
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<td>CFRC</td>
<td>Children &amp; Families Research Center</td>
</tr>
<tr>
<td>CIPAC</td>
<td>Court Improvement Program Advisory Committee</td>
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<td>CIPP</td>
<td>Clinical Intervention for Placement Preservation</td>
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<td>CLSA</td>
<td>Casey Life Skills Assessment</td>
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<td>COA</td>
<td>Council on Accreditation</td>
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<td>CPCT</td>
<td>Child Protection Circuit Teams</td>
</tr>
<tr>
<td>CPDC</td>
<td>Child Protection Data Courts Project</td>
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<td>CQI</td>
<td>Continuous Quality Improvement</td>
</tr>
<tr>
<td>CRMR</td>
<td>Case Review Monthly Roster</td>
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<td>CSSP</td>
<td>Center for the Study of Social Policy</td>
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<td>CWAC</td>
<td>Child Welfare Advisory Council</td>
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<td>CWEL</td>
<td>Child Welfare Employee Licensure</td>
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<td>CYCIS</td>
<td>Child and Youth Centered Information System</td>
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<tr>
<td>DASA</td>
<td>DHS Division of Alcoholism and Substance Abuse</td>
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<td>DCFS</td>
<td>Illinois Department of Children &amp; Family Services</td>
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<tr>
<td>DHR</td>
<td>Illinois Department of Human Resources</td>
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<td>DHS</td>
<td>Illinois Department of Human Services</td>
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<tr>
<td>DHS/DD</td>
<td>DHS Office of Developmental Disabilities</td>
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<td>DMH</td>
<td>DHS Division of Mental Health</td>
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<tr>
<td>DQE</td>
<td>Division of Quality Enhancement</td>
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<td>DVIP</td>
<td>DCFS Domestic Violence Intervention Program</td>
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<tr>
<td>EAP</td>
<td>Educational Access Project</td>
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<td>EFSP</td>
<td>Extended Family Support Program</td>
</tr>
<tr>
<td>ETV</td>
<td>Education and Training Voucher</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>TPR</td>
<td>Termination of Parental Rights</td>
</tr>
<tr>
<td>TPSN</td>
<td>Teen Parent Services Network</td>
</tr>
<tr>
<td>TRPMI</td>
<td>Therapeutic Residential Performance Monitoring Initiative</td>
</tr>
<tr>
<td>UIR</td>
<td>Unusual Incident Report</td>
</tr>
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<td>YHAP</td>
<td>Youth Housing Assistance Program</td>
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</table>
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.

While Illinois budget issues continued into the beginning of FY 2018, DCFS welcomed a new Director, BJ Walker. Director Walker brings vast knowledge and a proven track record in guiding and focusing child welfare work for outcome improvement.

Link to DCFS Organizational Chart:
https://www2.illinois.gov/dcfs/aboutus/director/documents/dcfs_orgchart.pdf

Link to 2018 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 throughout the APSR. Below is a partial list of these stakeholders:

- **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.
- **Regional CQI Collaboratives** – Regional CQI’s are workgroups to which data and updates are provided and discussed throughout the year. 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 CQI’s as a way to bring together DCFS and POS managers, CQI staff and Supervisors to review regional performance data that ties back to Illinois priorities 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.

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, members include staff from the Division of Quality Assurance, the Office of Professional Development, Permanency, and an ICWA Specialist. The full committee meets quarterly via phone and once a year in person.

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.

The 2018 CIP Annual Meeting is being replaced by a state team planning meeting on July 17th and 18th in Washington DC. The purpose of the State Team Planning Meeting is to bring together teams from each state, to begin jointly creating the next five-year Child and Family Service Plan that will be due June 30, 2019. The team will include representatives from DCFS as well as a representative from the AOIC, a parent attorney, a guardian ad litem and a judge.

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 courtroom. 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, Peoria 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 developed 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. Training for attorneys occurred on September 29 and October 13, 2017 and training for the judiciary was held on October 6 and 12, 2017. A Quick Reference Guide of required findings for abuse and neglect cases was created and sent via email to all juvenile abuse and neglect judges.

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). Ed Con was held February 5-9, 2018 and April 9-13, 2018. Session topics included permanency/adoption, transitioning older youth into adulthood and trauma. IDCFS assisted with the permanency and transitioning older youth sessions by presenting and identifying youth available to present, and Director Walker was a featured speaker for the permanency/adoption session. In addition, the AOIC held the first biennial Juvenile Conference for Illinois judges in September 2017. The conference theme was “The Trauma-Informed Courtroom” and speakers included Director BJ Walker as well as former foster care youth.
DCFS Summit
AOIC staff attended the 2017 CQI Conference entitled “In Pursuit of Quality: Data Literacy” which was held November 7-8, 2017 in Champaign, Illinois. The conference’s mission was: A community of human services professionals that will promote and enhance the value of CQI by providing opportunities for professional development, peer support, and collaboration.

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 - DCFS has implemented significant portions of the Immersion Site plan. Process changes have been facilitated including: Norman funding approvals by provider agencies; elimination of the Matching Tool; Legal Screenings by phone (to save worker time and travel) and centralizing processes related to agency monitoring and case assignment. Each Immersion Site has established pilots to test new programs and ideas such as LGBTQ programs for youth in St. Claire County, a mentorship program in Rock Island and a permanency driven court report, developed with the Administrative Office of the Illinois Courts and local judges in Mt. Vernon. Trainings are also being scheduled for additional process changes that are in development.

To develop an intensive service array, the Immersion Sites have developed contracts with four lead Wraparound agencies that develop individualized plans to support the identified needs of children and families.

DCFS has substantially completed training delivery of the 3 components of the Core Practice Model (CPM): FTS, MoSP and CFTM.

- DCFS completed training 100% of identified participants in the Family Centered, Trauma Informed, Strength Based (FTS) practice in January 2018. The FTS training was also fully incorporated into Foundations training for all new hires beginning in January 2018.
- DCFS has completed 23 classroom trainings with 360 participants of the Child and Family Team Meeting (CFTM) training. Coaching sessions with the participants who completed CFTM training are currently in process. To develop internal capacity in facilitating CFTMs, 18 Master Coaches have been trained and approved, 96 CFTM Facilitators have been approved, and 34 CFTM Coaches have been approved.
- DCFS began training the first round of Model of Supervisory Practice (MoSP) in April 2018 and is slated to be completed by July 2018. Additional rounds of MoSP training will then be scheduled.

DCFS is beginning its next phase of implementation. Due to the challenges of implementation in the Immersion Sites, a decision was made to rollout the Core Practice Model/Immersion by agency and not by geography. By targeting the largest agencies first, DCFS believes that implementation will occur in an effective and efficient manner. The Core Practice Model and key components of the Immersion Sites will be rolled out to DCFS in the Southern Region and
to the 5th largest private agency, Caritas. The kick-off for the CPM/Immersion Rollout Workgroup occurred on June 6, 2018.

**Beyond Medical Necessity** – The IPS/BMN Program (Intensive Placement Stabilization/Beyond Medical Necessity) as administered by Kaleidoscope has developed a sound method by which to identify psychiatrically hospitalized youth for both the pilot and control groups. There was a shift in the scope of the program since the initiation of this pilot and services are now being offered to youth prior to the youth being identified as beyond medical necessity rather than after such qualification. The pilot has served 17 youth in the pilot and there are 17 youth in the control group. The pilot has partnered with Northwestern to analyze CANS scores for youth in the pilot and control groups. The first report should be completed in June 2018. Kaleidoscope will hire an additional IPS consultant, which will allow for a larger number of youth to be served. Kaleidoscope is doing outreach to agencies to engage them in the pilot.

**Quality Service Review (QSR)** – QSRs are being conducted on cases in the Immersion Sites. To date, 66 reviews have been completed. DCFS has a dedicated team of 4 reviewers to conduct these reviews.

**Residential Monitoring** - DCFS has fully implemented the component parts of the TRPMI (Therapeutic Residential Performance Management Initiative) pilot. The three pilot teams (Northern, Southern and Cook) are fully staffed with the exception of a Team Coordinator vacancy in the Northern Region which is projected to be filled by July 1, 2018. There are four active governance committees which meet minimally on a monthly basis. DCFS supports TRPMI with dedicated IT support for the purposes of creating a TRPMI database and app.

**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** - The Regenerations Pilot Project is fully implemented. The pilot project was determined to evaluate 65 youth that were ready to be released from Cook County Juvenile Detention Center between the ages of 12-17 years. To date, the pilot has evaluated 70 youth that fall within the target population. For over 18 months, the evaluators, project managers, and agency providers have met consistently every month in Regeneration Implementation Team Meetings to process, solve and build on programmatic challenges and highlights. In addition, the team reviews key outputs to determine that the program is maintaining a high level of implementation. The Regenerations Pilot Project has developed into an effective practice for youth ready to be released from detention.

**Illinois Child Welfare Strategic Plan** - Illinois is developing implementation and data utilization strategies that focus on the most critical elements of the 2016 internal strategic plan produced under the previous DCFS director. The 2016 plan was very comprehensive in identifying prospective needs and initiatives. Now we are focusing on four strategic priorities: (1) better serving high-needs youth in psychiatric hospitals and residential facilities; (2) better protecting and serving the most vulnerable children, those birth-to-3, who make up 50% of our caseload; (3) implementing a Core Practice Model to make casework more effective in producing better outcomes for children and families; and (4) developing data scorecards that align with the CFSR to measure the outcomes for children and families.
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 – September 2017 (a total of 90 cases, of which 68 were foster care and 22 were in-home).

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

• For each of the two safety outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

• Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

State Response:

For this CFSR 3 Statewide Assessment, Outcome Enhancement Review (OER) data for Outcome S1 shows maintained performance at 100% regardless of case type, and a significant decline in performance (from previous years) for Outcome S2, also regardless of case type:

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1 The Outcome Enhancement Review (OER) is Illinois’ internal qualitative case record review process that mimics the federal CFSR.
OUTCOME S1 DATA

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

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></th>
<th>Foster Care Cases</th>
<th>In-Home Cases</th>
<th>COMBINED DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%SA/S</td>
<td>#Substantially Achieved/Strength</td>
<td>#Applicable</td>
</tr>
<tr>
<td>Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT</td>
<td>100.00%</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE</td>
<td>75.00%</td>
<td>51</td>
<td>68</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Foster Care Cases</th>
<th>In-Home Cases</th>
<th>COMBINED DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%SA/S</td>
<td>#Substantially Achieved/Strength</td>
<td>#Applicable</td>
</tr>
<tr>
<td>Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT</td>
<td>100.00%</td>
<td>29</td>
<td>29</td>
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2016 & 2017 Data

<table>
<thead>
<tr>
<th></th>
<th>Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment</th>
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<tbody>
<tr>
<td></td>
<td>100.00%</td>
<td>29</td>
</tr>
</tbody>
</table>
Federal Safety Indicator: Maltreatment in Foster Care

CFSR 3 Safety Indicator: Maltreatment in Foster Care, Illinois performance
(as of 9/17 Official CFSR Data Profile)

<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>
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</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>9.67 victimizations (preference is less) *state result multiplied by 100,000</td>
<td>7.98 (FFY13)</td>
<td>11.17 (FFY13)</td>
<td>↓ (wrong way)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9.88 (FFY14)</td>
<td>12.90 (FFY14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11.22 (FFY15)</td>
<td>14.65 (FFY15)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(adjusted for age at initial victimization)</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

Illinois has not met the federal national standard for this indicator. Ongoing case record reviews of children maltreated in foster care have revealed that the practice of “placing” children with their parents while retaining legal guardianship instead of discharging to reunification with an order of supervision has a significant impact on the number of children who become a part of the numerator for this indicator. More significantly, the frequency and quality of assessments of safety and risk (and follow-up on identified concerns) are noticeably inadequate within the population of children maltreated in foster care. Additionally, supervisors of caseworkers are not providing needed support, direction, and monitoring/following up on identified concerns. Last, data quality issues remain around the use of the incident date.

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. The performance goal is 100% (no maltreatment in foster care ever). The chart below illustrates state performance by quarter for FY15 – 17; including the first quarter of FY18 (quarterly data for FY13 and FY14 was not available):
The Absence of Maltreatment data in the above chart indicates that progress is not being made toward achieving less maltreatment in foster care. Cook County data tends to be marginally better than other regions (i.e., there is less maltreatment in Cook than elsewhere in the state).

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:
Federal Safety Indicator: Recurrence of Maltreatment

<table>
<thead>
<tr>
<th>(S2) Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated/indicated report within 12 months of their initial report?</th>
<th>National Performance</th>
<th>Illinois Observed Performance</th>
<th>Illinois RSP* IL Performance Trend</th>
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<tbody>
<tr>
<td>9.5% (preference is less)</td>
<td>7.9% (FY12-13)</td>
<td>10.1% (FY12-13)</td>
<td>↓ (wrong way)</td>
</tr>
<tr>
<td>8.7% (FY13-14)</td>
<td>11.2% (FY13-14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.7% (FY14-15)</td>
<td>13.6% (FY14-15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.0% (FFY15-16)</td>
<td>13.9% (FY15-16) (adjusted for age at entry or on 1st day)</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

Illinois has not met federal national standard for this indicator.

Recurrence of maltreatment is a measure that is monitored by the Department’s Agency Performance Team (APT) and by private agencies on the Traditional/HMR, Specialized Foster Care, and Intact dashboards. Absence of Maltreatment is also monitored through Performance-Based Contracting for Residential care.

<table>
<thead>
<tr>
<th>Traditional/HMR Foster Care (M6)</th>
<th>Specialized Foster Care (M6)</th>
<th>Residential</th>
<th>Intact (M6: No Maltreatment During Service Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>98.6%</td>
<td>99.1%</td>
<td>98.0%</td>
</tr>
<tr>
<td>FY14</td>
<td>98.5%</td>
<td>99.4%</td>
<td>97.8%</td>
</tr>
<tr>
<td>FY15</td>
<td>98.5%</td>
<td>99.4%</td>
<td>97.8%</td>
</tr>
<tr>
<td>FY16</td>
<td>98.6%</td>
<td>99.4%</td>
<td>99.5%</td>
</tr>
<tr>
<td>FY17</td>
<td>98.3%</td>
<td>99.4%</td>
<td>99.5%</td>
</tr>
<tr>
<td>FY18, YTD</td>
<td>98.7%</td>
<td>99.4%</td>
<td>99.5%</td>
</tr>
</tbody>
</table>

Data Sources: APT Performance Data Sites, as of 5/29/18; Residential as of 3/11/18

The data suggest no real change in performance for children in Traditional/HMR care, a safer experience in Specialized Foster Care, some improvement for youth in Residential/Group Home care, and the data for Intact Family Cases suggests significant recurrence of maltreatment.

Acting Direct Walker is very focused on improving outcomes for children at home and for children birth – 3 years old through a variety of initiatives: These initiatives involve collaboration with private agencies and state agencies such as Department of Human Services, as well as court jurisdictions. More details will be forthcoming during FY19.
Through Illinois’ Joint DCFS-POS CQI Framework (a system of Regional CQI Collaborative Workgroups linked to a Statewide CQI Collaborative, that is inclusive of DCFS and POS staff statewide in an effort to collaborate on, and coordinate on, clear outcome priorities for the state to achieve in a concerted manner in order to create real impact), the state has begun examining NCANDS data (from FFY12 – 15) related to the Recurrence of Maltreatment in order to begin understanding the problem. Initial observations:

- The occurrence of repeat maltreatment is decreasing in Cook and Central Regions, and increasing in Northern and Southern
- Most recurrent maltreatment falls into the category of neglect. Little change in that over time.-The frequency of abuse-related allegations is decreasing, but when there is more than 1 allegation the frequency of 2nd or 3rd allegations being abuse-related is INCREASING
- The number of children dying as a result of repeat maltreatment is DECREASING
- The age of children experiencing repeat maltreatment is rapidly getting younger: the largest percentage age group in FFY12 was 4 year olds; 2 year olds in FFY13, and less than 1 year old in FFY14 and FFY15
- There are bigger gender differences among children age 0-3. There is a fairly equal distribution in the general population, with there being slightly more males than females.
- Caucasian children make up the largest racial group of child victims, followed by African Americans, and the distribution appears relatively constant over time. The distribution does not mean there is no disparity.
- The number/% of Latino/Hispanic children is overall increasing.

<table>
<thead>
<tr>
<th>% Hispanic Children Experiencing Recurrence of Maltreatment</th>
<th>FFY12</th>
<th>FFY13</th>
<th>FFY14</th>
<th>FFY15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.4%</td>
<td>8.4%</td>
<td>11.8%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

- The child’s parent is the most frequent perpetrator of recurrent maltreatment, and the incidence is INCREASING over time.
- The next most frequent type of perpetrator is an unmarried partner of the parent, followed by a non-foster parent relative.
- The incidence of these perpetrator types is DECREASING.
- Day Care providers make up the 4th most common type of perpetrator of recurrent maltreatment.

These observations will inform improvement planning within the Joint DCFS-POS CQI Framework moving forward.

**OUTCOME S1 STRENGTHS**

**Timeliness of Investigations:**
- A concerted effort to fill investigator vacancies statewide:
Effort to increase the “pool” of eligible investigator candidates from which to pull/fill vacancies by increasing the types of educational degrees that qualify;

- Enhanced hiring procedures within the state’s Central Management Services (responsible for processing applications and new hires);
- Enhanced recruitment efforts

- Reorganization of DCFS leadership staff to allow for focus on child protection concerns as a management specialty
- Both the effort to fill investigator vacancies and the reorganization of DCFS leadership staff have led to reduced caseloads and improved performance

Maltreatment in Foster Care:
- 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.
- University Partnership (UIUC/FCURP) to collect, review and analyze data on this indicator, annually/as able – this enables the observation of trends and the ability of the Department and its private agency partners to respond to the findings. Data from FFY15 and FFY16 have been analyzed to-date
- Use of Immersion Sites
- Therapeutic Residential Performance Management Initiative (TRPMI), implemented January 2017
- 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.

Recurrence of Maltreatment:
- The Illinois Joint DCFS-POS CQI Framework has made this indicator the top priority for the work of the Collaboratives
- Director Walker has likewise made this indicator a priority, with a focus on children age 0-3

OUTCOME S1 CHALLENGES

Timeliness of Investigations:
- The ongoing need to monitor investigative vacancies and caseloads

Maltreatment in Foster Care:
- Dissemination of findings up to decision-makers so recommendations can be implemented as determined appropriate
- As noted above, the practice of “placing” children with parents under court supervision versus discharging to reunification with after-care monitoring (not court ordered)

Recurrence of Maltreatment:
- Until currently, performance on this Indicator has not been closely tracked or explored
• 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.

• Over the last few years, there has been an increase in the number of reports made to the SCR generally and accepted for investigation.

• 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.

• Different parenting strategies in rural areas and lack of available and adequate services to promote and support new and more appropriate approaches to managing child behavior.

• High rates of unemployment and substance abuse in rural areas.

• 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 CQI Collaboratives (formerly known as the Regional PIP Meetings), Maltreatment in Foster Care (and Recurrence of Maltreatment more recently) has been a regular topic of conversation. Staff around the state primarily indicates 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, thus indicating that the use of the Incident Date Field in SACWIS is sometimes not used accurately (confirmed through case record reviews).

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

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

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

OUTCOME S2 DATA
Illinois’ performance in Outcome S2 and related Items highlights the need for improvements in the areas of engagement, assessment, ongoing monitoring and adequate service provision generally (here specific to safety, but elsewhere as will be noted further along in this document):
Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSR 3 review tool following a site visit by our federal partners in April 2017.

OUTCOME S2 STRENGTHS

Item 2:
- When it is not possible to maintain children safely in their homes, Illinois is competent at assessing that and taking steps to remove/place children in foster care appropriately

Item 3:
- Children were safe in their foster home settings (no concerns for their safety noted related to foster parents, other foster family members, facilities, facility staff)

OUTCOME S2 CHALLENGES

Item 2:
- Staff (caseworkers and supervisors) are not reviewing the entire file upon assignment
- Significant staff turnover, particularly in the private agencies
- In-home cases one or more caregivers were not assessed for safety-related services per item instructions
- The lack of service provision to address sexual abuse victimization for all children
- 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]*
- 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:
Illinois Department of Children and Family Services  
2019 Annual Progress and Services Report

- Staff (caseworkers and supervisors) are not reviewing the entire file upon assignment
- Significant staff turnover, particularly in the private agencies
- Lack of initial and ongoing assessments that qualitatively and comprehensively assessed risk and safety concerns of children in any and all environments (particularly when there are children who remain in the home after one or more children are placed into foster care)
  - Ongoing assessments are now documented in 6-month service plan updates, versus in a stand-alone document. It is often hard to identify the update versus what was present from the last service plan
- Lack of appropriate safety plans when needed AND lack of appropriate ongoing monitoring/assessing/updating of safety plans in place
- Safety concerns related to children remaining in the home that were not adequately addressed
- Safety concerns related to visitation that were not adequately addressed
- 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

**Stakeholder Feedback**

OER 3 data is shared routinely with Regional CQI Collaboratives. 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.

**B. Permanency**

**Permanency Outcomes 1 and 2**

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.
State Response:

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

For this CFSR 3 Statewide Assessment, Outcome Enhancement Review (OER) data for Outcome P1 shows that performance continues to decline for P1 (to 21% substantially achieved) and changed course in P2 downward to 70% substantially achieved:

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

P1 and P2 Items:

<table>
<thead>
<tr>
<th>P1, associated Items (CFSR 3)</th>
<th>P2, associated Items (CFSR 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 4: Stability of Substitute Care Placement</td>
<td>Item 7: Placement with Siblings</td>
</tr>
<tr>
<td>Item 5: Permanency Goal for Child</td>
<td>Item 8: Visiting with Parents and Siblings in Substitute Care</td>
</tr>
<tr>
<td>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</td>
<td>Item 9: Preserving Connections</td>
</tr>
<tr>
<td></td>
<td>Item 10: Relative Placement</td>
</tr>
<tr>
<td></td>
<td>Item 11: Relationship of Child in Care with Parent(s)</td>
</tr>
</tbody>
</table>

OUTCOME P1 DATA: Children Have Permanency and Stability in Their Living Arrangements

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 continued decline in performance related to the appropriateness of the current permanency goal (Item 5), timely achievement of permanency (Item 6), and the outcome overall:
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) (September 2011 – February 2014)</th>
<th>OER II R7 (reported in the 2016 APSR) (March 2015 – May 2015)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR) (April 2016 – May 2016)</th>
<th>OER 3 (reported in the 2018 APSR) (September 2016 – November 2016)</th>
<th>OER 3 (updated for the CFSR SAI)</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>
<td>82.35%</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>
<td>29.41%</td>
</tr>
<tr>
<td>Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement <em>(new, CFSR 3 combined item)</em></td>
<td></td>
<td></td>
<td>53.33%</td>
<td>40%</td>
<td>36.73%</td>
</tr>
<tr>
<td><em>(CFSR 2) Item 8: Reunification/Guardianship</em></td>
<td>22.20%</td>
<td>7.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(CFSR 2) Item 9: Adoption/SCpTPR</em></td>
<td>16.30%</td>
<td>15.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(CFSR 2) Item 10: Independence/HENA /Continuing Foster Care</em></td>
<td>87.30%</td>
<td>92.3%</td>
<td></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>
<td>20.59%</td>
</tr>
</tbody>
</table>

Overall, performance in P1 continues to decline (currently at 21% 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.

DCFS and its POS partners track stability of children/youth on the APT dashboards for children placed in traditional or relative foster care via the following measure: % of Children Placed with Less Than 2 Paid Providers over a 12 month period. Performance on this APT measure supports OER findings:
- SFY17 year-end performance was 84.55%, and
- As of December 31, 2017 performance was 83.43%

In addition to the OER 3 data, the state also evaluates its performance regarding stability with data from the CFSR national indicator:

<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>(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?</td>
<td>4.44 moves (preference is less)</td>
<td>10.69 moves (FY13-14)</td>
<td>11.38 moves (FY13-14)</td>
<td>Improving, but not meeting the National Performance</td>
</tr>
<tr>
<td></td>
<td>*state result multiplied by 1,000</td>
<td>10.47 (FFY14)</td>
<td>11.08 (FFY14)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8.67 (FY14-15)</td>
<td>9.27 (FY14-15)</td>
<td></td>
</tr>
</tbody>
</table>
Recurrence of maltreatment is a measure that is monitored by the Department’s Agency Performance Team (APT) and by private agencies on the Traditional/HMR, Specialized Foster Care, and Intact dashboards. Absence of Maltreatment is also monitored through Performance-Based Contracting for Residential care.

The data suggest no real change in performance for children in Traditional/HMR care, a safer experience in Specialized Foster Care, some improvement for youth in Residential/Group Home care, and the data for Intact Family Cases suggests significant recurrence of maltreatment.

DCFS and its POS partners also track achievement of permanency on the APT dashboards for children placed in traditional or relative foster care, specialized foster care, and intact family service cases. For foster care cases, the measures reflect permanencies achieved on active caseloads as of 7/2 of a fiscal year. Counted permanencies are reunification, adoption or guardianship only. Permanencies for youth in residential care is also monitored through RTOS.

The chart below illustrates state performance by quarter (SFY15 – 18), and year-to-year state performance since SFY13 for children in traditional (non-relative) or home of relative foster care:
In the chart above, the reader can observe that the goal is to achieve permanency in 40% of cases. Since the data site was created in 2012, only one region (Southern) met or exceeded that goal (in SFY15). 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). Overall, trend-wise, annual performance on this measure is improving.

Regionally, there are differences in SFY17: The Central Region was most improved and had the highest performance (39.49%), followed by the Southern Region (37.30%). Northern and Cook saw a slight improvement (34.54% and 20.40% respectively). In the current state fiscal year (SFY18), most regions were nearly halfway toward achieving the 40% goal as of Quarter 2 (December 2017), which is a good indication of the likelihood of achieving the goal by June 30, 2018. Achievement of permanency in Cook County significantly impacts the state performance.

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:
The table below shows the “positive discharges” data for youth in Residential foster care, and suggests that about 43% of the discharges are to permanency with a foster or relative caregiver:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>FY'16</th>
<th>FY'17</th>
<th>FY'18 YTD</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>% of Children Achieving Legal Permanency (MD Cases)</td>
<td>40%</td>
<td>30.4%</td>
<td>4.9%</td>
<td>17.2%</td>
</tr>
<tr>
<td>1a1</td>
<td>% of Children Reunified</td>
<td>40%</td>
<td>6.4%</td>
<td>0.5%</td>
<td>5.4%</td>
</tr>
<tr>
<td>1a2</td>
<td>% of Children Achieving Guardianship</td>
<td>40%</td>
<td>29.1%</td>
<td>4.4%</td>
<td>11.8%</td>
</tr>
<tr>
<td>1b</td>
<td>% of Children Achieving Legal Permanency (MH, MH/MD Cases)</td>
<td>25%</td>
<td>19.3%</td>
<td>22.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>1b1</td>
<td>% of Children Reunified</td>
<td>25%</td>
<td>4.2%</td>
<td>1.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>1b2</td>
<td>% of Children Achieving Guardianship</td>
<td>25%</td>
<td>18.1%</td>
<td>4.7%</td>
<td>9.4%</td>
</tr>
<tr>
<td>1c</td>
<td>% of Children Achieving Legal Permanency (AFC Cases)</td>
<td>25%</td>
<td>5.9%</td>
<td>5.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>1c1</td>
<td>% of Children Reunified</td>
<td>25%</td>
<td>2.5%</td>
<td>0.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>1c2</td>
<td>% of Children Achieving Guardianship</td>
<td>25%</td>
<td>3.2%</td>
<td>1.9%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

In addition to the OER 3 and APT 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 September 2017):
# CFSR National Statewide Indicator

<table>
<thead>
<tr>
<th>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><strong>(P4)</strong> 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) 2.1% (FFY14a-16B)</td>
<td>Met, but creeping in the wrong direction (watch)</td>
</tr>
<tr>
<td><strong>(P2)</strong> 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) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16)</td>
<td>20.4% (FY13-14) 20.4% (FY14) 21.4% (FY14-15) 22.3% (FFY15) 21.1% (FY15-16) 20.7% (FFY16)</td>
<td></td>
</tr>
<tr>
<td><strong>(P3)</strong> 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) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16)</td>
<td>18.7% (FY13-14) 19.9% (FFY14) 21.5% (FY14-15) 22.3% (FFY15) 19.6% (FY15-16) 21.7% (FFY16)</td>
<td>Improving, but not meeting the National Performance</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

As noted in the data 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.
OUTCOME P1 STRENGTHS

Item 4:
- 94% of placements were currently stable (at time of OER)

Item 5:
- Most permanency goals were appropriate at the time of assignment

OUTCOME P1 CHALLENGES

Item 4:
- Placement moves that occurred were not made in an effort to achieve case goals or to meet child’s needs
- Children/youth experienced too many moves in a 12-month period of time
- 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 did not typically occur

Item 5:
- ASFA timeframes were not met in the majority of eligible cases

Item 6:
- In the majority of cases, permanency was not achieved in a timely manner. 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.

Key practice issues impacting undesirable performance across P1 Items:
- 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 in order to achieve timely permanency
- 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 state budget issues, and lack of adequate and available services to address identified needs to expedite permanency statewide.

As noted in the 2018 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).
Stakeholder Feedback

Stakeholder feedback regarding permanency achievement is collected consistently throughout the year at quarterly Regional CQI Collaborative meetings, and the Statewide CQI Collaborative. Stakeholders continue to report that the biggest barriers to permanency remain: 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 DATA: The Continuity of Family Relationships and Connections is Preserved for Children

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>% 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 (reported in the 2018 APSR)</th>
<th>OER 3 (updated for the CFSR SAI)</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>
<td>91.49%</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>
<td>67.86%</td>
</tr>
<tr>
<td>Item 9: Preserving Connections</td>
<td>85.4%</td>
<td>95%</td>
<td>88.64%</td>
<td>85.71%</td>
<td>80.60%</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>
<td>77.59%</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>
<td>72.55%</td>
</tr>
<tr>
<td>OUTCOME P2 overall</td>
<td>81.3%</td>
<td>87.5%</td>
<td>88.89%</td>
<td>75.51%</td>
<td>70.15%</td>
</tr>
</tbody>
</table>
A deeper look at the data related to the frequency and quality of parent-child visits indicates that for the visits that did occur, the frequency and quality were sufficient:

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

<table>
<thead>
<tr>
<th></th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mother</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than once per week</td>
<td>6</td>
<td>12.00%</td>
</tr>
<tr>
<td>Once per week</td>
<td>12</td>
<td>24.00%</td>
</tr>
<tr>
<td>Less than once per week but at least twice per month</td>
<td>4</td>
<td>8.00%</td>
</tr>
<tr>
<td>Less than twice per month but at least once per month</td>
<td>9</td>
<td>18.00%</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>14</td>
<td>28.00%</td>
</tr>
<tr>
<td>Never</td>
<td>3</td>
<td>10.00%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>50</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Father</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than once per week</td>
<td>6</td>
<td>20.00%</td>
</tr>
<tr>
<td>Once per week</td>
<td>6</td>
<td>20.00%</td>
</tr>
<tr>
<td>Less than once per week but at least twice per month</td>
<td>5</td>
<td>16.67%</td>
</tr>
<tr>
<td>Less than twice per month but at least once per month</td>
<td>8</td>
<td>16.00%</td>
</tr>
<tr>
<td>Never</td>
<td>2</td>
<td>6.67%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>30</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Siblings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than once per week</td>
<td>6</td>
<td>12.00%</td>
</tr>
<tr>
<td>Once per week</td>
<td>6</td>
<td>12.00%</td>
</tr>
<tr>
<td>Less than once per week but at least twice per month</td>
<td>5</td>
<td>10.00%</td>
</tr>
<tr>
<td>Less than twice per month but at least once per month</td>
<td>8</td>
<td>16.00%</td>
</tr>
<tr>
<td>Less than once per month</td>
<td>3</td>
<td>6.00%</td>
</tr>
<tr>
<td>Never</td>
<td>2</td>
<td>4.00%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>30</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSR 3 review tool following a site visit by our federal partners in April 2017.

**OUTCOME P2 STRENGTHS**

**Item 7:**

- Best performing Item in this Outcome
- Concerted and ongoing efforts to place separated siblings together evident in the case file or through interviews, unless a sibling’s need(s) required separation
Item 8: (when looked at separately)
- Frequency and quality of sibling visits
- Frequency and quality of parent-child visits

Item 9:
- Second best performing Item in this Outcome

Item 10:
- When the current or most recent placement is/was with a relative, the placement was stable and appropriate to the child’s needs

Item 11:
- The agency provided opportunities for therapeutic situations to help the parent and child strengthen their relationship

OUTCOME P1 CHALLENGES

Item 7:
- Placement moves that occurred were not made in an effort to achieve case goals or to meet child’s needs in all cases (specifically, because a foster parent requested a move due to child’s behavior)

Item 8:
- Although frequency and quality of sibling and parent-child visits were generally sufficient when looked at separately, the item as a whole continues to decline because in many cases one half of the item may have been a strength (e.g., sibling visits) but the other half was not (e.g., father-child visits)

Item 9:
- Concerted and ongoing efforts to ensure that the child in foster care’s important connects were maintained were not evident in all cases (specifically: with siblings not in care and extended family relatives)

Item 10:
- Reviewers did not see evidence of ongoing efforts to locate missing parents (particularly fathers) or identify unknown fathers
- 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 and/or his/her father in many cases (such evidence could be including parents in school meetings, medical appointments, birthday parties, etc.)
Stakeholder Feedback

Overlaying all of these challenges are larger systemic issues such as the high staff turnover rate in the private agencies, caseloads, and shifting focus from DCFS leadership that redirects energy from attending to practices necessary to achieve this Outcome.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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).

As reported in the FFY18 APSR, data for the well-being outcomes shows that performance continues to decline from previous years for WB1 (to 62.22% substantially achieved, impacted by performance in the in-home cases), improved for WB2 (to 91.80% substantially achieved), and improved for WB3 (to 85.93% substantially achieved, again impacted by performance in in-home cases):

<table>
<thead>
<tr>
<th>Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS</th>
<th>%SA/S*</th>
<th>#Applicable</th>
<th>%SA/S*</th>
<th>#Applicable</th>
<th>%SA/S*</th>
<th>#Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60.29%</td>
<td>41</td>
<td>68</td>
<td>68.18%</td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS</td>
<td>91.07%</td>
<td>51</td>
<td>56</td>
<td>100.00%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS</td>
<td>83.82%</td>
<td>57</td>
<td>68</td>
<td>78.57%</td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>

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

| September 2016 - September 2017 OER 3 Data: Running Totals: |
|---|---|---|---|---|
| 68 Foster Care | 22 In-Home | (90 Total) |
| %SA/S* | #Applicable | %SA/S* | #Applicable | %SA/S* | #Applicable |
| 62.22% | 56 | 62.91% | 51 | 91.80% | 56 | 82 |
### 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:

**WB1 Items, OER 3 data over time:**

<table>
<thead>
<tr>
<th>Item (WB1)</th>
<th>OER II R1-6 (reported in the 2015 - 2019 CFSP) (September 2011 – February 2014)</th>
<th>OER II R7 (reported in the 2016 APSR) (March 2015 – May 2015)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR) (April 2016 – May 2016)</th>
<th>OER 3 (updated for the CFSR SAI) (September 2016 – November 2016)</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>93.75%</td>
<td>85.51%</td>
<td>85.56%</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>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>
</tbody>
</table>
Item 15: Caseworker Visits With Parents

<table>
<thead>
<tr>
<th></th>
<th>70.3%</th>
<th>84.0%</th>
<th>60.71%</th>
<th>50.88%</th>
<th>52.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTCOME WB1 overall</td>
<td>63.4%</td>
<td>81.8%</td>
<td>75.0%</td>
<td>62.32%</td>
<td>62.22%</td>
</tr>
</tbody>
</table>

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSR 3 review tool following a site visit by our federal partners in April 2017.

Overall, performance in WB1 continues to decline from a high of 81.8% as reported in the FY16 APSR (currently at 62.22% 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, 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) and thus impacted the ability of the reviewer to rate the case a strength. For in-home 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, the lack of ongoing and adequate assessments of fathers, mothers, or both parents impacted the ability of the reviewer to rate the case a strength. In several 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, 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 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>OER 3 Data, 9/16 – 9/17:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Cases</strong></td>
</tr>
<tr>
<td>#</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
When observed by case type, a different picture emerges:

### OER 3 Data, 9/16 – 9/17:

<table>
<thead>
<tr>
<th>Foster Care</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (24 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? (13 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>33 85%</td>
<td>34 68%</td>
<td>18 60%</td>
</tr>
<tr>
<td>No</td>
<td>6 15%</td>
<td>16 32%</td>
<td>12 40%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>39 50%</td>
<td>50 50%</td>
<td>30 50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Home</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (1 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? (1 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? (5 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>11 79%</td>
<td>18 86%</td>
<td>15 88%</td>
</tr>
<tr>
<td>No</td>
<td>3 21%</td>
<td>3 14%</td>
<td>2 12%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14 14%</td>
<td>21 14%</td>
<td>17 14%</td>
</tr>
</tbody>
</table>

Clearly children in foster care are more 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**: 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 for those cases. Cases rated as Area Needing Improvement were due to the **quality** of caseworker
contacts. 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, 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:** Cases applicable for this item rated a strength because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In cases rated as Area Needing Improvement the frequency and quality of caseworker contacts were the practice concerns.

  - In general, it was observed 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.
OUTCOME WB1 **STRENGTHS**

**Item 12:**
- Needs and services to foster parents

**Item 13:**
- Engagement of parents in In Home cases
- Engagement of children in Foster Care cases

**Item 14:**
- Frequency of caseworker-child visits

**Item 15:**
- Frequency of caseworker visits with mothers in in-home cases (sufficient frequency=95%)

OUTCOME WB1 **CHALLENGES**

**Item 12:**
- Needs and services to children and parents

**Item 13:**
- Engagement of parents in Foster Care cases
- Engagement of all children in In Home cases

**Item 14:**
- Quality of caseworker-child visits

**Item 15:**
- Frequency and quality of caseworker visits with parents in foster care cases, and fathers in in home cases
  - Sufficient frequency with mothers in foster care cases=57%; quality of visits that do occur=70%
  - Sufficient frequency with fathers in foster care cases=40%; quality of visits that do occur=65%
  - Sufficient frequency with fathers in in home cases=73%; quality of visits that do occur=85%
- Quality of caseworker visits with mothers in in-home cases (sufficient quality=86%)
Stakeholder Feedback

OER 3 data is shared routinely with Regional CQI Collaboratives. Feedback includes:

- The lack of a state budget for two years had 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 remain harder to obtain.
- Staff shortages primarily POS around the state are impacting the ability to adequately serve families and children.
- Immersion Sites: Within the Immersion Sites, 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 implemented.
- 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 improved when compared to what was reported in the CFSP, the 2016 APSR and the 2017 APSR:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of cases rated a “Strength”</td>
<td>90.4%</td>
<td>92%</td>
<td>90.9%</td>
<td>95.65%</td>
<td>91.8%</td>
</tr>
<tr>
<td>OUTCOME WB2 overall</td>
<td>90.4%</td>
<td>92%</td>
<td>90.9%</td>
<td>95.65%</td>
<td>91.8%</td>
</tr>
</tbody>
</table>

Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSR 3 review tool following a site visit by our federal partners in April 2017.

Five (5) cases in the current OER 3 data were rated as an Area Needing Improvement for this Item/Outcome, and all were foster care cases.

OUTCOME WB2 STRENGTHS

Item 16:
In 100% of In Home cases that were applicable for this item/outcome, assessment of educational/developmental needs were made, and either there were no identified needs or the agency made concerted efforts to ensure the child(ren) received appropriate services.

In 91.07% of the Foster Care cases, assessments were completed and needed services were provided.

**OUTCOME WB2 CHALLENGES**

**Item 16:**

- When children/youth have less traditional/typical educational needs, concerted efforts by the agency to assess and provide appropriate services is typically weak. In the foster care cases where assessments and services were not provided, all children/youth had special educational needs (needed an IEP assessment, attended therapeutic day school, in detention but no assessment of needs, youth in alternative high school, etc.).

**Stakeholder Feedback**

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

**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 82.93% of cases in the current OER 3 data, which represents a decline in improvement from the 2018 APSR:

<table>
<thead>
<tr>
<th>WB3 Items, OER 3 data over time:</th>
<th>OER II R1-6 (reported in the 2015 - 2019 CFSP) (September 2011 – February 2014)</th>
<th>OER II R7 (reported in the 2016 APSR) (March 2015 – May 2015)</th>
<th>OER 3 Round 1 (reported in the 2017 APSR) (April 2016 – May 2016)</th>
<th>OER 3 (reported in the 2018 APSR) (September 2016 – November 2016)</th>
<th>OER 3 (updated for the CFSR SAI)</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>
<td>88%</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>
<td>84.62%</td>
</tr>
<tr>
<td>OUTCOME WB3 overall</td>
<td>90.4%</td>
<td>91.4%</td>
<td>82.14%</td>
<td>85.25%</td>
<td>82.93%</td>
</tr>
</tbody>
</table>
Much of the change in the OER data between what was reported in the 2018 APSR and this report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSR 3 review tool following a site visit by our federal partners in April 2017.

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, applicable cases that were rated as Area Needing Improvement (ANI) was because the child(ren) had not received needed dental care services. Eight (8) of the 9 ANI cases were foster care cases.

In the current OER 3 data for Item 18, eight (8) of the 52 applicable cases were rated as Area Needing Improvement. In these 8 cases, six (6) were foster care and two (2) were in-home.

In all but 1 of the 52 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 refused all prior service referrals and the assigned caseworker anticipated 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 an in-home case, the children had all been sexually abused but only one of them had been provided with services.

In June 2017, through the Illinois Joint DCFS-POS CQI Framework, the state began a concerted effort to improve health data related to annual physical exams, dental exams, annual flu shot, and immunizations for teens. The data was evaluated and monitored on a monthly basis according
to region and agency, as well as age group (presented below aggregately for the entire state). In general, since the launch of the project, there has been about a 2% increase in performance on all measures:

(Note: Flu shot data resets to zero (0) on 8/1 of every year)

Stakeholder Feedback
Challenges with making more substantive improvements in performance include the ability of agencies to make corrections in the state Health File tab in SACWIS (if not completed correctly, the entry gets over-written with the next download of data from Illinois’ Department of Public Health), and the fact that the monthly data reports are rolling cohorts (so new children to the system who have not been in the system long enough to have gotten required routine physical/dental care are included every month, which makes it harder to determine overall improvement). Agencies and DCFS teams are engaged in internal efforts to ensure all children in foster care receive needed health/dental care and immunizations, and report out on their progress at quarterly Regional CQI Collaborative Meetings.

OUTCOME WB3 STRENGTHS

Item 17:
- Assigned agencies accurately assessed the children’s physical health care needs (98.66%)
- Assigned agencies accurately assessed the children’s dental health care needs (92.06%)
- Assigned agencies provided appropriate oversight of prescription medications for physical health issues (91.66%)
- Assigned agencies ensured that appropriate services were provided to the children to address all identified physical health needs (94.87%)

Item 18:
- Assigned agencies provided appropriate oversight of prescription medications for mental/behavioral health issues (94.11%)

OUTCOME WB3 CHALLENGES

Item 17:
- Assigned agencies did not ensure that appropriate services were provided to the children to address all identified dental health needs (65%)

Item 18:
- Assigned agencies did not accurately assess the children’s mental/behavioral health care needs (88.46%)
- Assigned agencies did not ensure that appropriate services were provided to the children to address all identified mental/behavioral health needs (86.27%)
Assessment of Systemic Factors

Item 19: Statewide Information System

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

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

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. The Department has continued planning around the consolidation of disparate data and reporting platforms. The Department implemented case management functions including incident reporting and the CANS assessment (Child and Adolescent Needs and Strengths) in the ICWIS system during this reporting period. These functions were previously accessed on separate systems, however have been transitioned in ICWIS as part of ICWIS core case management functionality.

In accordance with practice and associated policy, families served by the Department have established case episodes (investigation, intact or placement case) where comprehensive information is captured in the respective case management systems (described in detail below). Department information systems have the ability to produce quantitative and qualitative information on case status and outcomes as well as capture person demographics, family dynamics and comprehensive data including notes and assessments. Vital case information is primarily recorded in the Department’s legacy case management system (CYCIS) and ICWIS, the “SACWIS-like” system implemented in Illinois. These two platforms are the core case management data systems used to record family and child cases. It is the Department’s intention to consolidate the remaining case management functions from CYCIS to ICWIS in a future ICWIS release. Initial requirements for this effort have been gathered, design completed and development is underway.

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.

ICWIS (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 Comprehensive Child Welfare Information System (CCWIS) feasibility study, which was launched in September 2017. The feasibility study is needed to evaluate and plan Illinois’ approach for improving its enterprise and data systems landscape under CCWIS guidelines. The study is well into the fifth project phase, which is the technical analysis phase. The CCWIS initiative is an opportunity for state agencies to improve child welfare systems by moving beyond simply case management to develop a comprehensive child welfare system. Practice efficiencies are realized through innovation and by leveraging solutions such as mobile responsive applications. The benefits CCWIS 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 CYCIS and ICWIS the Department uses other data systems to track specific requirements, functions and case outcomes. Such systems include but are not limited to the Administrative Case Review (ACR) system, Illinois Outcomes and the Statewide Provider Database (SPD). These systems as well as several other Department systems will be analyzed as part of the CCWIS roadmap.

Below is an example of some of the data that is readily available:
### DCSF Child Opening Sample Data
#### January 2018 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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1/16/2018</td>
<td>TR</td>
<td>FHP</td>
<td>DURAND</td>
<td>Ret Hom</td>
<td>F</td>
<td>WH</td>
<td>NH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/10/2018</td>
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<td>FHB</td>
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<td>Ret Hom</td>
<td>F</td>
<td>WH</td>
<td>HO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/18/2018</td>
<td>PC</td>
<td>HMR</td>
<td>ROCKFORD</td>
<td>Ret Hom</td>
<td>M</td>
<td>WH</td>
<td>NH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/3/2018</td>
<td>NO</td>
<td>IPA</td>
<td>CHICAGO</td>
<td>F</td>
<td>WH</td>
<td>NH</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/5/2018</td>
<td>NO</td>
<td>HMP</td>
<td>ROCKFORD</td>
<td>M</td>
<td>WH</td>
<td>HM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/4/2018</td>
<td>PC</td>
<td>HMR</td>
<td>CHATHAM</td>
<td>Ret Hom</td>
<td>M</td>
<td>WH</td>
<td>NH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/22/2018</td>
<td>PC</td>
<td>HFK</td>
<td>LINCOLN</td>
<td>Ret Hom</td>
<td>M</td>
<td>WH</td>
<td>NH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/13/2018</td>
<td>PC</td>
<td>FHB</td>
<td>CHAMPAIGN</td>
<td>Ret Hom</td>
<td>M</td>
<td>BL</td>
<td>NH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/26/2018</td>
<td>GO</td>
<td>HFK</td>
<td>CHAMPAIGN</td>
<td>Ret Hom</td>
<td>M</td>
<td>BL</td>
<td>NH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/5/2018</td>
<td>PC</td>
<td>HFK</td>
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<td>M</td>
<td>WH</td>
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<td></td>
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<td>PC</td>
<td>HFK</td>
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<td>NH</td>
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<tr>
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<td>PC</td>
<td>HMR</td>
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<td>F</td>
<td>WH</td>
<td>NH</td>
</tr>
<tr>
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<td>PC</td>
<td>HMR</td>
<td>CHICAGO</td>
<td>M</td>
<td>CV</td>
<td>NH</td>
<td></td>
</tr>
</tbody>
</table>
B. Case Review System

Item 20: Written Case Plan

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

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child’s parent(s) that includes the required provisions.

State Response:

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. Specifically, DCFS Procedures 315 provides an outline for how the Service Plan is to be developed through information from the investigation, the integrated assessment, in collaboration with the parents and children, and through regular supervision.

The Administrative Case Review (ACR) Unit has the responsibility and authority to manage the ACR process, and must ensure it complies with Department Rules and Procedures, with federal mandates, and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and families of their rights, and may limit participation by the child or family when needed. The Reviewer encourages participant discussion regarding the contents of the service plan and additional case dynamics while maintaining the focus of the ACR process. The Reviewer ensures that the goals of safety, permanency, and well-being, as well as the evaluation of progress, are consistent with the facts of the case; that tasks and time-frames are appropriate for the goal; that the child is placed in a safe environment that is the least restrictive setting to meet the child’s needs; and provides a written report of the findings. An additional responsibility of ACR is to determine if the services identified in the plan are appropriate for the parents and children. In 87% of the cases reviewed it was determined that the services identified in the plan were appropriate to address the issues that brought the children into care. ACR also issues alert feedbacks on cases where the service plan was not developed timely and thus delayed services to the family. ACRs are conducted every 6-months.

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. According to initial ACR data, when youth are placed out of State the caseworker is not seeing them per procedural requirements 21% of the time.

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. ACR’s most recent data shows that when the parents were present to answer the question regarding their involvement in the service planning process only 54.6% indicated that they had been involved in the development of their service plan, while 45.4% stated they had not been included in the development of the plan.

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></th>
<th>Clients Reviewed</th>
<th>Parents involved in service plan development</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>20,992</td>
<td>2,988</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.2%</td>
</tr>
<tr>
<td>FY15</td>
<td>19,261</td>
<td>2,944</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.3%</td>
</tr>
<tr>
<td>FY16</td>
<td>17,949</td>
<td>2,784</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.5%</td>
</tr>
<tr>
<td>FY17</td>
<td>17,043</td>
<td>2,428</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.3%</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:

The reader will note the difference in data between ACR and OER (given below) in regards to parental involvement in developing the service plan, (ACR giving a percentage of 54.6 and OER 74.5) can likely be explained by the fact that the OER data is based on a smaller sample of cases and includes contacting parents to gather their input. ACR data is based upon a review of all children in out of home care, and parents are only asked about their involvement in service plan development if they attend the ACR.
Illinois Department of Children and Family Services
2019 Annual Progress and Services Report

OER 3 Data, 9/16 – 9/17:

<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? (32 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? (14 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? (38 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>44</td>
<td>52</td>
<td>33</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL</td>
<td>53</td>
<td>71</td>
<td>47</td>
</tr>
</tbody>
</table>

When observed by case type, a different picture emerges:

OER 3 Data, 9/16 – 9/17:

<table>
<thead>
<tr>
<th>Foster Care</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (24 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? (13 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>33</td>
<td>34</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>TOTAL</td>
<td>39</td>
<td>50</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Home</th>
<th>During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? (1 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? (1 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? (5 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>11</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14</td>
<td>21</td>
<td>17</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.
Item 21: Periodic Reviews

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

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

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

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

| Percentage of wards receiving required Administrative Case Reviews |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| FY       | Julian | Annual | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 | Q14 | Q15 | Q16 | Q17 | Q18 |
| 2014     | 96.40% | 97.50% | 96.90% | 97.40% | 98.30% | 97.60% | 94.10% | 98.90% | 98.20% | 98.80% | 99.20% | 98.80% | 97.31% | 99.70% | 99.23% | 99.28% | 98.50% | 99.50% | 98.60% | 98.80% |
| 2015     | 98.24% | 98.37% | 98.54% | 97.42% | 97.86% | 98.42% | 97.92% | 98.28% | 98.21% | 98.46% | 98.52% | 99.07% | 99.31% | 99.70% | 99.23% | 99.28% | 98.59% | 99.56% | 99.26% | 99.44% |
| 2016     | 97.28% | 97.31% | 98.15% | 98.74% | 98.61% | 98.90% | 98.56% | 98.76% | 99.02% | 99.08% | 99.07% | 97.31% | 99.70% | 99.23% | 99.28% | 98.59% | 99.56% | 99.26% | 99.44% | 99.50% | 99.17% |
| 2017     | 99.31% | 99.70% | 99.23% | 99.28% | 98.59% | 99.56% | 99.26% | 99.34% | 99.44% | 99.50% | 99.17% | 99.31% | 99.70% | 99.23% | 99.28% | 98.59% | 99.56% | 99.26% | 99.44% | 99.50% | 99.17% |
| 2018     | 99.07% | 98.65% | 98.80% | 99.40% | 99.21% | 96.15% | 98.60% | 98.52% | 98.86% | 98.88% | 99.00% | 98.91% | 99.07% | 98.65% | 98.80% | 99.40% | 99.21% | 96.15% | 98.60% | 98.52% | 98.88% |

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: While the Department currently has no way to quantify the reasons children are not reviewed, some of the reasons include:

- 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.
Item 22: Permanency Hearings

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

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

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 Advocated (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 where case open &gt;12 months</th>
<th>Reviewed in past 6 months</th>
<th>Clients Hearing held in past 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>15,154</td>
<td>14,107</td>
<td>93.10%</td>
</tr>
<tr>
<td>FY15</td>
<td>15,188</td>
<td>13,812</td>
<td>90.90%</td>
</tr>
<tr>
<td>FY16</td>
<td>14,720</td>
<td>13,204</td>
<td>89.70%</td>
</tr>
<tr>
<td>FY17</td>
<td>13,598</td>
<td>11,836</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.
Item 23: Termination of Parental Rights

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

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

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

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

- There is a 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/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):

<table>
<thead>
<tr>
<th>A3. Is (are) the child's permanency goal(s) specified in the case file?</th>
<th>B. Were all the permanency goals that were in effect during the period under review established in a timely manner?</th>
<th>C. Were all permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case?</th>
<th>D. Has the child been in foster care for at least 15 of the most recent 22 months?</th>
<th>E. Does the child meet other Adoption and Safe Families Act criteria for termination of parental rights?</th>
<th>F. Did the agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?</th>
<th>G. Did an exception to the requirement to file or join a termination of parental rights petition exist?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Yes: 50</td>
<td>Total Yes: 26</td>
<td>Total Yes: 33</td>
<td>Total Yes: 34</td>
<td>Total Yes: 1</td>
<td>Total Yes: 11</td>
<td>Total Yes: 9</td>
</tr>
<tr>
<td>Total No: 0</td>
<td>Total No: 24</td>
<td>Total No: 17</td>
<td>Total No: 16</td>
<td>Total No: 15</td>
<td>Total No: 21</td>
<td>Total No: 12</td>
</tr>
<tr>
<td>Total NA: 0</td>
<td>Total NA: 0</td>
<td>Total NA: 0</td>
<td>Total NA: 0</td>
<td>Total NA: 34</td>
<td>Total NA: 18</td>
<td>Total NA: 29</td>
</tr>
</tbody>
</table>
Item 24: Notice of Hearings and Reviews to Caregivers

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

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

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/re-scheduling. The database also tracks missed, cancelled and rescheduled reviews.

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

Notification: 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.

**The chart below captures data for all participants who are required to be invited to the ACR: Parents (if they maintain their legal rights), Children (age 12 and older), foster parents, and caseworker(s). The caseworkers may also request that other participants be invited to the ACR: GAL, counselors, youth under age 12, CASA, family advocates, etc. The potential notifications reflect all those associated with the cases that may be invited; but, are not required to be invited.
<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, 98.97%</td>
<td>76,364</td>
</tr>
<tr>
<td>FY15</td>
<td>17,866</td>
<td>17,659, 98.84%</td>
<td>76,765</td>
</tr>
<tr>
<td>FY16</td>
<td>17,533</td>
<td>17,303, 98.68%</td>
<td>75,594</td>
</tr>
<tr>
<td>FY17</td>
<td>17,254</td>
<td>17,073, 98.91%</td>
<td>73,909</td>
</tr>
</tbody>
</table>
C. Quality Assurance System

Item 25: Quality Assurance System

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

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

A Collaborative Approach to Continuous Quality Improvement

In FY 2018, DCFS, in collaboration with Purchase of Service Agencies (POS) and University Partners, launched a formal statewide Continuous Quality Improvement approach that includes both DCFS and POS agencies. Utilizing the five essential elements outlined in the ACYF-CN-IM-12-07 Informational memorandum, collaboration was formed starting with dedicated QA staff from DCFS, the CQI staff within POS, and two university partners. A two-day summit was held in February 2016 with an emphasis on building trust, relationships, and collaboration. Workgroups have centered on establishing a framework, re-purposing existing meetings, getting the right people to the table, identifying and focusing on priority outcomes and the “right” data. Essential to the process is the sharing of data, ideas, and improvement activities in a collaborative effort. As this new collective approach has gained momentum, the Chapin Hall partners have developed and piloted a Learning Collaborative to raise the skills and capacity of DCFS and POS CQI staff. The Training modules emphasize establishing common language, understanding and communicating the PDSA (plan do study act) CQI cycle, Advanced Analytics and effective data and findings presentations. Moving forward, these trained dedicated staff will be charged with training and coaching the CQI process throughout all levels of the DCFS and POS and eventually stakeholders invited into the framework and process.

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

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.

The Division of Quality Enhancement (DQE) collects compliance and qualitative data via various case record review processes and utilizes quality controls to help ensure data quality. Following is a list of some of these programs:
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. Above is an example of a piece of an agency’s Dashboard report.

- Joint Special Reviews is an internal case review and reporting process to examine case dynamics and 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 had occurred. Cases referred for review have had previous child welfare involvement, and the findings are used to produce an informative training/in service for staff and supervisors. Since the inception of the Joint Special Review Process, 72 cases have been reviewed, with the two highest causes of death being caused by gun violence (18 deaths), and infant deaths caused by sleep-related incidents (14 deaths).
- Two reviews of Maltreatment in Foster Care cases were completed in FY 16 and FY 17 and findings will be used in the CQI framework and process to action plan for improvement.
- Quality Enhancement Support Teams (formerly Eckerd Reviews): Through the use of a predictive analytics model customized to Illinois, DCFS began by identifying investigations based on the likelihood a child may be at risk of serious injury or death. Investigations meeting this risk threshold would have an additional review to assess all prior and current case histories involving the child/family and follow the pending investigation until the investigation was completed. The review staff monitored decision-making and investigative practices, and intervened with the assigned investigator and their supervisor, when needed. Approximately 200-250 investigations were reviewed each month. In October 2017, this program was modified to begin reviewing all intact family cases within the State, and a formal process is in place for communicating individual and aggregate findings. At this time, approximately 2,100 intact cases have been reviewed out of the approximately 2,800 cases that are currently open statewide.
- 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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Goal</th>
<th>Agency FY_Pct</th>
<th>Statewide FY_Pct</th>
<th>Agency CFY_Pct</th>
<th>Statewide CFY_PCT</th>
<th>Agency LM_PCT</th>
<th>Statewide LM_PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>% of Children Achieving Legal Permanency</td>
<td>40%</td>
<td>41.38</td>
<td>31.54</td>
<td>17.89</td>
<td>28.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>% Monthly In-Person Caseworker Contact w/Children (per SACWIS)</td>
<td>95%</td>
<td>98.89</td>
<td>98.22</td>
<td>97.93</td>
<td>97.23</td>
<td>97.50</td>
<td>94.34</td>
</tr>
<tr>
<td>3</td>
<td>% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)</td>
<td>90%</td>
<td>98.10</td>
<td>91.44</td>
<td>97.53</td>
<td>91.65</td>
<td>97.50</td>
<td>89.78</td>
</tr>
<tr>
<td>4</td>
<td>% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)</td>
<td>80%</td>
<td>77.46</td>
<td>71.29</td>
<td>60.53</td>
<td>69.83</td>
<td>61.11</td>
<td>67.47</td>
</tr>
</tbody>
</table>
Approximately 2600 placement, 450 intact and 300 specialized foster care cases are reviewed each year.

**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. FCURP (Foster Care Utilization Review Program) and DQE disseminate OER data reports to DCFS and POS staff at Regional CQI Collaborative meetings, as well as facilitate discussions about the Agency Performance Data Site (aka “the Dashboard”) measures/ performance. Data tied to federal demonstration and waiver projects are shared with stakeholders through Child Welfare Advisory Council (CWAC) and other advisory groups. Attached below is an example of this data.

![Northern Region Data Book March 2018.pdf](image)

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 the Eckerd organization 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 with three teams of dedicated reviewers throughout the state. DCFS made the decision not to renew the Eckerd contract but rather utilize the knowledge and expertise gained from reviewing investigations and focus in the direction of intact cases, described above.

The MindShare contract has produced useful dashboards but struggled with valid CFSR dashboards. A Data Management Workgroup was established to oversee the development of CFSR dashboards and to explore existing resources to work on the CFSR dashboards as well as additional useful dashboards. This workgroup has leveraged the experts at Chapin Hall, Quality Enhancement and OITS to produce both static and dynamic CFSR Dashboards. Validation is continuing, promising and expected to go live by the end of the fiscal year.

**Stakeholder Feedback Processes:** The Department’s CQI related infrastructure, the Joint DCFS-POS CQI Framework, operating within the Statewide and Regional Quality CQI Collaboratives, 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 CQI Collaborative and the Regional Quality CQI Collaborative met quarterly during FY17. The Regional Quality CQI Collaborative consists of regional DCFS and POS operational leaders and QI staff, as well as stakeholders, support services and court personnel, will continue to meet quarterly, as will the Statewide CQI Collaborative, which consists of Regional CQI Collaborative co-chairs, executive-level decision makers from DCFS and POS, and AOIC personnel. 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 was held on October 11, 2017.

The Statewide CQI Collaborative is responsible for identifying Priority Outcomes on which the Regional CQI Collaboratives will focus, and around which improvement plans will be developed. The priority outcomes are “Recurrence of Maltreatment” and “Permanency in 12 months” (both CFSR indicators). A key function of the Regional CQI Collaboratives will be to develop, implement and evaluate/monitor local improvement plans in response to data at the regional level for these priority outcomes, with ongoing input and support from the Statewide CQI Collaborative. An additional key function of the Statewide CQI Collaborative will be to provide support and guidance to the Regional CQI Collaboratives, and resolve systemic issues that prevent the successful implementation of regional improvement plans and achievement of identified improvement goals.

At every CQI Collaborative meeting evaluation of implemented program improvement initiatives occurs.

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. The Regional CQI Collaboratives have been 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.

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.

**Overall Strengths and Concerns**

Among the Division’s strengths are the following:
- Division of Quality Enhancement is a dedicated division of experienced staff
- DQE 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, 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
- Anticipated partnership with the Capacity Building Center for support in the areas of CQI and the OSRI

And priority needs:
- There is a need for training and technical assistance on the OSRI, OMS, and data quality issues related to the AFCARS and NCANDS submissions.
- Existing case record reviews can be improved to more carefully evaluate the effectiveness and quality of services provided to clients.
- Existing case record reviews can be improved to more substantively evaluate the strengths and needs of the state service array/delivery system.
**Item 26: Initial Staff Training**

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

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

Please provide relevant quantitative/qualitative data or information that show:

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

**State Response:**

**Initial Staff Training:** The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties with regard to the services included in the Child and Family Services Plan (CFSP) and State law.

Licensure in the state requires transcripts from the University where the staff attended, fingerprints and background checks, Child Endangerment Risk Assessment Protocol (CERAP) training and exam, Child Welfare Licensure exam (CWEL), Child Adolescent Needs exam (CANS) and the Specialty exam for the area of practice. Staffs who are not CWEL licensed have to complete the nine units of the Illinois Child Welfare Fundamentals Course and pass the quizzes with an 80%.

March 2018, The Child welfare Fundamentals Study Guide Overview Track was launched for employees:

- Who do not have their Child Welfare Employee License
- Who are knowledgeable in child welfare
- Who recognize the professional responsibility and ethical issues that arise in child welfare
- Who will have uninterrupted time to devote to reviewing the study guide
- Who are self-motivated, self-disciplined and organized
- Who have critical thinking skills and can analyze and formulate opinions on what has been learned

Employees enrolling in this track will:

- Complete reviewing the guide entitled Child Welfare Fundamentals Training Study Guide
  - This guide provides an overview of the knowledge prerequisite for direct child welfare practice in Illinois.
- Complete the Child Welfare Employee Licensure (CWEL) proficiency exam along with all the other required exams.
The initial trainings are offered every two weeks in Springfield and Chicago training centers. New hires and transfer staff complete training in a timely manner as they cannot carry a caseload until they are certified in that specialty. Supervisors are diligent about referring staff to the required training.

Foundation training is a competency-based training course that provides new career entrants and staff transferring from other job classifications foundational training necessary to begin their work in a specialty, whether Placement/Permanency Specialist, Intact Specialist, Child Protection Specialist, Adoption Specialist or State Register Specialist. Courses build upon information learned in the prerequisite Illinois Child Welfare Fundamentals Course. All Foundations Specialist curricula are hybrid courses, including web based facilitator led, self-paced online and classroom training.

Effective May 28, 2018, the Office of Learning and Professional Development piloted Phase 2.2 Foundations Intact and Placement pre-service redesign. This training is for DCFS and POS caseworkers and supervisors entering these specialties.

The redesign affects the first eight days of training, which have previously been trainer-led via teleconference/webinar. Revisions impact several areas including the webinar, on-the-job training activities and supervision.

In response to input from the field, the new format entrusts the bulk of days 1-8 to the supervisor. This format is designed to enhance the learning of trainees by developing their new skills within the context of their own agency work environment, allowing for more immediate practical application of the tenets from training. With the support of the trainer, supervisors will coach their own employees through learning skills from self-directed webinars and then beginning to practice them in real time with children and families served by the agency. The Child Protection Specialist Foundation curriculum has a three day Simulation Lab added to the course.

The design of the training 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 the guiding philosophy throughout all the curricula.

Participants completing Foundations from 7/1/2017-5/30/2018 include: Foundation for Child Protection Investigation Specialists 197; Foundation for Child Welfare Specialist: Intact Family Casework 132; Foundation for Child Welfare Specialist: Placement; Foundation for State Central Register Staff 31; Foundation for University Partnership 142; and Foundation for Adoption Core 20.
Item 27: Ongoing Staff Training

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

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

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

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

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

Newly hired staff attends the pre-requisite Fundamentals online course followed by the Foundations course for their specialty. Foundations is a hybrid course made up of webinars, on demand training, classroom training and on the job training days (shadowing with an experienced worker followed by debriefing with their supervisor/trainer and completion of specific assignments). Length of the Foundations varies according to specialty: Foundation for Child Protection Investigation Specialists 30 days; Foundation for Child Welfare Specialist: Intact Family Casework 19 days; Foundation for Child Welfare Specialist: Placement/Permanency Casework 20 days; Foundation for State Central Register Staff 10 days; Foundation for University Partnership varies depending on university; and Foundation for Adoption Core 15 days.

Following the completion of Foundations training, staff is required to take 20 hours of continuing education hours every two years. This training has mandated training that occurs on a regular basis due to changes in procedures or recommendations from the OIG. Following are some of the In-service classes: Affirmative Action, Burgos, Childhood Obesity, Casey Life Skills, Employee and Workplace Safety, Illinois Core Practice Model, Human Trafficking, Court Testimony Training, Mandated Reporter, and Sexual Harassment. Additional courses are listed and found in the learning management system.

FY ’18 IN-SERVICE CHANGES/ADDITIONS:
While the Foundations, Fundamentals and In-service trainings meet the training requirement to provide the knowledge and skill needed by newly hired staff, the Office of Learning and Professional Development is continuously improving the quality of the training programs. During FY 2017 and the first half of FY 2018 Foundations curricula for Child Protection, Placement, Intact and Adoptions were revised due to procedural changes. Fundamentals were revised to focus on the Core Practice Model in Illinois. In-service trainings such as the Indian Child Welfare Act and Missing, Runaway and Abducted Children were revised to reflect changes in procedures.

It should be noted that pre-service training, specialty training 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 Child Care staff (Human Trafficking, Trauma 201, etc.) upon request. The Office of Learning and Professional Development work with agencies who request assistance with their training program. Private Agency Training is monitored by the Agency Performance Team and Licensing.

The Illinois Core Practice Model is comprised three parts: Family-centered, Trauma-Informed, Strength-based (FTS) Practice; Model of Supervisory Practice; and the Child and Family Team Model. The Field Implementation Support Program or FISP supports the Department’s efforts to train and coach the components of the Core Practice Model. FISP has facilitated monthly FTS trainings up until the curriculum was embedded into Foundations training in January 2018. An expanded online version of FTS training was targeted to go live in Spring 2018 to accommodate staff who are not new employees. The development of this training took longer than expected as is now targeted to go live by the end of June 2018. 100% of the originally targeted staff within the four immersion sites have participated in the classroom based FTS training as of January 2018.

The Model of Supervisory Practice consists of four classroom based modules. Each module is two days in length and occurs one module per month. In the weeks in between modules, FISP provides individual coaching on MoSP learning content to the module participants. The MoSP commenced in all for immersions sites with non-permanency supervisors in April 2018. The Child and Family Team Meeting training and coaching was developed nationally by the Child Welfare Policy and Practice Group. FISP staff was developed by the consulting group as trainers of this curriculum and as Master Coaches. Each permanency staff and supervisor in the immersions sites has been targeted to be trained and then coached in the consultant group’s model for child and family team meetings. FISP has been working with the consultants and regional staff to develop all permanency workers as approved facilitators and each permanency supervisor as a coach who can continue to develop newly hired staff. The target to complete this process for permanency staff in the four immersion sites is by June 2018. In addition to the Core Practice Model, FISP also facilitates twice monthly Trauma 201: Case Management Practice for Complex Trauma.
**Item 28: Foster and Adoptive Parent Training**

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

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

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

**State Response:**

**Foster and Adoptive Parent Training:** The revamping of the Pre-Licensure training curriculum to include policy updates and current evidenced based parenting information for both online and in classroom Pre-Licensure training is scheduled to begin the second quarter of FY-19. The process will include a collaborated effort from focus groups made up of child welfare professionals and paraprofessionals located throughout the regions. Arrangements for reviewing the draft product and obtaining feedback from members of the Statewide Foster Parent Advisory Council will occur and suggestions added, prior to implementation during the first quarter of FY-20. The revisions to the curriculum may impact the training hours required for licensure, should not affect the process already in place for making up missed sessions and will include the addition of pre and posttests for every session to assess the caregiver’s skills and knowledge base needed to carry out parenting duties to the children in care. The overall evaluation of training completed by the participants to assist with trainer development and the assessment of the training content will remain in place.

The in-service curriculum revised to address LGBTQ issues was reviewed by members of the LGBTQ Round Table and its implementation is on hold pending the hiring of an LGBTQ expert to provide consultation and the training of trainers (TOT). The hiring of the LGBTQ expert is expected by the 2nd quarter of FY-19.

Mandatory two-hour relative caregiver orientation training scheduled to be implemented in FY-18 was placed on hold to work out the process for execution. In March 2018, there was a change in program Leadership and implementation of this orientation is moving forward pending discussions with licensing field staff from all regions, during the first quarter of FY-19 with plans to make the orientation available online during the third quarter of FY-19.
E. Service Array and Resource Development

Item 29: Array of Services

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

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

*DCFS does not have analysis/data/evaluations that directly informs the level of our functioning on this item.*

**Array of Services:** Integrated Assessments are used as a primary tool to assess a family’s strengths, needs and abilities, as well as to help form recommendations on needed service plan items to maintain the family or to bring children back home safely. In placement cases, licensed clinical professionals are utilized to complete the integrated assessment to help provide an initial, thorough and inclusive assessment. Extensive interviews occur to allow the family to tell their story and offer information and provide input into the needs of their family. While child and family teams have been a part of practice, this process is now being enhanced by implementing a core practice model in Illinois and consultants from the Child Welfare Group have been brought in to initiate training and coaching on this model. The Department will continue to work to roll this out across the state over time and pilot projects have already been implemented in four sites, including both urban and rural areas. This program will help to develop a strong team, including more natural supports, around the family and work as one team with the family voice at the forefront in helping families reunify in a timelier manner.

Although, in some rural areas it is difficult to develop a full service array due to costs of this service and the small size of the population in that area — The Department does have contracts for transportation of clients to assure they can gain access to needed services in surrounding areas.

Many new services have been implemented over the past year in an effort to develop effective treatment for our high-end youth, such as therapeutic foster care and also to offer more flexible services to meet the needs of individual families. The Department is currently piloting 4 wrap programs, and again has included urban and rural areas across the state. These programs are specifically targeted to serve intensive home-based services to keep children in the home and
placement cases in order to provide additional support to families to move to timelier reunification. Wrap programs offer child and family team building, advocacy for clients, help with service linkage, transportation and truly individualized services based on the needs of that family. They have access to flexible funding that allows them to help the family with basic needs, family enrichment activities, specialized therapy needs and so on, based on the individual plan for that family.

DCFS is also making efforts to focus on home-based services whenever possible versus office-based therapies. In varying areas, there are programs that are intensive and evidence based, such as Multi-Systemic Therapy and a home-based model of the Nurturing Parent Program. Intensive Placement Stabilization services are also offered all areas to provide additional support for children that are struggling with placement stability that can often cause delays in permanency. DCFS also has a CARES line and SASS workers across the state that provide crisis response to at-risk children to either aid them in getting needed treatment through hospitalization or deflect hospitalization and provide intensive services to stabilize the child.

Each area of Illinois also has access to services including intact services, foster care placement, specialized foster care, group home and residential programs to meet the treatment needs of the child and their family. There are many established therapy contracts to allow clients both mental health and substance abuse treatment. However, there is a need to further develop substance abuse and domestic violence services that are specialized and do not have a lengthy waiting lists for our clients.

In regards to the Statewide Provider Database (SPD), soon to be known as SPIDER, workers can find services including (but not limited to), Mental Health Counseling, Psychiatric Care, Substance Use, Domestic Violence, Parenting Support, Early Childhood Development, Mentoring, and positive Recreational activities. The immense number of detailed services housed in SPD/SPIDER offers the ability to make thoughtful and culturally responsive referrals to promote better outcomes for children and family. SPD/SPIDER also provides information on whether flex funds are available from a program, as well as how the funds can be used (such as on bills, transportation, clothing, etc.) to assist in the individualization of services. The state ensures that these services are accessible in all political jurisdictions covered in the CFSP.

The SPD/SPIDER helps assess these questions and concerns in a variety of different ways. As the CB states, the most common reasons States fail their Service Array are because of the lack of services in rural areas, gaps in availability and waiting lists, and difficulty finding services that meet their financial limitations. SPD/SPIDER aim to cure these common issues by:

• Geocoding all agencies and programs to visually represent the concentration of services and service gaps. The SPD/SPIDER Team consistently provides outreach to help fill in service gaps to the best of their ability. Using this visual and data-driven information, administration can analyze and react to the concentration of services and service gaps in real time.

• Regularly updating waitlist times by contacting each agency and program housed in SPD/SPIDER on a yearly basis. The team also updates the program contact to get in touch with directly to answer any referral/waitlist questions in a more streamlined manner.

• Providing a search option in SPD/SPIDER that allows the user to select different payment types that fit their financial need. Currently, users can utilize Medicare, Medicaid, Medicaid HMO, Private Insurance, AllKids, DCFS Payment, Sliding Scale, and Free.

• Providing a language search option for English, Spanish, Polish, and Other languages as well as identifying if the program or agency is “Trained in Cultural Competency” to work appropriately with different populations and backgrounds. SPD/SPIDER is currently working on a separate search method to accommodate all other languages that may be of need.
• SPD/SPIDER is also in the process of creating and incorporating credentialed therapists into
the database so that users can find specific certifications, fields of expertise, and evidence
based practices to support individual client needs.

• SPD/SPIDER aims to fill in service gaps in the state of Illinois and to connect users to the most
appropriate services in their community. It is the hope and goal of the database that with more
coordination and exposure, this resource can help solve many of the concerns and issues of
the social service field.
**Item 30: Individualizing Services**

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

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

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

**State Response:**

**Individualization of Services:** The service array may be individualized to meet the unique needs of children and families served by the agency. *DCFS does not have analysis/data/evaluations that directly inform the level of our functioning on this item.*

While the array of services and the accessibility and availability of most services has been maintained despite State budget cuts, the Department still experiences challenges in ensuring that services are accessible to children and families throughout all geographic areas of the state. The newly redesigned SPD, known as SPIDER, aims to increase accessibility of services by moving away from a username and password protected resource to a 100% public facing database that anyone may use regardless of professional position. In addition, SPD/SPIDER allows users to pull detailed information on different programs including their eligibility requirements, language services, responsiveness to disabilities, flex funding, and much more. Increases in the number of listings in the SPD/SPIDER are regularly made in each program category, lessening, but not eliminating the unequal distribution of service listings across all DCFS regions. Caseworkers and other stakeholders may still face challenges in finding services in some of the more rural areas of Illinois, especially dental and mental health services. As the SPD/SPIDER 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/SPIDER. The data below shows the number of available resources in the categories identified in the Service Array for which data has data separated by Illinois DCFS region. It is important to note that while the SPD/SPIDER aims to include all social service agencies across Illinois, there are inadvertent omissions. From October 1st to December 31st of 2017, the SPD/SPIDER Team has added 193 new programs to the database.

**Mental Health Programs by DCFS Region**

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<th>Frequency Count</th>
<th>%</th>
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<td>%</td>
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**Early Childhood Programs by DCFS Region**

**Substance Abuse Programs by DCFS Region**

<table>
<thead>
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<th>Region</th>
<th>Frequency Count</th>
<th>%</th>
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<tr>
<td><strong>Total</strong></td>
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**Parenting Programs by DCFS Region**
Domestic Violence Programs by DCFS Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Frequency Count</th>
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<tbody>
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</tbody>
</table>

The SPD/SPIDER 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/SPIDER 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 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 SPD/SPIDER 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 the service needs identified which means the 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. Having a public resource such as SPD/SPIDER in the hands of administration, case workers, and the public to assess gaps in resources, connect people to individualized services, and provide an overall better user and referral experience should be of paramount importance to help users from every level of profession and field and answer concerns from different parties.
F. Agency Responsiveness to the Community

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

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

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Illinois Department of Children and family Services (IDCFS) actively engaged in ongoing response to community concerns and the current needs that directly affect children, youth and families in Illinois. DCFS advisory boards and councils developed strategic partnerships with external stakeholders, key community based organizations, and Point of Service agencies over the past year.

Statewide Youth Advisory Board and Regional Youth Advisory Boards (SYAB/RYAB)

The Statewide Youth Advisory Board empowers, educates and advocates for youth in care. SYAB and RYAB advisory councils are the collective voice of youth in DCFS care that have not yet achieved permanency through reunification, guardianship or adoption. SYAB consists of 35 youth members that serve as elected officers from Regional Youth Advisory Boards in Illinois. Each regional youth advisory board works with IDCFS to determine how to best provide services to current and former youth in foster care living within each of the regions.

Response by the community over the past year include, but is not limited to: Planned Parenthood – Provided youth education on safe sexual health practices and healthy relationship building; Be Strong Families – Developed leadership building, personal development workshops, and career exploration for youth in care; U of I Extension Education Project – Implemented training programs that assisted high school and college aged youth in care to pursue higher education; My Time – Implemented employment readiness training programs for youth; Loyola University Chicago – Implemented legislative training programs on policy updates, and delivered general legislative support for youth; Bridges Initiatives – Implemented educational awareness on residential reform in Illinois; Guardians Office of Cook County – Developed an assistance program for youth in care to address issues and concerns within the Cook County Juvenile Court system; DCFS Advocacy Office – Developed a framework and platform for youth in care to
express concerns, share input, and learn how to tackle problem solving. Advocacy Staff attended meetings in the Northern Region, Cook Region, Central Region, and Southern Region of Illinois.


**Partnering with Parents Advisory Council (PWP)/Birth Parent Support Group**

*Partnering with Parents* provides birth parents a voice regarding the policies, programs, and services received when they are involved with IDCFS. Birth parents had 13 families with positive outcomes this past year. Over 20 children returned home and 11 with unsupervised visits waiting to be returned home. PWP birth parent meetings are held monthly throughout the state.

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

- **PRIDE Foundation Training** – PWP has provided training to child welfare staff in PRIDE foundation training sessions. Therefore, sharing the value of PWP and providing the parent perspective on the Department’s services and programs while involvement with IDCFS. Classes are held 2 to 4 times per month.

- **IB3 program**: Birth parent staff educated birth parents on concerns of children 0-3 years of age and reviewed outcome data from agencies.

- **Haymarket Treatment Center**: Birth parent staff visited the treatment center to meet with parents with active DCFS cases monthly. Birth Parent Staff provided parents with information about PWP in their region, invited them to attend future meetings and distributed the PWP newsletter.

- **Illinois Department of Juvenile Justice**: Developed a partnership where birth parents are hired as parent mentors to reach out to parents new to the child welfare system. Birth parent staff is located at the juvenile court in Chicago, Illinois.

- **Court Appointed Special Advocate (CASA)**: Birth parent participated in the voluntary Court Appointed Special Advocate (CASA) program for the Cook County Juvenile Court System.

- **University of Illinois Steering Committee in the School of Social Work**: Birth Parents continued to serve as active members of the steering committee, providing the parents’ perspectives to the child welfare social services curriculum.

- **Statewide Learning Collaborative**: Fathers active in the Birth Parent Council have helped to develop a Father Engagement Curriculum co-sponsored by Northwestern University and DCFS for the Statewide Learning Collaborative.

- **Focus Groups**: Birth parents have participated in several focus group discussions by providing the birth parent perspective for the DCFS Transformation Team addressing issues of race and youth development. They have also served as panel experts at Loyola University School of Law discussing the issues, concerns, and barriers faced by birth parents.
Statewide Foster Care Advisory Council (SWFCAC)

The **Statewide Foster Care Advisory Council** utilizes the expertise of experienced foster-parents and foster care professionals to influence child welfare service delivery systems. The Council establishes public policy regarding the rights and responsibilities of foster parents as an essential part of the child welfare team. SWFCAC is the connection between those making the policies that affect foster families and the foster parents who experience the results of policy at home with the child or children in their care. Combined meetings are held with the Illinois Adoption Advisory Council to address issues of importance to both councils. Response to the community over the past year includes but is not limited to:

- **Co-Parenting Model** Supported an active partnership between birth parent and foster parent in providing the best care for the child or children in the care of IDCFS.
- **IDCFS Training Office** Provided recommendations on revisions to the curriculum, by developing suggestions for new training opportunities and updating advisory board members on available training and issues surrounding caregiver training.
- **Respite Care** – Proposed changes to policy and practice that resulted in consistency statewide.
- Partnered with the **Cook County Juvenile Court** to address issues related to youth in care and delinquency, including ways to improve outcomes
- **Youth Advisory Board Meetings** - Served as a liaison between youth and the Statewide Foster Care Advisory Council (SWFCAC).
- **Improved training** that is provided to adoptive parents and professionals working with post-adopt/guardianship youth.
- Ensured that each **DCFS region and Purchase of Service (POS) agencies** are complying with each the 15 rules and 17 responsibilities outlined in the Illinois Foster Parent Law.
Item 32: Coordination of CFSP Services With Other Federal Programs

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

Please provide relevant quantitative/qualitative data or information that show the state’s services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

DCFS has a number of Intergovernmental Agreements (IGA’s) with other State Agencies that allows us to coordinate our work, share information, and continually seek improved methods of providing the children of Illinois with safety, permanency and well-being. Agencies with which DCFS has ongoing IGA’s include Healthcare and Family Services, Department of Human Services, Illinois State Board of Education, and the Illinois Department of Juvenile Justice.

As this time, the Department of Human Services, the Department of Healthcare and Family Services, and DCFS are developing a comprehensive shared computer system that will allow all three agencies to find necessary information in a much more efficient manner. This project, called Person 360, is currently in a piloting stage, with no target date for release.

Some of the services or benefits of other federal or federally assisted programs with which DCFS coordinates are briefly described below.

Health Care
The Department of Children & Family Services (DCFS) is committed to ensuring that accessible and essential health care services are afforded to children in their care and custody. This is done using the HealthWorks of Illinois Program, which assures that foster children birth to 21 who are in substitute care receive coordinated, comprehensive quality health care.

The HealthWorks of Illinois Program was established as the Department of Children & Family Services’ (DCFS) plan for the ongoing oversight and coordination of health care services for children in foster care. The program was developed in collaboration with the Illinois Department of Healthcare and Family Services (DHFS) and the state’s Maternal and Child Health agency, the Illinois Department of Human Services (DHS). As a result of this collaboration, all children taken into the legal custody of DCFS are provided coverage in the Illinois Medicaid Program from the first day of custody in order to ensure immediate access to medical care. Medicaid coverage continues for all children and youth for the duration of DCFS legal custody.

In order to facilitate access to health care services, the Department has developed contractual agreements with nineteen (19) lead agencies for the HealthWorks Program covering all 102 counties in the state in which children are placed in foster homes and other out-of-home settings. These are local county health departments and non-profit organizations.

The Lead Agencies responsibilities include building and maintaining a health care system that includes Initial Health Screening sites, Comprehensive Health Evaluation sites, primary care physicians and specialty care providers for children in the legal care and custody of DCFS and who are placed in substitute care in the area served by the Lead Agency. All children placed in
substitute care and in a HealthWorks eligible living arrangement will receive health care services provided by the system of health services that the Lead Agency has developed within that Lead Agency’s service area.

**Behavioral/Mental Health Care**

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

Among the variety of programs supported by DCFS in coordination with other agencies are: mental health assessment and counseling, in-patient mental health care and aftercare, psychological and psychiatric evaluations, and the Intensive Placement Stabilization program (IPS) which is a statewide community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to DCFS youth in care with trauma reactions, emotional and behavioral problems, and who are at risk of losing their current placement/living situations and their families.

**Substance Abuse Treatment**

DCFS has maintained an Interagency Agreement with the Department of Human Services' Division of Alcoholism and Substance Abuse (DASA) for over three decades. The Illinois Legislature provides a funding appropriation to DASA on behalf of facilitating treatment for substance use disorder services for child welfare involved clients. DASA then provides grants to a select group of treatment providers to form the statewide network of treatment providers. This grant funding, when available, is especially helpful to indigent and undocumented clients who do not have private or public insurance or other financial resources to contribute to their treatment expenses. Based on a financial assessment by the provider, clients maybe assessed a copay amount and then the grant funding is used to cover the remaining expenses of treatment.

The Agreement also mandates collaboration between DCFS and DASA. One of the terms in the Agreement is to facilitate priority access to assessment and treatment services for DCFS involved youth and families. The treatment providers generate monthly client written progress reports. Some providers also have onsite child care services, parenting classes and linkages with other community based supports that are geared to assist clients in engaging and completing their treatment goals. These supports often include linkages to domestic violence, medical, psychiatric services, job-readiness, etc. The Agreement also intends to facilitate effective cross training and collaboration between the two disciplines.

In addition to the treatment services funded by DASA, DCFS also directly funds assessment, referral, and recovery support services for DCFS involved families. These services include recovery home services, including recovery homes for parents and children together; assessment and referral services for youth and parents; recovery coaches for substance involved families; and specialized in-home intact family recovery services for families where a substance exposed infant has been born. Below is a chart showing the numbers of DCFS/DASA clients for FY16.
FY16 Data for DCFS-Involved DASA Clients-Unduplicated Client Count

<table>
<thead>
<tr>
<th>Age Category of Client</th>
<th>0-17</th>
<th>18-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65 and Older</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
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<td>298</td>
<td>1059</td>
<td>220</td>
<td>7</td>
<td>1789</td>
</tr>
<tr>
<td>Female</td>
<td>131</td>
<td>521</td>
<td>2436</td>
<td>190</td>
<td>7</td>
<td>3285</td>
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<tr>
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<td>336</td>
<td>819</td>
<td>3495</td>
<td>410</td>
<td>14</td>
<td>5074</td>
</tr>
</tbody>
</table>

Head Start/Early Head Start
In FY 2016, Head Start and Early Head Start programs in Illinois received $355,108,783 from the Administration for Children and Families and documented an enrollment of 40,399. Per Procedure 314.70, DCFS has a joint collaborative agreement with Head Start/Early Head Start to place children under DCFS guardianship on a priority list. If there are no available openings our children rise to the top of the waiting list.

SSI/SSA
Supplemental Security Income (SSI) is available to any child deemed disabled. DCFS applies for SSI benefits on behalf of children in foster care. Currently qualifying children are eligible for $750 in monthly benefits. These benefits are to be used to provide for a child’s day to day needs. Social Security (SSA) is available to children of dead or disabled parent(s). The amount of the benefit varies and like SSI is to be used for the child’s day to day needs. DCFS has a long-standing relationship with the Social Security Administration office in Springfield, Illinois, and with this office, works through the process of obtaining the benefits for qualifying children statewide, in order to assure the receipt and proper use of these funds throughout the child’s time in foster care.
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

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

Please provide relevant quantitative/qualitative data or information that show the state’s standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

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. Data submitted for FY17 indicates there were approximately 612 licensing complaints taken and followed up on by POS and 139 from DCFS licensing staff for a total of 751 licensing complaints. More than half of the complaints were unsubstantiated, with no corrective action required, with other licensees provided the opportunity to correct conditions or voluntarily surrender their license when they refuse to correct conditions, cannot correct conditions and do not pursue opportunities to appeal. 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. The Department followed due process requirements with the Department revoking 14 foster home licenses, with 3 licenses being refused for renewal, and 3 taken as a surrender of a license, with cause as a result of abandonment of appeal during an administrative hearing.
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).

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.
Item 34: Requirements for Criminal Background Checks

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

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

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.

Process for Licensure: 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 applicants and adult household members have signed the consent and the supervising child welfare agency has completed the authorization section, each household adult 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.

Waivers for child abuse/neglect issues: 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. In FY 17 there were 6 applicants for licensure where a request
was made to waive an indicated finding of abuse/neglect with 3 of them denied.

Central Office sends an annual notice to the licensing representative for reassessment of any
licensed foster home where a subject was indicated, but a waiver granted. This is to better ensure
the home no longer has the dynamics present that led to the indicated finding and lower risk to
reoccur. When a licensee is indicated as a perpetrator of abuse/neglect and the waiver is not
approved, this begins the licensing enforcement process, with the objective to revoke or refuse to
renew the foster home license. There were 12 licensees who surrendered their foster home
license during the enforcement process in FY 17, resulting in a surrender of the license with
cause. A surrender of the license with cause prevents the individual from reapplying for foster
home licensure for 5 years. Licensees who surrender their license prior to the beginning of the
licensing enforcement process are not taken as surrender with cause, but a straight voluntary
closure of the license. However, any involuntary placement hold on the home remains on the
system and must be assessed should the individual choose to apply for foster home licensure in
the future.

Waivers for criminal history issues: Applicants for licensure with a criminal history that is waiver
eligible are assessed, with a determination made as to grant or deny the waiver for criminal
history. A criminal history with absolute bars to licensure are noted in section 4.2 of the Child
Care Act (CCA) and include such crimes as murder, solicitation of murder, aggravated battery,
kidnapping, sex offenses, etc. Absolute bars cannot be waived unless there is a Governor’s
pardon and the absolute bar has been expunged or sealed so it does not appear on the criminal
record any longer. There is also 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.
There were 143 applicants requesting a waiver for criminal history in FY17, with 27 denied. 73 applicants for foster home licensure were denied licensure due to a non-waivable criminal bar to licensure.

**Licensing of Relative 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 to May 2017. However, if the criminal conviction is not a bar, but the conviction has been assessed for waiver and denied, the agency maintains accountability for getting the home licensed. The same holds true for waiver 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. These issues result in some relative homes not becoming licensed, though it does not prevent them from providing care to children who are relatives and found to be in the child’s best interest. While licensing workers do not follow up on relative homes that do not apply for licensing or are denied licensing, placement caseworkers assigned to each child are required to secure fingerprints from unlicensed providers and make a determination as to whether the children should continue to be served by the unlicensed home. Unlicensed foster homes require more frequent monitoring visits than licensed homes, usually twice per month, at a minimum. This provides additional monitoring by licensed child welfare employees, with responsibility to reassess the safety, health and well-being of the child for which they are responsible at each home visit.

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%).

**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 also 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 child abuse finding or positive criminal findings on a licensed foster home, the Department can place an involuntary hold for new placements and must assess whether or not the conditions leading to the indicated child maltreatment or criminal finding can be corrected/remediated, or if licensing enforcement needs to be pursued, e.g. revocation of license.
Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

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

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

Please provide relevant quantitative/qualitative data or information that show the state’s process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

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

State Response:

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 as well as the 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 18 NEICE participating states therefore the ICPC office use a combination of overnight packages and electronic transfer to send and receive referrals and 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 and the first three quarters of FY18**

**Incoming Referral Information:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
<th>Average # of Days to Completion</th>
<th>% completed within 60 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>828</td>
<td>63</td>
<td>68%</td>
</tr>
<tr>
<td>FY18 (Q1-3)</td>
<td>610</td>
<td>55</td>
<td>66%</td>
</tr>
</tbody>
</table>

**Outgoing Referral Information:**

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
<th>Average # of Days to Completion</th>
<th>% completed within 60 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY17</td>
<td>259</td>
<td>83</td>
<td>45%</td>
</tr>
<tr>
<td>FY18 (Q1-3)</td>
<td>221</td>
<td>80</td>
<td>47%</td>
</tr>
</tbody>
</table>

*NOTE-There may be some overlap in the completed cases data as some cases that were referred in the previous fiscal year were not completed until the following fiscal year.*
Chapter 3 – Plan for Improvement

FFY15-19 CFSP 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

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

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
- 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:

<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>9.67 victimizations (preference is less) *state result multiplied by 100,000</td>
<td>7.98 (FFY13) 9.88 (FFY14) 11.22 (FFY15)</td>
<td>11.17 (FFY13) 12.90 (FFY14) 14.65 (FFY15) (adjusted for age at initial victimization)</td>
<td>↓ (wrong way)</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 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.

Illinois has not met the federal national standard for this indicator. Ongoing case record reviews of children maltreated in foster care have revealed that the practice of “placing” children with their parents while retaining legal guardianship instead of discharging to reunification with an order of supervision has a very significant impact on the number of children who become a part of the numerator for this indicator. These are children who had been in foster care and had been “placed” back with their parents while DCFS retained guardianship for the purposes of Trial Home Visit. Twenty six percent (26%, or one quarter of all children) of children maltreated while in foster care in FFY16 were placed in the home of parent at the time the maltreatment occurred. Because the state did not discharge the children to the parents and instead retained legal guardianship of the children, the maltreatment that occurred while in the care of the parents was considered maltreatment in foster care.

More significantly, the frequency and quality of assessments of safety and risk (and follow-up on identified concerns) are noticeably inadequate within the population of children maltreated in
foster care. Additionally, supervisors of caseworkers are not providing needed support, direction, and monitoring/following up on identified concerns. Last, data quality issues remain around the use of the incident date.

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. The performance goal is 100% (no maltreatment in foster care ever). The chart below illustrates state performance by quarter for FY15 – 17; including three quarters of FY18 (quarterly data for FY13 and FY14 was not available):

The Absence of Maltreatment data in the above chart indicates that progress is not being made toward achieving less maltreatment in foster care. Cook County data tends to be marginally better than other regions (i.e., there is less maltreatment in Cook than elsewhere in the state).

**FFY15-19 CFSP Objective:** Reduce the occurrence of indicated reports for children in out-of-home care involving relative caregivers.

**FFY15-19 CFSP 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 NCANDS reports)</th>
<th>FY18 APSR (review of FFY16 NCANDS reports)</th>
<th>FY19 APSR (review of FFY17 NCANDS reports)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% No review conducted</td>
<td>No review conducted</td>
<td>7.37% (37 of 502)*</td>
<td>8.29% (30 of 382)</td>
<td>9.36% (44 of 470)</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.
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% (FFY13ab)</td>
<td>No new data received from CB</td>
<td>7.98, observed 11.17, RSP (FFY13)*</td>
<td>9.88, observed 12.92, RSP (FFY14)*</td>
<td>11.22 observed 14.65, RSP (FFY15)*</td>
</tr>
</tbody>
</table>

* Data based on updated data profile received from the Children’s Bureau (CB) May 2017. National Performance is 9.68 (lower is better). No specific PIP goal identified as the national indicators are no longer used to determine substantial conformity.

**Monitoring Plan:**

1. Ongoing monitoring of progress toward the measures identified above will be done through the analysis of NCANDS data and through reviews by QE of cases involving indicated child maltreatment while in substitute care. In FY16 and FY17 125 cases were reviewed. From this, additional issues were discovered, and during FY18 QE has looked at this population in two ways: cases closed with living arrangement of “OTH”, and a review evaluating how the “Incident Date” and associated “Approximate” or “Unknown” fields are being used. The goal of these reviews is to determine policy changes, database changes and data quality improvements.

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 was facilitated as classroom, hybrid and online training and the option for relative caregiver supplemental self-directed training was added. Mandatory two-hour relative caregiver orientation training that was scheduled to be implemented in FY18 was placed on hold to work out the process for execution. In March 2018, there was a change in program Leadership and implementation of this orientation is moving forward with plans to make the orientation available online during the third quarter of FY19, pending discussions with licensing field staff from all regions, during the first quarter of FY19.
The mandated training component will include the enhanced relative caregiver checklist. Training on trauma for Caregivers is ongoing as part of pre-service content and in-service as well as training on Human Trafficking.

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

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, with training completed in January 2016. Since that mass training, Procedures 300 has been incorporated into foundations training for all new child protection staff.

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 concepts and procedures.

- The Division of Professional Development has created a Model of Supervision (MOS) which is currently being rolled out statewide to both DCFS and Private Agency supervisors. Supervisors within the four Immersion sites previously participated in the training and the intent is to roll out this model statewide over the next year.
- A specialized training for Child Protection supervisors is in the process of development which will include simulation laboratory training in order to increase the comfort and competency level of our child protection supervisors.

From this point forward, as recommendations are received and approved from Advisory Groups, external stakeholders, 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. Changes over the past fiscal year include

- An update to Rule 300, Appendix B and Procedures 300 related to allegation 74 (lack of supervision) which more clearly defines what is included within the allegation and the parameters/factors to be considered when gathering information and making a final determination.
- Through legislation, a new allegation was added to address neglect by a facility (allegation 86) based on systemic factors within the facility that resulted in a child being injured or at risk of injury.
- The Department has incorporated notification to the Armed Services Divisions into procedures when a member is involved in a child abuse/neglect allegation - this was previously addressed as a Memorandum of Understanding.
- Updated procedures and guidelines regarding the CERAP for child protection have been completed. These changes include better clarification of safety threats and examples and written identification of the basis for protective custody should a safety plan not be developed.
  - The Rights and Responsibilities for staff and the family were also updated and clarified. Changes have been sent to the Office of Child and Family Policy for review and inclusion into procedures at this time.
  - Once it has gone through that process, training will begin for child protection staff regarding the use of CERAP and implementation of safety plans.
  - The CERAP Advisory Group has recently completed a study of CERAP completion at the milestones identified for intact cases. Recommendations were sent to the Director and legislature May 2018. The report noted:
    - CERAPS were completed at milestones, but not consistently.
▪ Recommendations were made to include an alert or reminder on the service plan that the CERAP also needed to be updated, or putting stops in the SACWIS system that would not allow the worker to proceed without completion.
▪ Agency Performance Team staff were also recommended to look at this when reviewing intact cases.
▪ These recommendations have been taken under advisement by senior administration.

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. A review of current training for staff and supervisors began in 2017 and continues. A survey was sent independently through the Family and Child Research Center at the University of Illinois to all child protection staff. In addition, focus groups were held with staff over a period of time. As a result of the surveys and focus groups, staff commented that they felt more equipped and better able to handle the basics of the job by participating in training which included the simulation labs and felt they were useful to their work. The Office of Professional Development is working closely with the Division of Child Protection to continue improve child protection training and just recently identified specific individuals to work closely between Child Protection, training and the simulation lab to ensure the best training possible for staff.

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>Illinois’ CFSR 3 Permanency Indicators (as of 9/17 Official CFSR Data Profile):</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFSR National Statewide Indicator</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
CFSR National Statewide Indicator | National Performance | Illinois Observed Performance | Illinois RSP* (age at entry, State entry rate) | IL Performance Trend
--- | --- | --- | --- | ---
(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? | 45.9% | 21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16) | 20.4% (FY13-14) 20.4% (FY14-15) 21.4% (FY14-15) 22.3% (FFY15) 21.1% (FY15-16) 20.7% (FFY16) | 
(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? | 31.8% | 21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16) | 18.7% (FY13-14) 19.9% (FFY14) 21.5% (FY14-15) 22.3% (FFY15) 19.6% (FY15-16) 21.7% (FFY16) | → Improving, but not meeting the National Performance

*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

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.

Update for FY18
Training of Revised Procedures 315 was completed in October 2017. Procedures 315 have also been included in foundations training for casework staff that is newly hired to the Department of Children and Family Services or any Purchase of Service agency. Permanency For All: Procedures 315 for intact and child protection staff was launched on September of 2017, via on-demand training and is utilized for newly hired staff as well as existing Child Protection and Intact staff. This online training provides a review of Procedures 315 and changes that affect Intact and Child Protection staff. It walks staff through the necessary steps for performing concurrent planning activities (beginning day one) and demonstrates how to improve staff skill and ability to integrate the Principles of Permanency into on-going interactions and practice with children and families.

As part of the launch of Permanency for All, 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; this remains a resource available on the DNET for staff and supervisory review.

Subsequently, the Department released a weekly series of email blasts that cover topics that focusing on a core tenet of permanency practice. “PIP TIPS” include topics such as, “Update to the Reunification Tracking Tool”, “Required Workers Contacts and Interventions”, “Reasonable and Prudent Parenting Standards and Consents” and “Safety Plan for Pools, Hot Tubs, Ponds and Other Potential Water Hazards”. In addition, a web portal was devised and is currently under consideration for future development and content.

On January 1, 2017 the Illinois law expanding the definition of ‘fictive kin’ became effective; and Fictive Kin rulemaking was completed in January 2018. 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 the updated P315 foundations training. Additional on-demand training focusing on Family Finding is available to staff to help aide in the location of non-traditional family that can be utilized for
placement resources and supports to the family to help aide in reunification or provide permanency.

Procedure 315.105 places emphasis on the importance of Lifebooks for our children in care. Lifebook Tutorials is an on-demand training available to staff, caregivers and youth. This course explains the purpose of a Lifebook, who should complete them, and what should be included. It includes two videos to demonstrate the power of Lifebooks for children and youth. 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.

In FY 18 the following number of Lifebooks has been distributed to DCFS and POS staff:

- My Awesome Life-1207
- Real Me – 1352
- My Adoption (inserts) – 1407
- Going Home (inserts) - 1236

**Plans for FY19**

There are no additional trainings for this item, outside of new hire training curriculum requirements in regards to Procedures 315. Completion of Procedures 315 training for intact and child protection staff is provided within foundations training to new staff as well as an online option for those two disciplines.

**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 populations, based upon 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.

**FY18 Activities**

- In FY16 Permanency Achievement Staff (PAS) were initially assigned to assist with Family Finding efforts, but this year PAS began to complete Family Finding on all new DCFS placement cases. Private agency staff complete initial family finding, and then both DCFS and POS workers are to complete ongoing family finding according to policy on all existing cases.
- Permanency Achievement staff begin with file mining, and continue efforts by completing interviews with parents and children related to resources and supports and then completing diligent searches to locate relatives identified for the children.
- 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.
• PAS can also assist in cases with unique barriers specific to that case, such as assisting 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, or has other barriers to permanency, PAS can assist in that process as well.

• PAS often work in collaboration with the resource recruitment specialist to secure appropriate placements if a resource is 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.

• PAS model of support is utilized by the Private Agencies for technical and other assistance, as needed.

FY19 Goals:
PAS will continue to complete Family Finding on all new DCFS cases. PAS will continue their work on cases where there are barriers identified as well as assisting on specific cases as identified by the Program Managers.

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.

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.

The Benchmarks have been delayed, largely because of the Department’s focus on accelerating permanencies. Participation in the Lean Management project to streamline and speed up the adoption and guardianship subsidy approval process, 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.

Despite this setback, there has been movement toward completing diligent searches with more consistency on placement cases.

Accomplished in FY18
Illinois Department of Children and Family Services
2019 Annual Progress and Services Report

- Permanency Achievement Staff complete Family Finding on all new DCFS placement cases. Private agency staff complete initial family finding, and then both DCFS and POS workers are to complete ongoing family finding according to policy on all existing cases.
- Permanency Achievement staff begin with file mining, and continue efforts by completing interviews with parents and children related to resources and supports and then completing diligent searches to locate relatives identified for the children.

Goals for FY19

- The draft of the Diligent Search Rule and Procedure will be circulated within DCFS for review and comments
- The training curriculum will be finalized
- Registration for the Diligent Search training will commence and the training will be scheduled statewide
- The Diligent Search Rule will be submitted to JCAR

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>93.75%</td>
<td></td>
<td>85.51%</td>
</tr>
<tr>
<td>12b: Needs Assessment and Services to Parents</td>
<td></td>
<td>78.57%</td>
<td></td>
<td>62.07%</td>
</tr>
<tr>
<td>12c: Needs Assessment and Services to Foster Parents</td>
<td></td>
<td>89.47%</td>
<td></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>
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### 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.
   - Baseline: 69.4% (OER II). Goal: 76.34%
   - 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.
   - Baseline: 63.4% (OER II). Goal: 69.74%
   - 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 #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.

DCFS continues to work on the expansion of the NPP model 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.

**FY18 Updates:**
- Forty-six facilitators were trained in the NPP, representing 6 agencies across the state and 7 unique sites. With this training, DCFS will utilize the program with parents of children aged 0-19 and families being served in intact and placement services.
- During FY’ 18, Director Walker requested outcome data regarding the utilization of this intervention in the IB3 waiver. IB3 evaluators prepared data regarding change in parental beliefs and permanency. Caregivers and birth parents are found to demonstrate clear improvements in the five constructs of the model with the most substantial changes noted in parental empathy for both populations. Regarding permanency, families that participated in NPP were 22.8% more likely to experience permanence through reunification or subsidized guardianship.

**FY19 Goals:**
- Agencies will receive follow-up training and ongoing coaching via a series of conference calls pending final acceptance of an implementation plan by the DCFS Director. A national trainer, Sonya Thorn, LCSW, was identified by the developer, who has 23 years of experience with the model and is the only approved trainer with experience in state-wide implementation.
- The implementation plan is currently under review and modification. Agencies that participated in the initial training are being surveyed to determine their current staffing status and potential populations to be served by NPP.
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.

During this past year, applications were sent to over 100 agencies and individual 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 FY18:
- Reviewed 150 individual clinicians/treatment providers with over 100 still in process
- Developed new “Preferred Provider” criteria for serving children ages birth to five
- Developed strategic plan for FY19 and beyond
- Communicated with national leaders in trauma and other states and municipalities who have implemented trauma credentialing programs
- Oriented Department leadership on potential use of Credentialing

Goals for FY19:
- Develop regular reporting template and schedule for Department leadership
- Redevelopment of application and submission process
- Review of required trainings to remain up-to-date with the field of child trauma
- Develop new Preferred Provider designations for special populations
- Improve collaboration with OITS/DOIT for technology solutions
- Create trauma resource guide for providers
- Collaborate with the Service Provider Identification & Exploration Resource (SPIDER) to make information collected available to caseworkers and others in the field who complete referrals

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 were 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 to 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.

In April 2018, training and coaching began on the Model of Supervisory Practice within each of the four immersion sites. Training includes two consecutive classroom training days each month over a four month period (one month for each function of supervision reviewed). In the weeks between each classroom experience, each class participant participates in an individualized coaching session with a Model of Supervisory Practice Field Coach. The purpose of these coaching sessions is to review, explore, and enhance how the class participant is applying learning gained in class and practice goals developed in class. The Model of Supervisory Practice training and coaching will continue into the 2019 fiscal year through finishing the current cohort and adding additional cohorts in the current immersion sites while concurrently adding new cohorts in immersion expansion sites. 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 according to the expansion plan negotiated by the Department, the BH Expert Panel, and plaintiffs’ attorneys and as reflected in the revised IL waiver application. Moving forward, DCFS will expand the existing Immersion Sites by implementing the interventions by agency and not by geography.

The FTS training provides a baseline foundation for all staff within the immersion site regarding the fundamentals of the Core Practice Model. This FTS curriculum was also incorporated intentionally into Foundations trainings for all new workers beginning in January 2018, to ensure all new caseworkers statewide are provided the same baseline foundational knowledge of FTS Practice. The CFTM training and the Model of Supervisory Practice training build upon the tenets taught in FTS. The CFTM training launched in FY18 with the consultation of the Child Welfare Policy and Practice consulting group (CWG). Office of Learning and Professional Development staff (through the Field Implementation Support Program - FISP) began developing FISP staff as “Master Coaches” and trainers of the consultant’s CFTM model and training curriculum. Field Implementation Support Program Staff have in turn been developing immersion site regional supervisors into qualified coaches and regional staff into qualified facilitators of this CFTM model. This process of developing regional facilitators and coaches in each immersion site will continue.
into early fiscal year 2019. At that point FISP will provide ongoing fidelity support for the CFTM practice among immersion site agencies with staff developed into CFTM facilitators and coaches. Additionally, in fiscal year 2019, FISP staff will develop additional FISP staff (with CWG support) as master coaches while also beginning to develop regional staff into facilitators and coaches in future immersion expansion sites.
Chapter 4 – Update on Service Description

A. Safety Services

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

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

Child Welfare Intake Referrals: 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. These referrals rarely open for Intact Services, but this may happen occasionally.
**Intact Family Services:** Intact Family Services are designed to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of an 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. This is a strengths-based trauma-informed focus to working with families. 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.

**FY18 Accomplishments:**

- During this fiscal year DCFS Intact Family Services Administration has placed a focus on a training aspect to the Statewide Provider meetings which occur quarterly. The first meeting focused on “Supervision”. The next meeting focused on “Meaningful Contacts” the final meeting for the fiscal year will focus on “Safety Assessment.” Director Walker also met with Intact Providers to obtain their perspective on what they need to better serve their clients. These changes are being incorporated into the FY19 Program Plan.

- Intact Family Services continue to be provided mainly by private agency partners, as they continue to service over 80% of families referred for intact services.

- There has been implementation of a review process of Intact Family Service Cases. A Daily Report was developed to identify each Subsequent Oral report on open intact cases. Quality Enhancement Staff and Agency Performance Team staff has provided support in reviewing all intact cases where there is a Subsequent Oral Report. The intent was to ensure that Investigations and Intact were fully communicating regarding the open case and the investigation. A review tool was developed by Quality Enhancement which is entered into Survey Monkey by each reviewer of each case. A “Notification of Safety Concern” and a “Notification of Practice concern” were also developed.
  - A Notification of Practice Concern notifies the intact provider of a concern related to practice, which could include a concern around compliance such as not entering documentation timely.
  - A Notification of a Safety Concern may range from unsafe sleep discussions lacking, to infrequent contact with the family, families not engaging in services, people in the home that may not have been background checked, or drug screens not being completed. When a reviewer notes a concern regarding a possibility of compromised safety these Notifications are sent out to the Intact Supervisor, Intact Worker, DCFS Program Manager, Regional Administrator, APT Supervisor, Quality Enhancement Supervisor and Deputy, Statewide Intact Family Services Administrator, and Associate Deputy of Child Protection.
  - These Safety concern notifications must be responded to by the intact supervisor within 24 hours. If they are not responded to with an action plan to correct the concerns, the reviewer will follow up the following day. There is ongoing follow up until the Safety Concern is resolved. This may warrant case staffings.

- As of May 30, 2018, almost 1900 SOR reports on intact cases have been reviewed. All reviews are being tracked by Quality Enhancement and weekly reports are provided to the Director.

- The Statewide Intact Utilization unit, effective December 2017, is now assigning intact cases statewide to DCFS and private agency workers. From December 1, 2017 through May 30, 2018, 2516 cases have been assigned statewide, averaging about 20 case assignments per day statewide.
• The Intact Utilization Unit also reviews all fiscal components, such as billings, for all intact private agency providers.
• The Intact Family Services Program Plan, developed by the Statewide Intact Family Services Administrator in collaboration with Contracts, Budget and Finance and private agency providers, is updated annually, and agency capacities and outcome measures are evaluated and set each year.

High Risk Intact Services: The Department continues to meet the needs of high-risk intact families by assigning those families to a High-Risk Intact Specialist where capacity exists. These caseworkers carry smaller caseloads and provide more intensive contact and services in an effort to maintain the family unit and prevent disruption. The Director has determined High Risk Intact staff will be increased and DCFS regional teams will be developed statewide. Private agency partners will continue to serve High Risk Intact cases as well.

• In FY 19, there will be a team of High Risk Intact workers in each Region in the state. The Cook County team is in place and has begun serving cases, while other Regions are developing their teams.

High risk intact cases meet the following criteria:

• If a family has one child age 3 and under plus any of the following factors are present the family will first be considered for DCFS High Risk worker assignment, if available.
• All high-risk referrals must have at least one child age 3 year and under.
• Additional Factors to consider:
  1. Medically complex child
  2. Investigation sequence C or above
  3. Multiple underlying conditions (DV, SA, Sex Ab, MI, Environmental issues, Developmental Disability, Sexual Abuse)
  4. 1 or more serious harm allegation
  5. Serious medical neglect
  6. Safety plan
  7. Parent is former youth in care

• At this time, a caseload of 10 should be considered a maximum caseload. If there is an exceptionally high-risk case and the intact team is at capacity, the intact supervisor will be consulted as to case assignment.

FY19 Goals:
The FY19 Program Plan has been modified to reflect the changes approved by the Director which includes the provision of Protective Day Care for children 0-5:
• Protective day care will be available to families with an Indicated abuse or neglect report. Families may utilize licensed or unlicensed child care providers. Protective daycare will be approved for:
  a) child(ren) age 0 through 5 years,
  b) based on assessed protective need,
  c) in accordance with P302.330.

It also includes the provision of Flex Funds for families:
Each agency will be able to access a pool of funds equal to the number of families served one day or more x $400. Each family will have differing needs; some may need $0 in flexible funding and others will require more. The amount used per family is to be determined by the agency; not to exceed the total pooled amount.

Flexible funds may be used for:
   a) hard goods necessary to provide child safety that are not accessible through Norman funding. This does not include pack and plays or cribs as required in 5.2.2.
   b) service co-pays for clients that are not accessible or affordable through other means.
   c) transportation costs if required to access services in the client service plan.
   d) fees for children to attend enrichment activities such as camps, YMCA, etc.
   e) other goods, services or fees as necessary to promote safety, permanency and/or well-being after all other means are exhausted.

Outcome measures have been modified to focus on successful case closure and monitoring of repeat maltreatment. They are as follows:

1. Families will exit intact family services with a successful case closure. 90% goal.
2. Intact family cases will not re-open within 12 months of case closure. 85% goal.
3. Children will not experience familial maltreatment during the time of intact family service provision. 92% goal.
4. Children will not experience familial maltreatment within 6 months of intact family services case closure. 92% goal.

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.

Families are referred to the Safe Families program in several ways. First, the Investigator and Supervisor may determine that Safe Families may be a viable option for the family, the service is discussed with the family and if the family agrees to utilize the program they are referred. They may choose to use the temporary placement option or services such as in-kind assistance or Family Friends, volunteers who are a supportive resource for the family. Parenting can also be provided. Caseworkers are assigned who work with involved DCFS staff as well. About 50% of the families involved with Safe Families are reported by the agency to be self-referred. Finally, another mechanism for referral is through the Intact Family Services Program. Again, if there is a situation that presents itself where the family would benefit from the support of temporary placement services for the children, the Intact provider can refer the family. The Intact worker and the assigned Safe Families worker work together to serve the family. 690 children were served in FY18 in the program. 540 children were hosted during the year.
Safe Families in conjunction with a grant from the Arnold Foundation and assistance from the Department is performing a randomized study to assess the efficacy of this program. This study is still in process. 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)?

While the evaluation is not complete, current trends observed during the evaluation phase of program, especially in the downstate regions, reveals that children and families who engage with Safe Families are less likely to come into care at a later date and the rate of repeat maltreatment is lower. Based on these preliminary findings and the continued use and success of this resource across Illinois and other states, the Department has increased funding to recruit more host families statewide.

**Family Advocacy Centers:** Family Advocacy Centers are an additional resource for our families. There are 29 Family Advocacy Centers (FAC) operated by 22 service providers located throughout the state where there are high incidents of abuse and neglect reports and children coming into care. Family Advocacy Centers maintain a holistic prevention focused 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. Some services include parenting education and coaching, financial literacy and domestic violence educational and support groups, community service referrals to meet other needs and public assistance application assistance.

In FY18 Family Advocacy Centers served over 5,643 families, including 7,681 children. There are 15 Advocacy Centers in Cook County, 4 in the Northern Region, 9 in the Central Region and 4 FACs in the Southern Region. Of the 29 Family Advocacy Centers 2 were added in FY18 in areas demonstrating the need for services: one in the Northern Region and another in the Central Region near the Iowa border. Two locations were also expanded to include additional geographic areas in the Southern and Central region of the state.

In FY18, two of our FACs participated in the Nurturing Parent Demonstration Project that targets families with children aged 3 and younger who have been affected by trauma. FACs throughout the state have also participated local stakeholder meetings and activities including the DCFS 0-3 working Summit and Regional WIC conference. Family Advocacy Centers regularly participate in local area resource fairs and hold parenting classes and other educational groups in different community venues such as schools and public housing community rooms.

Two new Family Advocacy Centers are planned for FY19 in areas where resources are scarce and there is a need for family preservation and reunification.
Be Strong Families: In FY2018, 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.

In addition to the topics identified in the APSR 2018, new offerings this year have included:

- Trauma Informed Parenting: Using Lifebooks (Foster Parents)
- Maintaining Family Connectedness (Foster Parents)
- Get on the Fast Track Workshops (Birth Parents) emphasizing:
  - Social Connections
  - Visitation
  - Relationships with Caseworkers
  - Relationship with Foster Parent
- Vitality Cafes emphasizing health and wellness and how they contribute to building Strengthening Families™ Protective Factors.

In addition, BSF provides services 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).

BSF also provides tailored staff development workshops for staff members of the Family Advocacy Centers and child welfare service professionals statewide. New topics offered this year have included: Training topics offered to professionals this year have included:

- Trauma-informed, Strengths-based, Family-centered Practice in Child Welfare
- Using the Protective Factors to Overcome Challenges at Work
- Shared Parenting: How Workers Can Assist Birth and Foster Parents with Building Collaborative Relationships

This program year BSF has partnered directly with 84 agencies statewide to deliver services, which include the 26 DCFS Family Advocacy Centers across the state.

Through April, 2018 BSF has served:

- 1120 youth and young adult participants (498 unduplicated)
- 1214 birth parent participants (540 unduplicated)
- 906 foster parent participants (524 unduplicated)
- 23 DCFS alumni (21 unduplicated)
Direct training and café services provided continue to receive strong, positive evaluation responses. Evaluation summaries are submitted quarterly and they reflect high percentages of customer satisfaction.

In FY19 Be Strong Families is planning to provide a similar service array to child welfare involved parents, youth and young adults, and professional staff with goals for each primary audience. The number of deliveries will increase slightly as BSF will no longer lead the coordination of some specialized event services for DCFS alumni which they have led in the past. For birth parents BSF’s service goal is promoting timely reunification for parents with placement cases and supporting the development of stronger relationships between parents and caseworkers while involved with the department. To more effectively engage with families being served by DCFS Family Advocacy Centers BSF will offer services to birth parents with intact cases, as well as those under investigation with SCR numbers, that provide information and support in helping them effectively navigate their involvement with the department. Additional emphasis will be placed on offering Shared Parenting workshops with both birth parents and foster parents together as well. Service goals with foster families will focus on building strong networks of support and reducing placement disruptions. Services for youth and young adults will be preparing youth for the transition to adulthood which includes understanding parenting as a life skill and building the Strengthening Families™ Protective Factors. We will also continue to provide educational sessions on the importance of early care and education and how to access it for pregnant and parenting teens as well as educating and building the CSSP YouthThrive™ Protective and Promotive Factors. We will continue to place an emphasis on expanding access to service opportunities in the northern and southern regions of the state. Professional Development workshops will focus on strengthening parent engagement skills and improving relationship based practice and will be offering a new series of training workshops specifically addressed relationship-based practice.

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.

Families are referred to the EFSP by contacting the Child Abuse Hotline (State Central Register) and requesting this assistance. Hotline staff will complete the referral, and then it is sent to the office of the EFSP Coordinator, where it is logged and then forwarded to the appropriate private agency. An EFSP worker will meet with the relative caregiver monthly until guardianship has been obtained or until other services have been provided. During this time, the EFSP worker will provide other services to stabilize the relative family, including:

- Provide crisis intervention and short term interventions to address issues in the family.
- Assist eligible families to obtain TANF benefits, subsidized daycare and other benefits that are available to the caregiver.
- Advocate with local schools to enroll the caregiver’s child in their school district.
- Coordinate family meetings and mediation.
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• Refer to and advocate for needed services such as: financial employment and/or housing counseling, legal services, medical and mental health services, parenting counseling and training, special education and vocational training.

Generally, EFSP cases are open about 60 days, but can be extended an additional 30 days, if necessary.

In FY17 (July 1, 2016 and June 30, 2017) the program referred 761 caregiver families. In the first ten months of FY18 (July 1, 2017 through April 30, 2018), 638 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 2,187 families and the housing advocates reported serving 1,109 families between July 1, 2016 and June 30, 2017. During the first ten months of FY18 cash assistance was given to 2,320 families and housing advocacy served 1,121 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 FY18 we will offer this training to providers in DuPage, Grundy, Kane, Kendall and Will County on June 1.

The Department is also working with local housing authorities to apply for Family Unification Program housing choice vouchers (also known as Section 8) to assist families who have children who are in danger of being placed in, or cannot return home from, DCFS care due to inadequate housing. The program can also serve youth who are aging out, or have aged out, of DCFS care. These applications are due in the beginning of FY19.

**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 2017, the program provided cash assistance to 95 youth and we referred 216 youth to the youth housing advocacy program between July 1, 2016 and June 30, 2017. The program provided cash assistance to 106 youth and referred 265 youth to the youth housing advocacy program in the first half of FY2018.
In 2018, DCFS worked with five local homeless Continuums of Care (CoC) to apply for federal funding to end youth homelessness. It is anticipated that the federal government will announce awards in the beginning of FY19. The program would have provided funding for housing and services to homeless youth, including youth who aged out of DCFS care. Unfortunately, none of the local homeless CoCs received funding. However, the application process enhanced the relationship between DCFS and local CoCs.

In July 2018, DCFS worked with all of these five CoCs, plus an additional three more, to support eight local housing authorities’ application for Family Unification Program (FUP) housing choice vouchers. The housing authorities are waiting to hear from HUD if they were awarded vouchers. FUP provides housing choice vouchers (also known as Section 8) to the following clients referred by DCFS:

1. Families who have children who are in danger of being placed in, or cannot return home from, DCFS care due to inadequate housing;
2. Youth aging out of care who will likely live in inadequate housing; or,
3. Youth, identified by the local CoC, who aged out of care and live in inadequate housing.

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 2018

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 organized and staffed a week-long static “safe sleep environment” display at the James R. Thompson Center in Chicago and distributed literature and offered safe sleep information to the public.

Adoption Month (November): On National Adoption Day, November 18, 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 45 Southern Illinois children. On Sunday, November 12, DCFS partnered with several private agency partners to honor adoptive families at a celebration at the Peoria Civic Center.

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 May 2018 DCFS partnered with the Foundation and Pace Bus to place informational “bus cards” in 760 buses in suburban Chicago. This partnership was followed up by the issuing of a press release to all Chicago-area media.

Caring and Sharing online on-demand training: The Communications Office worked with the Office of Professional Development to create a one-hour self-paced training designed for professionals who serve Illinois children and families in school, healthcare and mental health settings. The training will help providers recognize concerns that could be adoption-related and develop an adoption-informed response that leads to better outcomes. The information presented
will increase awareness for the need of a continuum of post-adopt/guardianship services and where to get them.

*Chicago Auto Show:* For the fourth year in a row, the Communications Office staffed a resource table during the Chicago Auto Show in February, answering questions ranging from how the department operates, employment opportunities with DCFS and how to become a foster or adoptive parent from nearly 300 visitors each day.

*Child Abuse Prevention Month (April):* The Communications Office partnered with Prevent Child Abuse-Illinois, Hospital Sisters Health System, Children’s Home + Aid and other community partners to hold “kickoff” press events in Chicago, Springfield, Decatur, Carlinville, Shelbyville, Edwardsville and Carthage to build public awareness and promoted local child abuse prevention month events via social and mainstream (earned) media. 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 HSHS St. John’s Hospital in Springfield to organize and promote screenings of the documentary Resilience: The Biology of Stress and the Science of Hope in Springfield and Decatur.

*Employment Opportunities for Youth in Care:* Illinois DCFS has formed partnerships with Portillo’s, White Castle and Wendy’s to offer employment opportunities to our youth in care. The communications office works to promote these partnerships via Facebook and Twitter and direct outreach to youth.

*Foster Parent Appreciation Month (May):* This year the Communications Office partnered with State Representative Nick Sauer and Let it Be Us to hold a press conference at the State Capitol Rotunda in Springfield. The press conference featured art from the Heart Gallery, portraits taken by professional photographers from all across Illinois who volunteer their time to create beautiful photographs of children waiting for adoption.

*“Friends and Family Days” at the ballpark:* The DCFS Communications Office has partnered with the Chicago White Sox, St. Louis Cardinals and the Chicago Dogs to provide reduced-price tickets to DCFS staff, their families and the families we serve. In addition, $5 from every ticket sold to the St. Louis Cardinals game is donated to the Children’s Benefit Fund.

*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 worked in partnership with the Village of Bolingbrook and the Bolingbrook Park District to hold a press event at Pelican Harbor Aquatic Park in Bolingbrook, Illinois.

*Illinois Legislative Shadow Day 2018:* Illinois DCFS partnered with the Foster Care Alumni of America – Illinois Chapter and the Illinois Statewide Youth Advisory Board to bring approximately 60 current and former youth in foster care 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.

*LGBTQ foster parent recruitment:* Illinois DCFS is partnering with Let it be Us and other private agency partners to present the town hall-style event Foster and Adopt our Children – Recruiting within the LGBTQ Community and for LGBTQ Children.
Mandated Reporter Training promotional campaign: Per a Senate Resolution urging Illinois DCFS to promote our free online, on-demand Mandated Reporter Training, the Communications Office launched a year-long public awareness campaign that includes prominently placing information about the training on the department’s website, creating a series of five new posters for mandated reporters and public outreach via Facebook and Twitter.

“Minors are Victims, Not Offenders” Human Trafficking campaign: This ongoing campaign began in 2014 as the “You are Not for Sale” campaign and continues to grow. DCFS Communications created and distributed a new poster in January 2018 to coincide with Human Trafficking Month.

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 1200 individuals follow DCFS on Twitter; and the department has over 5,600 “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>5/31/2018 10:35 a.m.</td>
<td>As Foster Parent Appreciation Month and Foster Care Month come to a close, we continue to honor and celebrate foster parents</td>
<td>Photo</td>
<td>Public</td>
<td>1.3K Organic</td>
<td>176 post clicks, 37 engaged</td>
</tr>
<tr>
<td>5/30/2018 11:15 a.m.</td>
<td>CAREER OPPORTUNITIES – During the month of June, attend one of several employment workshops featured below</td>
<td>Photo</td>
<td>Public</td>
<td>2.1K Organic</td>
<td>262 post clicks, 34 engaged</td>
</tr>
<tr>
<td>5/18/2018 8:30 a.m.</td>
<td>The final meeting of the Human Trafficking Task Force</td>
<td>Photo</td>
<td>Public</td>
<td>1.9K Organic</td>
<td>47 post clicks, 39 engaged</td>
</tr>
<tr>
<td>5/01/2018 8:13 a.m.</td>
<td>May is Foster Parent Appreciation Month in Illinois.</td>
<td>Photo</td>
<td>Public</td>
<td>7.8K Organic</td>
<td>304 post clicks, 319 engaged</td>
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**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 over two-hundred thousand calls alleging abuse and neglect of children. The goal is to process every call with a sense of urgency to ensure child safety. Training and comprehensive procedures, as well as clinical supervision and consultation, are tools in place to assist staff in thoroughly and accurately assessing child safety. Through May 2018, the Child Abuse and Neglect Hotline received 256,859 calls reporting allegations of abuse and/or neglect. This is an increase of 8.9% in call volume compared to the same date in FY 17 (May 2017). These calls resulted in 75,427 investigations being transmitted to Child Protection field staff for initiation, which is a 4% decrease from the previous year.

During this fiscal year, the Hotline increased staff count by 13 total staff: 12 workers and one supervisor. This additional team was created to provide needed coverage during 10am-6:30pm and also supports weekend coverage on the Hotline.

Another effort SCR has engaged in over the past year is continuing to develop 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 has completed the build of the system and the on-line reporting system has been demonstrated to and approved by the Director. Testing of the site along with training of staff on the new system is currently in progress. The expectation is that SCR will pilot the on-line system in June 2018 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 and then move forward with a full launch by September 2018.

SCR continues to engage in Continuous Quality Improvement (CQI) activities. Team Goal setting encourages staff participation in the CQI process. During FY18 an overall CQI goal was set to reduce the number of linking errors made by Hotline staff when working within our SACWIS system as calls are being processed. Additional linking training was provided to all staff. Linking manuals were updated to provide specific scenarios and examples for reference. Feedback is provided to staff regarding their specific linking errors and this is reviewed with them in supervisory sessions. To summarize the progress of this CQI goal, below are the totals for each reporting period that have been tracked:

- October 2016 - February 2017 (5 months): 109 reported errors – 21.8% Error Rate
- March 2017 – August 2017 (6 months): 103 reported errors = 17.2% Error Rate
- September 2017 – November 2017 (3 months): 45 reported errors = 15% Error Rate
- December 2017 – March 2018 (4 months): 24 reported errors = 6% Error Rate

SCR Administration continues to work towards better serving our callers by striving to:
- reduce the call-back response rate;
- decrease the number of messages taken; and
- increase the number of intakes each Hotline worker completes per hour.

The call volume, specifically the hourly call rate, requires an increase in staffing levels in order to achieve the overall goals. While an additional team was added, the full effect of their work has not yet been fully measured as positions are still being filled. Additionally, extensive training is provided to the new workers so they can competently work independently. Call triage strategies continue to be 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. In addition to focused strategies, the revised staff performance objectives that increase the per hour intake completion rate were approved and implemented in June 2017. Staff are provided data regarding their productivity and monitored. All of these efforts are aimed toward improving Hotline operations, which will result in increased child protection.

<table>
<thead>
<tr>
<th>FYTD 2018 Monthly SCR Call Volume</th>
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</thead>
<tbody>
<tr>
<td>Month/Year</td>
</tr>
<tr>
<td>July 2017</td>
</tr>
<tr>
<td>August 2017</td>
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</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. The Department has created a “pipeline” for investigations to decrease delays between the time a person leaves and another is hired and trained.

- In higher attrition areas a pool of staff is being hired and trained, then assigned to a team. When a vacancy occurs, that person is moved into the vacant slot immediately and is able to assume a caseload, reducing delays and high assignments to other staff while new hires are trained. This has assisted in reducing the vacancies in many areas the Department had considered “hot spots” over the last year. The chart below gives the average number of statewide position vacancies since the inception of this initiative.

<table>
<thead>
<tr>
<th>FY Quarter</th>
<th>Vacancies</th>
</tr>
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<tbody>
<tr>
<td>3Q FY 17</td>
<td>106</td>
</tr>
<tr>
<td>4Q FY 17</td>
<td>90</td>
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<tr>
<td>1Q FY 18</td>
<td>79</td>
</tr>
<tr>
<td>2Q FY 18</td>
<td>58</td>
</tr>
<tr>
<td>3Q FY 18</td>
<td>43</td>
</tr>
</tbody>
</table>

- The Department also continues to assess for qualified degrees appropriate for investigative staff. We have opened up the degrees to include law enforcement and criminal justice degrees and have reduced the experience level needed to become an investigator.

- 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 in the classroom in a realistic practice setting, building both their confidence and skill when investigating reports of abuse and neglect.

- Staff are also surveyed to determine their satisfaction with training and the job overall, and make recommendations for improvements in an effort to retain staff in positions. A recent survey performed by the Family Research Center at the University of Illinois revealed that investigators liked the experiential training and felt more confident to perform the job.
• 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.

Strengths and Challenges of Safety Services: Illinois has strived to build 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.

• In FY 17 the CERAP Advisory group completed a research project focused on the use of the CERAP at required milestones in intact family services. The report submitted in May 2018 showed that staff was completing CERAPs, but not always at the required milestones, and recommended reminders and stops be placed within SACWIS computer files that reminded workers to complete CERAPS and would not allow the worker to proceed without completion. These have been taken under consideration by Administration and will be considered with the roll out of a new computer system.

• A multi-disciplinary workgroup (separate from CERAP Advisory group) composed of DCFS legal, child protection, intact, permanency, IT and Office of Child and Family Policy have reviewed current CERAP procedures, and made recommendations to enhance the procedures to provide clearer direction and information to intact workers when making safety assessments and decisions.

• This workgroup also updated CERAP procedures for child protection, which have been sent to the Office of Child and Family Policy for processing and incorporation into procedures. Among the changes are clearer rights and responsibilities of workers and families, clarification and examples regarding safety threats and a need to write out the basis for protective custody if a safety plan cannot be developed. Once processed, staff will be trained on the procedures and safety planning.

• In addition to assist in ensuring safety of our most vulnerable populations, since August, 2017, Child Protection Area Administrators (AA) are required to meet weekly with supervisors and perform “practice reviews” of all new cases with children under three, new safety plans, and facility reports. This provides an extra layer of supervision and eyes on these families. Also these AA’s receive daily notice of intact cases which have received a new report of maltreatment. They are expected to then staff these cases as again, these are our vulnerable families.

The Department also remains committed to sustaining adequate staffing levels in child protection to ensure child safety. In FY17 the Department took major steps to increase the pool of eligible candidates by:

• adding expanded degrees which will qualify for the position,
• engaged in enhanced recruitment activities for qualified candidates, and
• took steps to create a “pipeline” in which eligible candidates are hired and trained, assigned to teams and then when a vacancy arises, this candidate is able to slide into the vacancy and take investigations.
This process has resulted in reduced vacancies and a pool of qualified employees who can immediately assume job duties. 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. Child Protection AA’s have continued to monitor compliance rates for meeting the 24-hour mandate, and from July 1, 2017 to April 27, 2018, only 85 out of 64,216 completed investigations were not initiated within the 24-hour mandate time, giving a lowered rate of .1% of all completed investigations.

**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 IDCFS Statewide Human Trafficking Program Manager is under the Department’s Delinquency Prevention and Restorative Justice Division. A new Statewide Human Trafficking Program Manager began in January 2018. The previous Statewide Human Trafficking Program Manager left a very thorough Transition Summary which allowed the new program manager to continue to move the Human Trafficking Division forward.

The Statewide Human Trafficking Program Manager is responsible for monitoring the human trafficking cases of youth in care; providing linkage, clarification and direction to DCFS and Purchase of Service Staff (POS). The program manager also serves as the IDCFS liaison to local law enforcement, the FBI and the National Center of Missing and Exploited Children.

The Department’s overall response in Fiscal Year 2018 was as follows:

- Current human trafficking operating procedures for caseworkers and investigative staff is being reviewed and will be revised as needed. This review was implemented based on feedback and information from the Field and Law Enforcement as well as the Department’s desire to stay relevant and current with regards to this population.

- From July 2017 to June 2018, the Department investigated over 300 reports of child abuse/neglect with allegations of human trafficking. This is an increase of 71 calls from last fiscal year.

- An additional media campaign was launched in January 2018 entitled, “Minors Are Victims Not Offenders.” The campaign included the development and distribution of the new posters and brochures throughout the state of Illinois.
• The 2012 Human Trafficking Training for caseworkers and child protection staff is being updated. In fiscal year 2018, Hoyleton Child and Family Services was contracted to conduct training, throughout the State of Illinois. Hoyleton completed twenty-seven (27) trainings for IDCFS, shelter, residential and group home staff and three trainings for mental health providers.

• The State of Illinois General Assembly created The State of Illinois Human Trafficking Task Force Act, to address the growing problem of human trafficking across the State. The Department was directed and did provide administrative support and direction to this body. A final report with recommendations to address human trafficking from the perspective of education and awareness, law enforcement and prevention was presented to the Legislators on May 22, 2018. The Task Force met its mandate. The Act will be repealed and the Task Force abolished by virtue of law on June 30, 2018.

• The Department developed a new partnership with the only safe house in the Chicago Area that accepts youth under the age of 18. This partnership enabled the Department to place a youth in care in their home, for the first time. The safe house has expressed a continued willingness to work with our youth in care.

FISCAL YEAR 2019 GOALS

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 1, 2016 to January 1, 2017, the Department developed and implemented a work group to comply with Illinois Senate Bill 1763 (SB 1763). In accordance with findings from this work group, the Department will:

• Develop specialized placements for this population of youth. These placements include foster, group and residential options. Controversy continues to surround the utilization of secured facilities for youth identified as being engaged in human trafficking. In order for a youth in care to be placed in a secured setting, a court order is required. At this time there are no secured settings in Illinois and this type of placement is not being utilized by the Department. Identified providers will be trauma informed and trained in working with victims/survivors of human trafficking.

• Develop and implement an operational method to identify victims and those at a higher risk to become victimized, collaborating with the DCFS Office of Technology and Clinical Services. In order to immediately engage these youth in services to address &/or prevent their victimization.

• Identify and purchase a Prevention Curriculum that will be taught statewide to our youth in care. This is to ensure that our youth have the knowledge necessary to identify a possible trafficker and ultimately protect them from exploitation. The Program Manager has identified a preferred Prevention Curriculum and is awaiting approval to proceed with the process of establishing a contract with this agency.
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 FY17, there were a total of 185 cases reviewed, as well as 4 second opinions that were not accepted. For FY18 to date there have been 213 cases, minus 2 second opinions, for a total of 221 MPEEC assessments completed so far this year.

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: The Illinois Department of Public Health sends Vital Statistics on all child deaths 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/bed-sharing 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.
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.

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 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 FY18, the Office of Inspector General accomplished the following:

- Revised and reformatted the 2012 edition of “A Helpful Guide for Parents and Caregivers” (CFS 1050-69) a required element of the Home Safety Checklist assessment. The content of the Guide was updated to include color graphics, current American Academy of Pediatrics (AAP) information such as Sudden Unexpected Infant Death (SUId); infant brain development, seven frustrating (annoying, funny, tiring, crazy) child developmental stages and how to manage them, and safe methadone storage.
- Revised and enhanced the “Caring for Children with Chronic Health Conditions Guide”. The enhanced Guide was specifically developed to assist DCFS-funded Intact Family Agencies in their work with parents and relatives caring for a child with a chronic or complex health condition. These are families who have been the subject of a medical neglect investigation and referred for intact services. Caring for a child with a chronic health condition presents challenges to parents, since the chronic condition may affect the child, brothers, sisters as well as the parents. Intact family workers may need to help the family lower the potential risks of ineffective health management that may include helping the family overcome a feeling of powerlessness because of the complex regimens and decisional conflicts that occurs between a system of health care providers and the family.
- Collaborated with the DCFS Division of Training and the University of Illinois Springfield Child Protection Training Academy to develop training curricula addressing previous and current OIG investigative findings with training recommendations. This collaboration will continue in FY19, with plans for development and delivery of trainings for intact, permanency, and private agency (POS) staff.
- Conducted Community Mapping training for Intact Family case managers to reinforce the importance of developing knowledge and establishing relationships with community providers. Caseworkers became familiar with the neighborhood by walking to selected community resources where they received first-hand knowledge from seasoned Head Start teachers, children’s librarians, and health care providers. This will continue into FY19.
- Presented a revised version of the Young Parent Training at the request of an agency that provides recovery home services for women involved with the department via substance abuse or giving birth to a substance exposed infant. The recovery home provides housing and supportive services for approximately 18 mothers and their children. 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. In FY19 the Office of Inspector General will reprise this training for new workers with a Community Mapping feature.

- Through the continuous efforts of the OIG 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 FY18 thus far, TPSN coordinated nineteen trainings, with 68% of the trainings taking place in the metropolitan area of Chicago and 32% occurring in southern and central regions. Sixty-two percent of the youth who registered (159) for training attended. 81 young mothers attended training, with 79% attending training in the Chicagoland area, while 21% attended training in other regions. With regards to the 18 young fathers who attended training, 11 attended training in the Chicago-metro area and 7 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 FY18 three “train the trainer” events were held. 35 child welfare staff were trained and 12 were certified. There are now 39 certified trainers across the state to provide this training.

- Conducted Error Reduction training at Rend Lake College for 32 DCFS, and 33 Private Agency Southern region Administrators, Supervisors, Managers, and trainers. The training utilized two redacted OIG investigations and prior recommendations involving intact, return home, and split custody cases. The case discussions provided examples, guidelines and principles for utilizing orders of supervision, and supportive services. Trainers included local State’s Attorneys, OIG and DCFS Legal staff. A version of the Error Reduction training is planned for DCFS and private agency staff in the Central and Northern regions in FY19.

**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). Additional information regarding AODA services is located in the Title IV-E Waiver section of the APSR. For complete program descriptions and information refer to the 2018 APSR.

**FY18 Accomplishments**

- A Mothers’ Recovery Home program was implemented during the fiscal year in Cook County. This intervention allows mother and children to remain together while mothers address their substance abuse;

- The Program Administrator participated in the Statewide Opioid Crisis Advisory Council;

- The Program Administrator served as the DCFS liaison to the Governor’s Opioid Task Force and helped develop the State Opioid Action Plan;

- A pilot project was developed to implement saliva-based instant drug tests for use by DCFS and private agency staff (investigators and caseworkers).

**FY19 Plans**
- Develop and implement a youth recovery home program for youth in care who are in early recovery;
- Implement instant drug testing capability statewide;
- Create a second parent and child recovery home, possibly in another Chicago neighborhood, but location has not been determined;
- Generate a downstate task force to address substance abuse issues outside of urban areas;
- Expand Intact Family Recovery programming outside of Cook County.

**Children’s Advocacy Centers:** Child Advocacy Centers help children on their journey to healing. They coordinate services between law enforcement, DCFS, State’s Attorney, medical and mental health providers through the use of a multidisciplinary team approach and coordinate services, interview children, and advocate on behalf of victim’s rights. CACs main focus is to assist children who have been the victim of sexual abuse or serious physical injury. Children who have been sexually abuse remains the highest population served. The 39 Children’s Advocacy Centers (CACs) across the state serve 96 of 102 Illinois counties. Our statewide Children’s Advocacy Centers of Illinois (CACI), 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.

Over fiscal year 2017, (FY18 data not available at this writing) the CACI provided 10 trainings and served over 560 participants which included many DCFS staff. In addition, the CACI became the lead entity for 7.1 million dollars in VOCA funding dedicated to the expansion and service provision for local CAC’s and the children of Illinois, which includes those that DCFS has “touched”. The CACs continue to play a critical role in coordination of investigative activities and provide support and services to families after the victim sensitive interview.

During FY2017 the CAC’s enrolled and are participating in the OMS (Outcome Measuring Systems) survey system. These surveys capture the caregivers and multidisciplinary (MDT) team member’s responses for a more qualitative than quantitative outcomes. In FY17, 2431 responses were recorded from the Initial Caregiver Survey given immediately after a forensic interview. 427 responses were recorded for a Caregiver Follow up Survey, which captures the caregiver’s response after a period of time. Caregiver’s surveys revealed a 98.6% positive response rate. 574 MDT surveys were completed to gauge MDT member’s responses to effectiveness and efficiency of the CAC and MDT process. 97% of the team members believe clients benefit from the collaborative approach of the MDT. Overall, 10513 forensic interviews were completed during FY2017. Total referrals to the CAC’s statewide during this same period were 11,535. 2607 children received specialized medical exams during their involvement with the CAC.

**Illinois Community-Based Child Abuse Prevention Activities:** In general, Community-Based Child Abuse Prevention (CBCAP) 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.
For FY 2018, DCFS maintained contractual relationships with 23 agencies statewide, covering all DCFS Regions. Prevent Child Abuse Illinois (PCAI) assists with the CBCAP with statewide coordination of primary and secondary prevention activities in many ways and promotes systemic change across the state. It is the most visible project funded through a blend of CBCAP and CAPTA grant monies.

CBCAP funding is used in a variety of prevention programs, and served the following numbers of individuals/groups or provided activities for FY17 (FY18 data will not be available until July 2018), including:

1. Child Abuse Prevention Activities
   • 1122 public awareness and education activities were facilitated
   • 6412 people attended public awareness and education events
   • 1501 families were provided information about Protective Factors to prevent child abuse and neglect
   • 97,456 meals were served to parents and/or their children
   • 14 families received cash assistance

2. Preventing Child Sexual Abuse
   • 3 Darkness to Light: Stewards of Children trainings were held

3. Promoting Infant Care and Safety –
   • 4 Happiest Baby on the Block trainer trainings were held
   • 15 Shaken Baby Syndrome trainings were held
   • 797 parents successfully completed parenting education courses
   • 6733 families received diapers, formula, toiletries or funds for other items of need

4. Addressing the Connection between Substance Abuse and Child Abuse
   • 11 Methamphetamine and Other Substance Abuse trainings were held

5. Addressing the Connection between Family Violence and Child Abuse
   • 8 Effects of Domestic Violence on Children trainings were held

6. Promoting Home Visitation Programs for New Parents
   • 1510 parents successfully completed in-home visits where parenting skills were practiced.

Among other activities, PCAI staff plan and coordinate the annual Prevent Child Abuse Conference which is held each year in October and in 2017 had 382 attendees. PCAI staff also coordinates and facilitates Child Abuse Prevention Month activities, and work year-round in providing leadership and coordination for community-based Child Abuse Prevention Coalitions.

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 2018.

B. 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 initiatives and programs listed below have been identified as helping 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 educational, 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. At this time there are 16,935 total youth in care. The state is broken down by Regions. The Central Region has 5,077 youth in care, the Northern Region has 5,917 youth in care, the Southern Region has 3,063 youth in care, and Cook County has 5,917 youth in care. Shared parenting which was also introduced in revised Procedures 315-Permanency Planning, aides in keeping the focus towards reunification. Shared parenting is a form of engagement that links parents and caregivers in the development of an actual partnership focused on the well-being of the child. Shared parenting is not a new concept in Illinois child welfare practice. Many families practice and have experienced the benefits of shared parenting. 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. This is an expectation of all foster parents and is being encouraged by the training of foster parents, the case manager and others who are directly involved with the permanency planning of a youth.

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. The Department has 60 contracts with POS Agencies for Specialized Care and 43 of these agencies provide Specialized Foster Care. 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. There are 1,775 licensed specialized homes statewide. 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 program to provide Therapeutic Foster Care.

The current Therapeutic Foster Care program was derived as a response to 2016 legislation requiring a reduction in the number of youth in residential care and in finding a more family-like setting for youth still requiring a higher level of care. At this time, the Department is contracted with two agencies, one in Northern Region, and the other in Cook, to provide Therapeutic Foster Care: Lutheran Social Services (LSSI) and Children’s Home and Aid Society (CHASI). LSSI follows the evidenced-based practice model of Therapeutic Foster Care of Oregon which provides services for youth 6-14. In this model the youth will be placed in a Therapeutic Foster Care Home for 6-9 months for treatment and then will transition to the permanent foster home identified. CHASI follows the Therapeutic Crisis Interventions Family model. This model serves youth stepping down from Residential Care and being placed with Home of Relative/ Fictive Kin/ Home of Parent. To date there have been 60 youth placed in Therapeutic Foster Care. DCFS will continue to assess these programs to ensure that outcomes are being met.

The Department has also created Emergency Foster Care Homes, which offers a supportive home environment as the first point of entry when there is no relative or fictive kin available to care for the youth. The Emergency Foster Home serves as providing some stability for the youth when they have been displaced from a substitute care setting and requires emergency placement when no other caretakers are available.

The Emergency Foster Care Foster Care Program is intended to serve as a short-term placement for youth and is not intended to be a long-term placement. Placement in an Emergency Foster Home can build connections for a youth in a family style environment that is an alternative to shelter placement. There are currently 21 homes statewide that serve this population of youth up to age 17.

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.

TR Procedures Workgroup:
- TR Procedures Workgroup was put on hold June 2017
- Focus was put on roll out of practice framework components (please reference report from DCFS Office of Training)
- Enhanced Child and Family Team training & Coaching was started July 2017 (FY18) in all 4 Immersion Sites and is ongoing
- Currently 89 staff/supervisors are approved as facilitators and/or coaches
- FY19 plan is to include Enhanced Child & Family Team Training as part of the Core Practice Model Rollout
- Family Finding and Engagement training was started in FY16 and completed in FY17 for all current field staff.
- As of FY2017 Family Finding and Engagement training is required for all new staff and has been incorporated in Foundations Training.

**Provider Staffing Issues and Program Closures:**
- During FY18 the staffing issues continued to persist. Within this Fiscal Year we had a total of six programs go on hold due to staffing issues and six programs placed on hold due to performance issues.
- Two programs closed during FY18.
- Lutherbrook closed all of their residential programs as of 08/31/17.
  1. Two Severe Young Child Units – 18 beds (9 female, 9 male).
  2. Three Moderate Residential Units – 24 beds (6 female, 18 male).
  3. One Moderate Group Home – 9 male beds.
- Arrowhead closed their only program on 2/28/18.
  1. One Severe Behavior Disorder Unit – 7 male beds.
- Beds were also lost due to downsizing - Indian Oaks downsized by 7 female beds and Kemmerer Village downsized by 7 beds (included both female and male beds).
- FY18 Total Residential and Group Home beds lost - 72.

**Therapeutic Foster Care and other Program Development:**
- Ongoing effort to identify alternative therapeutic care for youth requiring TR Program services, Therapeutic Foster Care (TFC) is being utilized.
- FY18 total referrals to TFC – 63.
- FY18 total number of youth accepted to TFC – 33.
- Additional programing developed during FY18.
  1. One Specialized Foster Care Program – 20 beds.
  2. Two Group Homes – 13 beds (6 boys, 7 girls).
  3. Moderate Residential for conduct disorder boys – increased current beds by 3.
  4. Moderate Residential for Dually Involved boys (DCFS/DJJ) – 10 beds.
  5. One DD/TLP (Transitional Living Program) – 8 beds (4 boys, 4 girls).
- FY18 total number beds developed - 54.
- Additional programming currently in development for FY19.
  1. One Therapeutic Foster Care program – 20 beds.
  2. One Specialized Foster care program – 18 beds.
  3. One Moderate Group Home for DD/MI (Developmentally Delayed/Mentally Ill) boys – 8 beds.
  4. One Severe Residential Unit for conduct disorder boys – 8 beds.
- The New Program Development Committee meets weekly to review the status of all proposed programming.

**Number of youth in Residential Group Home Treatment:**
- TR Providers continue to treat approximately 920 youth in Therapeutic and Group Home programs.
Number of Youth in Residential and Group Home Treatment
FY16 - 7/1/15 to 6/30/16

<table>
<thead>
<tr>
<th>Month</th>
<th>Paid Youth in Treatment</th>
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</thead>
<tbody>
<tr>
<td>July 2015</td>
<td>1,209</td>
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<tr>
<td>June 2016</td>
<td>1,144</td>
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<tr>
<td># Change</td>
<td>(65)</td>
</tr>
<tr>
<td>% Change</td>
<td>-5.4%</td>
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</table>

Number of Youth in Residential and Group Home Treatment
FY17 – 7/1/16 to 6/30/17

<table>
<thead>
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<th>Month</th>
<th>Paid Youth in Treatment</th>
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</thead>
<tbody>
<tr>
<td>July 2016</td>
<td>1,109</td>
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<tr>
<td>June 2017</td>
<td>951</td>
</tr>
<tr>
<td># Change</td>
<td>(158)</td>
</tr>
<tr>
<td>% Change</td>
<td>-14.2%</td>
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</table>

Number of Youth in Residential and Group Home Treatment
FY18 – 7/1/17 to 5/30/18

<table>
<thead>
<tr>
<th>Month</th>
<th>Paid Youth in Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2017</td>
<td>922</td>
</tr>
<tr>
<td>May 2018</td>
<td>913</td>
</tr>
<tr>
<td># Change</td>
<td>(9)</td>
</tr>
<tr>
<td>% Change</td>
<td>-1.0%</td>
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</tbody>
</table>

Therapeutic Residential and Group Home Length of Stay:

- Statewide the Department’s overall residential and group home length of stay has been:
  1. FY16 – 17.6 months
  2. FY17 – 18.1 months
  3. FY18 - 16.9 months (year to date)
- As is clear in the charts below, the average length of stay varies by specialty population, classification level and discharge type.
- Based on research the optimal length of stay is 12 months
- The Departments goal continues to be to decrease the length of stay by 10% annually until we meet the optimal length of stay
- During FY17 and FY18 the Department began targeting and implementing trauma informed, evidence based interventions focused on enhancing family connections and developing community based resources
- For FY19 the Department has also incorporated key BBI (Building Bridges Initiative) principles and practices into the FY19 Residential and Group Home Program Plans with the expectation that all Illinois Providers incorporate these principles into their overall agency philosophy, staff training and day to day programming with the goal of enhancing treatment services and shortening length of stay

Average Length of Stay for FY16”
### "Performance Contract Discharges"

<table>
<thead>
<tr>
<th>Specialty Population</th>
<th>Favorable Discharge</th>
<th>Negative Discharge</th>
<th>Total Discharged</th>
</tr>
</thead>
<tbody>
<tr>
<td>BD</td>
<td>21.2</td>
<td>9.2</td>
<td>17.0</td>
</tr>
<tr>
<td>DD</td>
<td>25.7</td>
<td>24.2</td>
<td>25.4</td>
</tr>
<tr>
<td>DD/SBP</td>
<td>31.5</td>
<td>0.0</td>
<td>31.5</td>
</tr>
<tr>
<td>PP</td>
<td>18.4</td>
<td>7.0</td>
<td>16.0</td>
</tr>
<tr>
<td>SBP</td>
<td>24.0</td>
<td>18.9</td>
<td>22.7</td>
</tr>
<tr>
<td>YC</td>
<td>21.8</td>
<td>25.3</td>
<td>23.0</td>
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</tbody>
</table>

#### Classification Level (no Specialty)

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<tr>
<th>Level</th>
<th>Favorable Discharge</th>
<th>Total Discharged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate Group Home</td>
<td>15.9</td>
<td>12.5</td>
</tr>
<tr>
<td>Moderate RTC</td>
<td>16.6</td>
<td>15.5</td>
</tr>
<tr>
<td>Severe RTC</td>
<td>16.9</td>
<td>15.3</td>
</tr>
<tr>
<td>Chronic RTC</td>
<td>15.6</td>
<td>12.1</td>
</tr>
</tbody>
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#### System-wide Total

<table>
<thead>
<tr>
<th></th>
<th>Favorable Discharge</th>
<th>Total Discharged</th>
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<tr>
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<td></td>
<td><strong>Average Length of Stay for FY17</strong></td>
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<tr>
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<td>11.2</td>
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<tr>
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<tbody>
<tr>
<td></td>
<td><strong>Average Length of Stay for FY18</strong> Year to Date</td>
<td></td>
</tr>
<tr>
<td>Specialty Population</td>
<td>Favorable Discharge</td>
<td>Negative Discharge</td>
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</tr>
<tr>
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<td>26.3</td>
<td>13.2</td>
</tr>
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</table>
Specialty 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.

Length of Stay (LOS) Report:
- LOS Report was released November 2017
- The report’s final recommendations were that system and provider reforms as they relate to residential care must include: system and case collaboration, family engagement and resource development
- The Department continues to consistently meet with the Provider community to work towards improvements in all of these 3 areas.

Building Bridges Initiative (BBI) and efforts to increase Youth and Family Voice:
- June 2017 BBI and DCFS hosted a training event for Illinois residential program leaders to explore the use of best practice and positive outcomes for youth and families served in their system. Statewide 72 stakeholders attended.
- As a result regional groups of Residential Providers have begun adopting BBI practices. They have had a particular focus on reducing restraints.
- The Department has continued to conduct listening circles and focus group for youth, as well as residential staff to obtain feedback regarding how the system can be improved
- The Department actively supports both regional and statewide Youth Advisory Council meetings
• Youth Summits have been held in each region
• BBI and DCFS conducted webinar training on in May 2018 on Successfully Engaging Families. Approximately 111 stakeholders participated
• Youth Experience of Care Surveys will completed in FY19

**Residential Monitoring:**
• DCFS continues to partner 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 continues as the selected evaluator for this initiative
• As the TRPMI Initiative moves forward Chapin Hall continues to work through the evaluation process

**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 (page 106) and Permanency Achievement Specialists (page 96) and SPIDER (formerly Statewide Provider Database, found on page 67) are also programs that assist with achieving permanency, but have been discussed on prior pages of the APSR. 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, 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 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.

During FY18 the following was accomplished: 
During the period from 7/1/17-3/30/18, CIPP facilitators conducted 1287 CIPP staffings and 442 Priority Clinical Staffings. These numbers include only initial CIPP and Priority Clinical Staffing activities. Follow up staffings are completed to support casework staff, caregivers, providers and youth in follow up on the developed Action Plan which is conducted at the initial staffing. The focused populations who have follow up staffings are youth 12 and under who have been psychiatrically hospitalized and those youth in Detention without a placement resource upon release.

CIPP has focused on moving the timeframe from point of referral to point of staffing from 14 days to 7 days to ensure that youth’s and family’s needs are assessed and recommendations made with an increased sense of urgency and sensitivity to a child’s sense of time.

Statewide implementation was completed on the development of multi-disciplinary staffings with clinical facilitators and clinical coordinators, psychologists and Integrated Assessment Screeners for youth who are hospitalized, in shelter placements and in detention settings. These staffings also ensure inclusion of other subject matter experts who can support the planning and service array needed to provide youth and families with support needed to stabilize and assist in the development of a treatment plan to support their short- and long-term treatment needs.

CIPP, in collaboration with staff from within the Clinical Division and Monitoring Division, has assisted with team development and facilitation of step down planning for youth in residential care who are in a phase of treatment readying them discharge. The focus this fiscal year has been on youth who have a discharge target to return to home of parent or to a home of relative.

CIPP has worked in collaboration with administrative staff, court services personnel and judicial staff in the Peoria sub region to develop and implement a process to staff youth who are at risk of coming into DCFS care due to delinquency. This is a process that assists probation, DCFS, youth and families to develop an action plan that supports the youth in remaining in the care of their parents and/or family while receiving services that support the youth maintaining a criminal-free lifestyle. Individual plans also supports, as necessary, the youth’s behavioral health and substance abuse needs. This initiative has been successful in reducing the number of youth entering DCFS care due to delinquency petitions from court.

All staff was trained in both the CASII (Child and Adolescent Service Intensity Instrument) and Early Childhood Service Intensity Instrument (ECSII). These instruments are utilized in both the CIPP and Priority Clinical staffing process

Goals for FY 19:

Integrate all CIPP staffings into the multidisciplinary model of staffing currently being used for priority youth who are in psychiatric hospitals, shelters and detention settings. This will result in a name change to the CIPP, communication strategy to the field about changes and necessary changes to policy and procedure. This process will enhance the goals of child/family driven planning and inclusion.

Conduct a customer satisfaction survey of DCFS supervisory and administrative staff on CIPP process, giving field staff opportunity to provide their insights on strengths and potential areas of improvement as move into the new model of staffing.

Utilize one universal referral form for all Clinical staffing processes so as to reduce paperwork required by the field. This would result in the elimination of a separate CIPP referral form for the field’s completion.
• Ensure that all CIPP facilitators have SACWIS access and necessary training to ensure that they can review all information on youth and families prior to the staffing.

• All CIPP clinical documents will be filed into one Clinical e-file location, ensuring that all staff in the Clinical Division are storing clinical documents completed as a result of the staffing process into one central location.

• Enhance data collection and outcome data on priority staffings being held for youth in psychiatrically hospitalized youth, youth in shelters and youth in detention 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 be asked to participate in these various 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 FY18 CMT staff has been involved in matching episodes for 3379 youth to various placements.

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. This is an expectation of foster parents that is reviewed during PRIDE training which is mandatory for all licensed foster parents. The Department also has planned trainings for Home of Relatives which will stress the significance of birth parent connections. This is a part of Recruitment efforts as well during the initial phase of those interested in becoming a foster parent.

Financial reimbursement for travel and/or approved family activities is provided for caregivers who work with parents of children in their care toward reunification. This reimbursement is to assist the foster parent with out of the ordinary types of activities such as trauma informed therapy, appropriate approved visits for birth parents incarcerated in facilities that are not in proximal distance, etc. 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 Permanency Innovations Initiative (PII) was a 5-year demonstration project grant provided by the Children’s Bureau. After a sixth year no-cost extension ended in 2016 the grant was closed. PII was implemented through the System of Care program, which was renamed Intensive Placement Stabilization in 2016 to denote the end of PII and more accurately align with national definitions of “systems of care”.

Intensive Placement Stabilization Services (IPS)

The IPS program is a community-based program 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.

FY18 Activities:

- IPS attends Priority Clinical Staffings (PCS) 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 PCS. In the first three quarters of FY 18, IPS attended 208 CIPP meetings. This number is up from the 44 CIPPs attended in FY 17 and consistent with the numbers attended in FY 2016.

- 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 Specialized Family Support Program (SFSP): Since April 1, 2017 IPS has continued work 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. IPS continues to 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 that many children that young will be at risk for custody relinquishment but the information will be tracked.

- **Progress:** SFSP has had a very small number of under-10 youth at risk of custody relinquishment; as a result IPS has served two youth since the inception of the program.

**FY19 Goals:**

1. Continued implementation of the evidence-informed practice of Attachment, Regulation and Self-Competency (ARC) which includes training new staff and sustain the practice with existing staff 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. Continue to identify risk factors for placement instability to recognize high risk populations early and provide in home stabilization services quickly in efforts to preserve the child’s placement.
5. Improve engagement of adolescents age 12-18 and adapt services to their unique needs, particularly regarding the transition to adulthood.

**Permanency Enhancement Project:**

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 Children and Family Research Center of the University of Illinois, School of Social Work has responsibility for an annual report that monitors the performance of the Illinois child welfare system. At the request of the Office of Racial Equity Practice, the Center included a special analysis of racial disproportionality and disparity in the Illinois system in its 2016 Monitoring Report on the B.H. Consent Decree.

- Deliberations continue toward the development of a “Race-Informed Practice Training Model” to be integrated into the Department’s Family-centered, Trauma-informed and Strength-based (FTS) Core Practice Model during 2017-2018. This instruction will include a treatment of implicit bias, institutional racism and culture as a framework for engaging Families of Color.
Though the Department has accepted the concept of “Race-Informed” being included into the tenets of FTS Core Practice, financial, consultative and implementation resources have not been committed to its implementation.

- Regional Transformation Teams have realigned their committee and workgroup structures to review, prioritize and resubmit previous recommendations of racial equity policy and practices to the new administration under Director Walker in 2018 and 2019. This would include the introduction of implicit bias and institutional racism education and training into ongoing workforce and practice trainings.

- An Education Campaign titled “Informing Our Child Welfare Practice by Race” is being developed by the Child Welfare Advisory Committee (CWAC) Racial Equity Practice Subcommittee for release in late 2018 or early 2019. The Committee, established in 2016, is chartered to ensure that Illinois supports a race-informed child welfare system by embedding racial equity principles and values into ongoing trainings/practices/policy.

The campaign is intended to educate, promote and encourage greater awareness and understanding of racial equity and the impact of existing racial inequities in the Illinois Child Welfare practice and systems.

**Local Action Teams:** Under the Permanency Enhancement Project these teams established collaborative efforts with multiple stakeholders including, but not limited to the courts, law enforcement, community-based organizations, university partners, and purchase of service providers.

Four (4) Immersion Sites were established under new initiatives 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.). Due to their similarity in structure and purpose each of the four Immersion sites shared local stakeholder participants and permanency objectives.

- The St. Clair County Action Team in the Southern Region was completely converted into an Immersion Site Stakeholder group, having the immediate effect of accelerating and expanding site partnership structures and functionality.

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 on permanency, child safety and prevention.

**Adoption Preservation and Support Services:** Post adoption and post guardianship services are provided to children and youth receiving adoption or subsidized guardianship assistance and 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 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. In FY18, 1191 families received service by the Post Adoption Unit.
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:

Path Beyond Adoption (PBA) is a comprehensive assessment/crisis intervention statewide phone line. The Illinois Adoption Advisory Council and DCFS leadership determined that the toll-free post-adoption support line (866-538-8892) was not adequately serving families. The QIC-AG set a WIG (Wildly Important Goal) to promote stronger permanent families and prevent disruptions by keeping families connected to resources. One Lead Measure is to provide DCFS a plan to enhance, implement and provide support to adoptive and guardianship families.

The key messages are that: 1) it is normal that families may need to return to DCFS for services or information; 2) resources are available throughout the state; 3) don’t wait to reach out for services; and 4) connecting to DCFS or other providers is easy, available and family-focused.

Completed FY18:
System design:
- Conducted needs analysis with parent providers and DCFS adoption staff
- Re-structured the phone tree with new menu and recorded new greetings
- Introduced the new branding for post-permanency as PATH Beyond Adoption (Partners Available to Help)
- Created a voicemail system for English and Spanish
- Established direct connections from the toll-free line to the DCFS office/ASAP (Adoption Support and Preservation) agency serving the family’s location

Call monitoring and management:
- Created a SharePoint site where each call/voicemail gets logged
- Developed an online form to generate a call record
- Set up an automated reminder system for calls referred to follow up
- Automated the reminder function for the 24-hour touchback and the 3-day follow-up

Training and implementation:
- Conducted 4 webinar trainings for DCFS staff and the ASAP staff involved in handling/resolving calls
- Worked with OITS to implement system change requests based on staff trainings
- Created “Connecting by Communicating” update for internal team
- Logged 120 calls between March 26-May 30 during limited pilot
- Initiated marketing campaign through Illinois Families Now and Forever

Plans for FY19:
- Additional training for staff/supervisors who missed other sessions
- Review need for a phase 2 project to track referrals to external agencies/providers
- Establish and conduct customer satisfaction survey for calls logged March-May
- Announce phone line enhancements to internal staff
- Monitor statewide rollout June 2018 through FY19
- 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

Caring & Sharing: An Adoption Informed Approach to Serving Families online training became available in FY18. The one-hour self-paced training is designed for professionals who serve Illinois children and families in school, healthcare and mental health settings. The training will help providers recognize concerns that could be adoption-related and develop an adoption-informed response that leads to better outcomes. The information presented will increase awareness for the need of a continuum of post-adopt/guardianship services and where to get them.

Users can conveniently access the one-hour course from the Public Content Training menu located on the Virtual Training Center.

The Department has additional programming supports for adoptive/guardianship families which have been in place for some time:

- Maintaining Adoption Connections (MAC): The MAC programs provide an additional range of services to post adoption/guardianship families including crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy. 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. In FY18, 159 Families were served by MAC programs.

- Embracing Adoptions: 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.
• Post Adoption Transitional Services: During FY18, 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. 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. A committee was formed to look at these issues, and recommendations were drawn up to present to the DCFS Director.

• 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.

Guardianship Services:

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.

FY 2018 Accomplishments

• KinGap was expanded to continue subsidy support to youth in care that went into Guardianship at the age of 14 until the age of 21.
• As of 05-31-18:
  o 324 Children/Youth reached permanency via Kin Gap.
  o 168 children are waiting for Court Finalization of Guardianship via Kin Gap (which can change weekly increasing the 324 children/youth count.)

Fictive Kin: As of March 27, 2018 the definition of “fictive kin” has been amended to read as follows:

"Fictive kin" means any individual, unrelated by birth or marriage, who: is shown to have significant and close personal or emotional ties with the child or the child's family prior to the child's placement with the individual; or is the current foster parent of a child in the custody or guardianship of the Department pursuant to the Child and Family Services Act and the Juvenile Court Act of 1987, if the child has been placed in the home for at least one year and has established a significant and family-like relationship with the foster parent, and the foster parent has been identified by the Department as the child's permanent connection. [20 ILCS 505/7(b)]
A definition of “permanent connection” has been added:

“Permanent connection” means a family-like relationship, consistent with a child’s best interests, health, safety and well-being, which provide:

• safe, stable and committed parenting;
• unconditional love and lifelong support; and
• a permanent legal status between child and family.

For a child for whom the Department is legally responsible, a permanent connection may be the child’s parents or another caregiver in the child’s home of origin. When the child cannot be safely returned home, a permanent connection may be the current or former foster parent or relative caregiver, an individual identified as an adoptive or legal guardianship placement resource, or another individual from among the child’s or family’s lifelong connections with whom a child has developed a familial relationship.

State-Funded Guardianship: As of March 27, 2018 The State-funded option of Subsidized Guardianship has been amended to include children who are 12 years of age or older, who along with their younger siblings, are placed with an unlicensed relative caregiver, or licensed non-relative. These children are now also eligible for the State-funded option of Subsidized Guardianship when ineligible for KinGAP. The manner of calculating recurring monthly subsidy payment amounts has not changed. In FY 18 there were only 50 state-funded subsidized guardianships, which included both licensed and unlicensed relatives.

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.

In FY’15 DCFS began a 5-year-pilot with QIC-AG to develop system capacity, as well as implement and evaluate interventions that promote and support adoption and guardianship. This program targeted Trauma Affect Regulation: Guide for Education and Therapy. (For full program information, refer to APSR 2018)

For FY18:
• For this fiscal year to May of 2018, 161 families have been referred.
• The QIC-AG project is set to continue through October 2019 when cases will no longer be tracked for research purposes and QIC will no longer provide any finances towards the services after these services are completed. There is no current data on the number of families completing the program.
• The services will continue with the DCFS funded contracts until the end of the fiscal year in which they will reach out to a different population to avoid conflicting with the research and will begin to allow the staff to use the shortened version of the curriculum, called T4.
• This fiscal year the QIC has also assisted in the yearly Statewide Adoption Conference, the Post Adoption phone line, and put together a web-based training to provide and inform doctors and teachers with information regarding adoption and the needs of the families.
The National Adoption Competency Mental Health Training Initiative (NTI) is a new Trauma Training pilot Initiative that began for DCFS in March 2016. This 5-year pilot focuses on the mental health needs of children and how trauma can affect those needs. 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, and builds competency and teaches specific casework and clinical practices effective in addressing these needs.

For FY18:
- The Child Welfare portion of the training was rolled out in Illinois in July 2017 and ended December 30th, 2017. The initial goal was to have at least 500 staff complete the training; 532 staff completed the training. Preliminary research has been completed, but more detail will be provided within the next few months.
- The Mental Health Portion of the training began in April 2018, is targeted towards any mental health provider in Illinois, and again, the goal is to have 500 staff complete this portion. The Department of Children and Family Services is working with the Department of Mental Health Services for this portion of the project, which is expected to be completed on September 30, 2019. This will be the last year in this project.

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.
- On January 1, 2017 the Illinois law expanding the definition of ‘fictive kin’ became effective, which now includes current foster parents if the youth has been in the home for 1 year and has developed a family-like connection. Effective July 1, 2017, the Fostering Connections program meets the new federal guideline to extend adoption or guardianship assistance to the age of 21 to those youth who meet the following requirements: youth who achieve permanency through adoption or guardianship on or after age 16 years old, and meet at least one of the following: are in a continuing education program (high school/college/trade school/GED), working 80 hours per month, and/or the youth has a mental/physical or developmental disability that prevents the youth from completing the above mentioned inclusionary requirements. Although this is not part of the definition of state funded guardianship, the expansion of benefits to the age of 21 for the older youth may allow a family to either adopt or take guardianship where previously they have not had these options.
- Training of Revised Procedures 315 was completed in October 2017. Procedures 315 have also been included in foundations training for casework staff that is newly hired to the Department of Children and Family Services or any Purchase of Service agency. Permanency for All: Procedures 315 for intact and child protection staff was launched on September of
2017, via on demand training. This is utilized for newly hired staff as well as existing Child Protection and Intact staff. This online training provides a review of Procedures 315 and changes that effect Intact and Child Protection staff. It walks staff through the necessary steps for performing concurrent planning activities (beginning day one) and demonstrates how to improve staff skill and ability to integrate the Principles of Permanency into on-going interactions and practice with children and families.

- 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. There are currently two training efforts underway: The first is via the Lean Management Initiative which has been scheduling and carrying out regional meetings with POS and DCFS Permanency staff to ensure knowledge and understanding of all recent changes targeting reduced workloads and revised utilization of forms; adoption timeline expectations; use of the new Adoption Subsidy writing guide for workers and Subsidy Review Guide for reviewers. These trainings will continue on a quarterly basis to keep all new staff up-to-date as well as to cover ongoing updates and changes to Policy, Procedure, and form use. The second initiative utilizes the 4DX (Four Disciplines to Execution) model of decision making to assist with worker-level critical input to the workflow process and implementation (execution) of their proposed resolution tracks. There has been an initial two-day summit on the model and just recently a two-day summit following development of critical goals and steps toward better permanency work through better engagement of parents from the very start of the permanency process. This process, now in place, requires weekly update meetings and goal tracking with all participants as well as weekly update meetings with management and coaches.

- 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. In FY 18 there have been the following number of Lifebook’s have been distributed to DCFS and POS staff:
  - My Awesome Life-1207
  - Real Me – 1352
  - My Adoption (inserts) – 1407
  - Going Home (inserts) - 1236

Life books are available for youth in care up to age 21.
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 increases with our private partners, it is anticipated that court and legal support will occur. There has been continued attention with more collaboration with the Legal system as well as increased collaboration between adoption staff, DCFS legal and local courts. Continued collaboration between the DCFS and POS Adoptions staff with DCFS legal has increased problem identification and quick resolution throughout the State. The continued required involvement of DCFS legal staff with our Adoptions Teams will ensure that any legal issues are identified quickly and resolved quickly.

- Other challenges include the fact that high turnover in the private sector occurs. At this time, the Agency Performance Team (APT) staff meet with private agency staff with their ratio of worker to cases, and lets them know how many staff they are “short.” APT will inquire as to their advertising for staff, interviews or staff in training. DCFS does not currently maintain a state-wide database, however moving forward there will be a clear process in which the data for vacancies for private agencies is collected and held, preferentially in an automated system, to alleviate additional work for staff. Additionally, 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 timely posting of vacancies is imperative to assure adequate coverage for direct services, in order 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. Regular Vacancy tracking has been initiated and discussion is underway to resolve DCFS turnover by possibly utilizing DAI workers. This would allow the Department to hire in advance of potential vacancies; get the staff trained and ready for deployment ahead of vacancies. This model has worked well with DCP and there is currently work toward scaling the model/practice to Permanency for DCFS. Adoption Specialist positions have been increased, with eight (8) different POS providers for FY 19. The Department will continue to closely monitor workload and staffing needs.

C. 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 1) quality education programs; 2) medical services; and 3) mental health services. In this section, DCFS will address these three service areas that assure children’s well-being.
Office of Education and Transition Services

The Office of Education and Transition Services (OETS) is responsible for improving and supporting educational outcomes for youth in care. It is also tasked with assisting with post-secondary supports, job training/employment, and financial literacy. In analyzing data provided by the Illinois State Board of Education, in the past ten years our youth have a high school graduation rate of 37%, while the high school graduation rate for the State of Illinois is 83%. It is apparent from this statistic that DCFS is not doing enough to support the educational needs of our youth in care. Additional data:

- 10% percent of our youth in care are pursuing a post-secondary education (youth-in-college data from 2017). This does not include youth who have been adopted and awarded the DCFS scholarship.
- 4% percent are achieving a post-secondary degree or certificate. (Chapin Hall at the University of Chicago, Midwest Evaluation (2011))

<table>
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<th>Calendar year</th>
<th># of YIC graduates</th>
<th>% YIC graduates</th>
<th># of YIS</th>
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<td>53</td>
</tr>
</tbody>
</table>

The graduation rate of our youth in care looks inflated on this chart due to the Youth in Scholarship recipients. Over 90% of the YIS recipients are adopted youth and they are figured into our youth in college numbers, therefore increasing the percentage.

- 70% of our youth in care switch districts three or more times. (ISBE data from 2006-2016)

Each time a youth switches districts/schools he/she loses six months of educational attainment, which makes it very difficult for these youth to ever catch up. In an effort to improve the educational outcomes for our youth, OETS has implemented the following in FY18:

FY18 Accomplishments:
- **50/50 funding model with Illinois State Board of Education:** With this new partnership, DCFS pays 50% and ISBE pays 50% of additional costs incurred by districts for keeping youth in their school of origin. This means if a youth is moved to a new placement, outside the school districts’ lines, then schools will work with the agency to ensure that youth remain in a stable, school setting, not moved to a new one. In order to facilitate this partnership a new Inter-Governmental Agreement had to be drafted with ISBE. Districts are responsible for turning in an invoice for additional costs incurred during the school year to the Office of Education and Transition Services by June 15th of each year. Once OETS verifies that the youth on the invoice are youth in care, then DCFS sends a check for 50% of those costs to ISBE. ISBE then reimburses the districts through disbursements already established. It is our goal to keep more of our youth in their school or origin as opposed to them having to be moved to a new educational setting.

Passing of Public Act 100-0105 which stops preschools and licensed daycare facilities from suspending or expelling youth birth to five years of age without using interventions or finding a new placement for the child. OETS has been instrumental in framing the definitions used for data collection and creating a data collection tool. All ISBE funded preschools and DCFS licensed daycare facilities have to start collecting data on preschool suspension and expulsions on July 1, 2018.

FY19 Goals:

- Increase youth in care graduation rate from 37% to 50% for 18-19 school year (DCFS has been working in partnership with ISBE to ensure districts know the youth-in-care enrolled in the district. Every school district needs to submit a plan with an identified foster care liaison from each district. To receive funding from ISBE, school districts must submit this plan. Due to changes in ESSA, foster care students have been separated from homeless students when it comes to individual districts reporting progress. We will be able to look at how each district is doing with our foster youth and extra funding is provided to work with these specific populations.)
- Increase the number of youth in care who remain in school of origin instead of switching schools due to change in placement. In 2018, DCFS and ISBE established an intergovernmental agreement to split costs of additional transportation incurred 50/50. This takes the stress off the district to fund transportation for our youth who no longer live in the district. The IGA is attached.
- Increase the number of youth who attend post-secondary schooling or training from 10% to 15%. By increasing our graduation rate from high schools and working more closely with school districts, we hope to have more youth in care prepared for post-secondary education. We are also working on increasing the supports for our youth that attend post-secondary, both with supplying mentors and a higher monetary board payment. Our plan is to give youth an $839 per month board payment and opposed to the $511 they currently get.
- Increase the number of youth in care who graduate from post-secondary with a degree or certificate from 4% to 10%. As stated above, our plan is to increase the supports for our youth that attend post-secondary, both with supplying mentors and a higher monetary board payment.
- Decrease the number of youth in care in pre-k through 12th grade who are suspended or expelled from school. Legislation has been passed that mandates schools to inform the guardian when a youth in care is suspended or expelled. We are working with ISBE to ensure that all school districts know which youth are in care in the district. These youth will have an identifier that requires this information to be automatically sent to a mailbox set up for notification of suspensions and expulsions.
- Increase the number of youth in care who are employed for 12+ months. We are currently in the process of redesigning our three job readiness programs in Cook County.
Northern, Southern and Central Region, we are working with DCEO to get more youth-in-care employed. This is a work in progress.

Medical Health Services

See Appendix C

Mental and Behavioral Health Services

Office of Clinical Practice
Regional Clinical Annual Program Report 2018

Program Description:

The Division of Clinical Practice 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. 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.

FY 18 Accomplishments:

- All Clinical Regional Clinical positions, including clerical support positions, have been filled. In addition, a Clinical Manager position was added in the Cook Region to support the volume and complexity of cases coming from this region.

- Statewide implementation was completed on the development of multi-disciplinary staffings with clinical facilitators and clinical coordinators, psychologists and Integrated Assessment Screeners for youth who are hospitalized in shelter placements and in detention settings. These staffings also ensure inclusion of other subject matter experts who can support the planning and service array needed to provide youth and families with support needed to stabilize and assist in the development of a treatment plan to support their short and long term treatment needs.

- In an effort to improve communication about cases and efficiency in monitoring work, all Regional Clinical staff have been provided access to the Division’s electronic filing system. This Group Share houses referrals, staffing documents and disposition of cases referred. This system has also integrated all clinical documents from other units within the Clinical Division, to include psychology, specialty services, nursing, CIPP and Psychiatric Hospitalization.

- In collaboration with CIPP staff and Monitoring Division, the Regional Clinical unit has assisted with team development and facilitation of step down planning for youth in residential care who are in a phase of treatment readying them discharge. The focus this
fiscal year has been on youth who have a discharge target to return to home of parent or to a home of relative.

- Regional Clinical units have assisted with staffing of youth in residential care facilities experiencing closure to ensure that adequate planning and continuity of treatment is provided to support the emotional and behavioral health needs of those youth affected by program closures.

- Clinical Division has worked to improve collaboration and communication with interagency partners from Department of Human Services and Department of Healthcare and Family Services through regular communication about both individual clients and systems issues that create service barriers and gaps for clients that are shared by multiple agencies.

- The Regional Clinical Unit received 3,229 referrals in FY 18 (July 1-May 30) for clinical staffings and consultation. This is an increase in of 1,251 referrals from the same time last year. This represents a 39% increase in workload for FY18.

- Of the 3,229 referrals, 1,379 were for youth who were psychiatrically hospitalized. Clinical work with psychiatrically hospitalized youth accounts for 43% of the clinical work completed by the Regional Clinical Units.

  ❖ Regional Breakdown:

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Clinical Referrals</th>
<th>Psychiatric Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Region</td>
<td>925</td>
<td>257</td>
</tr>
<tr>
<td>Cook Central</td>
<td>496</td>
<td>217</td>
</tr>
<tr>
<td>Cook South</td>
<td>773</td>
<td>296</td>
</tr>
<tr>
<td>Northern Region</td>
<td>603</td>
<td>348</td>
</tr>
<tr>
<td>Southern Region</td>
<td>432</td>
<td>261</td>
</tr>
</tbody>
</table>

Goals for FY 19:

- Regional Clinical will finalize the Clinical Division universal referral form which will improve efficiency of referral process for both the Clinical Division and field staff making referrals to the Clinical Division.

- Continued work on improved communication and collaboration with partner agencies of Department of Human Services and Health Care and Family Services. While some progress has been made, the Clinical Division can benefit from enhanced Memorandum of Agreements for both our intellectually disabled youth/young adults and those with severe mental illness.

- Work entry into SACWIS remained an active goal for FY19. The Clinical Division has representation serving 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 has been given a role in the current SACWIS system which will allow them to enter consultation and staffing notes into the
current SACWIS system. In addition, there is a goal to improve the efficiency of all E-Filing, data collection and electronic filing of Clinical documents in to SACWIS/CCWIS.

- Integrate all Regional Clinical staff into the multidisciplinary model of staffing currently being used for priority youth who are in psychiatric hospitals, shelters and detention settings, replacing the current CIPP model of staffing. This will result in a name change to the CIPP, communication strategy to the field about changes and necessary changes to policy and procedure. This process will enhance the clinical focus of the staffings while continuing to support the goals of child/family driven planning and inclusion.

- Regional Clinical will 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. This will be done upon request/referral and through development of special projects.

- Develop comprehensive training guides for all new Clinical Services Specialist and clerical staff coming to the Clinical Division.

**Developmental Disabilities and Deaf/Hard of Hearing**

*Program Description:*

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 809 youth in care identified in the CYCIS system with at least one handicap code of developmental disabilities and approximately 695 youth with disabilities reported to be Deaf, Deaf/Blind, Youth with a Hearing Impairment, and Youth with a Visual Impairment. There are 127 youth in care currently involved in steps to move into the adult system (this is called the Transition to Adult Services - TAS list). The focus of the transition work is for youth with Intellectual Disabilities, falling within the broader umbrella term of Developmental Disabilities.

**FY18 Program Events and Accomplishments:**

- A new Intellectual/Developmental Disabilities Manager was hired in July 2017. She transitioned out of DCFS in May 2018. A new Manager will be hired;
- The ID/DD program connected with Public Consulting Group and DCFS consulting psychologist to help ensure youth who are 17.5 years of age and older are referred for Pre-Admission Screenings for adult services and that benefit applications are completed;
- The partnership with the DHS/DDD team continued in order to support transition-age youth and identify supports for youth who encountered barriers to placement;
- A new partnership was established with the DHS Medical Director of Inpatient Services that provides a weekly opportunity to review youths with elevated needs (intellectual disabilities, mental health challenges, or both);
- DCFS procedure, P. 302, Appendix N, is in the final stage of revision. This policy updates and clarifies for the field steps needed to transition youth in care to adult services for developmental disabilities. It also provides instructions regarding requesting an adult guardian for youth in care.
The Department’s contractual transition specialist initiated regional trainings: Transition to Adult Services for Individuals in DCFS Care with Intellectual Disabilities. These trainings start in FY18 and continue into FY19.

FY19 Program Goals:
- Hire a new Intellectual/Developmental Disabilities Manager;
- Create a standardized method for flagging youth who are 17.5 years of age and older with an intellectual disability so that these youth begin the transition process;
- Partner with additional community resources, throughout the state, to support youth with Autism;
- Strengthen the support provided to casework and investigative staff regarding youth under the age of 17.5 with the intent of providing resources pertinent to the needs of the child;
- Collaborate with other divisions to update the DCFS process for identifying and entering information regarding developmental disabilities;
- Enhance the supports provided to the blind and deaf/blind community.

Domestic Violence Intervention Program

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.

Clinical Consultations: 522
Trainings: 9
Training Attendees: 167 (approximately)

FY 18 Accomplishments (through April 2018):
- The DVIP participated in the State Violence Prevention Plan Committee, with the Illinois Department of Public Health. The DVIP Administrator wrote an article on Teen Dating Violence for publication in the monthly Violence Prevention Newsletter, October 2017 edition.
- The DVIP participated in the Early Childhood Court Implementation Committee for the Cook Region, provided expertise and consultation on domestic violence; also support at the IB3 Summit in November 2017.
- The DVIP participated in DV Stakeholder Committee meetings at DV courthouses in the Cook Region, under the leadership of the Presiding Judge Sebastian Patti, and the Family Court Enhancement Project team meetings.
- The DVIP provided technical assistance, expertise, program plan development and leadership for the DV Co-Location Project in Lake County (Northern Region).
- The DVIP Administrator provided training on domestic violence and child exposure for clinical staff of the Cook County Juvenile Court Clinic at Juvenile Court in Chicago.
- The DVIP Administrator guest lectured at DV and Law classes with the Kent Law School and John Marshal Law School. The topic of the lecture was domestic violence and child trauma.
• The DVIP Administrator provided an overview of DV and child exposure to staff at the Supervised Visitation and Safe Exchange Center at Domestic Violence Court in Chicago.
• The DVIP continued participation and involvement with the Partner Abuse Services Committee (PASC) with the Illinois Department of Human Services. This Committee examines statewide Partner Abuse Intervention Programs, monitoring compliance and addressing training needs.
• The DVIP continued involvement with the Lake County Stakeholders Committee (Vernon Hills), providing information, expertise and technical support to attendees.
• The DVIP collaborated with Teen Parenting Services Network (TPSN) to update the curriculum for and co-facilitate training for TPSN staff on Domestic Violence and Teen Dating Violence.
• Collaborative work with the Division of Contract Management to address ongoing issues regarding payment for DV perpetrator services, discuss the need and appropriateness of contracts with Partner Abuse Intervention Programs.
• The DVIP began participation in the newly formed Kane County Action Team (Northern Region) which will focus on reducing the number of children and youth in DCFS care, length of care and domestic violence in the community. This DVIP’s involvement in this Team will be to provide expertise and technical support in developing trainings on domestic violence.
• In FY 18, the DVIP team continued to enhance education, knowledge and skills, by attending continuing education conferences/trainings throughout the year on various topics to include: domestic violence, child welfare, human trafficking, substance abuse, grief and mourning, childhood obesity, and child sexual abuse.
• Among all the accomplishments of the DVIP in FY 18, the most significant is how just two program staff, given three statewide vacancies; the DVIP Administrator and Northern Region Clinical Domestic Violence Specialist were able to successfully and productively meet the accomplishments of the DVIP.

Goals, Plans and Objectives for FY 19:
• Hire three staff: Central Region, Cook Region and Southern Region Clinical Domestic Violence Specialists.
• Continue to identify new information to update DV training curriculum and educational materials/resources.
• Provide core DV 101 and Trauma trainings for the field, so as to build capacity for new staff in the field, and especially those that have moved into different positions.
• Provide leadership and technical support for the Domestic Violence Co-Location Pilot Project in the Northern Region Lake County Immersion Site (Waukegan DCFS office).

LGBTQI Y/F Program:

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 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, training, 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 as well as clinical meetings, and may lead 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.

FY18 Program Events and Accomplishments:
- The LGBTQI Program Coordinator retired in September 2017. The Department is in the process of hiring a new Coordinator;
- The Associate Deputy of Behavioral Health now participates in regular (usually monthly) meetings with the Statewide LGBTQ Roundtable Collaborative. The Roundtable is comprised of the ACLU, child welfare agencies, and other organizations who serve LGBTQ youth and asked to partner with DCFS regarding the services provided to youth in care;
- The Office of Learning and Professional Development is enhancing the Foundations training to include more information about working with LGBTQ youth and families (using feedback from the Roundtable);
- The Department is taking steps to address the larger, statewide training need of all staff and caregivers regarding the care of LGBTQ youth;
- There is continued collaboration with Lurie Children’s Gender and Sex Development program. Washington University in St. Louis also recently opened a Gender clinic and there is current collaboration with that clinic to serve the needs of transgender youth in the southern area of the state;
- A foster caregiver recruitment event is scheduled on June 29, 2018, at the Center on Halsted. The event will focus on building affirming caregivers for LGBTQ youth and will also tap into the LGBTQ community for caregiver resources;
- The Lurie research project regarding youth and identity is proceeding.

FY19 Program Goals:
- Completion of the LGBTQ curriculum training projects within FY19 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 FY19 goal with completion within the fiscal year;
- Continued partnering with the Resource Unit to increase number of LGBTQ-affirming substitute caregivers and increase recruitment of LGBTQ caregivers will continue throughout FY19;
- Partner with DCFS Communications to create a youth-oriented link on the website and social media that addresses LGBTQ youth circumstances;
- Reinvigorate the Rainbow Youth Committee to create a framework for an internal advisory group regarding LGBTQ youth issues (this will involve youth representatives as well).

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 Specialist coordinates the efforts of a specialized network of private agency support service providers and foster parents. The Specialist also provides consultation and technical assistance to child welfare
professionals with cases involving HIV infection. A contract is 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.

FY18 Program Events and Accomplishments:
- The HIV/AIDS Specialist continued to promote the services of the program within DCFS and purchase of service agencies;
- The Specialist contacted residential treatment facilities to determine how to best assist with the education of and information-sharing with youth in care regarding HIV and STIs. This contact resulted in the sharing of materials with providers to enhance existing programs and help ensure all youth in residential care had access to HIV education. This work continues into FY19;
- The Specialist engages with agencies providing services to HIV affected individuals and serves as the DCFS liaison to these agencies;
- The Specialist participates in case staffings and intervention planning with CORE Center.

FY19 Program Goals:
- Increase number of trainings regarding HIV prevention throughout the state;
- Collaborate with CORE Center to revitalize programming to serve the HIV-affected child welfare population. This will involve steps by the Specialist to assess what child welfare agencies view as necessary supports and translating this to contract updates;
- Increase contact with downstate DCFS staff, POS staff and providers;
- Proceed with the prevention/education program initiative with a focus on outreach to youth in foster care

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.

Accomplishments for FY18
- Expanded the use of the Deveruex Early Childhood Assessment and Infant Toddler Symptom Checklist statewide;
• Implemented 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.

• Implemented the use of Child and Adolescent Needs and Strengths (CANS) 2.0 by all IA screeners in SACWIS. This included recertification and training process completion.

• Provided 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.

• 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.

• Finalized the IA template to achieve goals of streamlining information contained in the report and reducing redundancy and duplication.

• Completed assessments 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.

Goals for FY19:

• 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 (continue);

• To work with partners in ACR and Quality Improvement to look at outcomes around timely implementation of assessment recommendations, assessment prognosis and permanency achievement (continue);

• 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 implement the Specialized Clinical IA in Central and Northern Region. This has been delayed as we work to clarify which cases should receive the Specialized Clinical IA. Once further defined updated training will be provided.

• To work with the expanded Baby Court and Illinois Birth to Three Waiver 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.

• To continue the expanded capacity of IA program at Immersion sites.

• Expand IA screener involvement in Priority Clinical Staffings for youth who are psychiatrically hospitalized, in shelter placement or detention facility. There is also a
goal to expand clinical staffing involvement in other clinical staffings utilizing the multi-disciplinary model.

Assessment demographics (7/1/17-4/30/18):

- Birth to 3 years of age: 1521
- 3 years to 6 years of age: 540
- 6 years to 13: 889
- 13 and older: 539

Volume and Timeliness data:
The following data is from the IA database and is for period 07/1/17-4/30/18

<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 case opening*</th>
<th>Percentage reports completed within 45 days of temporary custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>statewide</td>
<td>3493</td>
<td>2315</td>
<td>2487</td>
<td>853</td>
<td>35%</td>
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<tr>
<td>cook region</td>
<td>1032</td>
<td>690</td>
<td>554</td>
<td>384</td>
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<tr>
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<td>southern region</td>
<td>749</td>
<td>513</td>
<td>628</td>
<td>201</td>
<td>32%</td>
</tr>
</tbody>
</table>

* For Total number of reports completed and reports completed within 45 case opening not all data entered
** Database now counts from case opening date, previously counted from TC (which has affected completion rate)
*** IA case numbers have increase
- Statewide child cases 19%, family 20%
- Cook child cases 28%; family 27%
- Central child cases 22%, family 21%
- Northern child cases -4%, family -2%
- Southern child cases 18%, family 24%

Psychiatric Hospitalization Project
The Psychiatric Hospitalization Project (PHP) has been more mindful this fiscal year on how data drives decision making. The outcomes used last fiscal year remain however, two goals have been added:

1. Decreasing the average number of days a youth remains hospitalized BMN (Beyond Medical Necessity.)
2. Reducing the number of youth aged 12 and under who are readmitted to the hospital within 90 days of discharge.

DCFS has committed to using data to make informed decisions on our youth. One of the major areas of concentration this year has been to improve the functionality of the Psychiatric Hospital Tracking (PHT) data base. The PHT now allows for a Report to the Guardian, which is a written report requested by the Court for all youth that are BMN. The report includes the five questions listed below.

1. What steps has the Department taken to ensure that the youth is placed appropriately?
2. How the youth’s are need being met in the placement (hospital setting)?
3. What are the identified anticipated future placement(s)?
4. Why is the identified future placement appropriate?
5. What are the identified future placement date(s)?

These questions provide a summary of what is occurring with the youth in the hospital and the status of discharge. A goal for FY19 to improve the Psychiatric Tracking Database includes the addition of a Case Opening date. This is especially critical for youth who become a “youth in care” while hospitalized, which is reflected in Senate Bill 1851. If enacted, SB 1851 requires DCFS to put in a payment mechanism for hospitals beginning on day 11 for youth with whom DCFS does not have a legal relationship. The legislation was sponsored by hospitals and involved DCFS participation in a Medicaid work group.

PHP is also improving the “query” function of the Database which allows quick identification of specific information on hospitalized youth. Improvements have included:

1. The ability to find which Psychiatric Hospital Liaison (PHP) is responsible for a youth.
2. This tool will now be used for case balancing and case reporting.
3. The tool also enhances reporting capability: PHP liaisons provide a weekly written report on hospitalized youth and have manually completed a listing of all youth that are BMN by hospital. Expanding report capability will allow for streamlining this function.

The Comprehensive Assessment and Treatment Unit (CATU) is a 9 bed unit at the University of Illinois in Chicago that was developed with the Department of Children and Family Services. The CATU unit provides inpatient diagnostic services, psychiatric care and extensive treatment planning services to our youth with the most severe emotional disturbances who are between the ages of 12 to 17 years old. The goal of the admission to the program is to stabilize the youth in the current placement.

The CATU unit has identified criteria for a youth’s admission. The criteria includes the youth must be a youth in care that is acute at the time of referral. Additional criteria include:

1. Youth having three or more previous hospitalizations
2. Youth exhibiting psychiatric disturbances and behaviors that have not been successfully managed in a less restrictive setting
3. Youth experiencing multiple moves in placement and who are currently at risk of another placement disruption

One of the unique functions of the CATU unit is the hospital focus on discharge planning and partnership with the discharge placement to ensure the recommendations are implemented.

Aside from the comprehensive assessments that are completed by the CATU team, the detailed discharge recommendations are developed while the youth is hospitalized using a model of practice called the Comprehensive Assessment and Response Training System (CARTS). The CARTS system provides specific recommendations at discharge for each youth to maximize youth strengths and abilities. A Response Training System (RTS) worker is usually a Psychologist or Social Worker who participates in the weekly multidisciplinary staffing. They are an integral part of the staffing providing guidance to the discharge facility/agency. The RTS worker that is assigned to the youth follows the youth at discharge to their placement and to any subsequent placements to provide support to the placement. The CARTS unit provides consultation and technical assistance to agencies that provide residential and group home services. The hospital conducts weekly staffing’s with the entire treatment team which includes nursing, psychiatry, occupational therapy, social worker, art therapist, milieu staff, child welfare staff, residential staff, child’s attorney, youth, and approved family members. There is also Psychiatric Hospital Program Gatekeeper assigned to this unit.
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. Determine if evaluations and/or services are needed; Provide clinical input for high-profile case review; Membership on various workgroups; Gatekeeping services for program specialty therapy contracts; Liaisons with other programs within the division; QI Special Review of high profile cases; Provide expertise to cases referred through the Egregious Act; Provide immediate response for crisis and urgent situations and responding to concerning situations in residential facilities.

**Testing Referrals:** The Consulting Psychologists provide reviews of referrals for Psychological and Neuropsychological Evaluations, Parenting Capacity Assessments, and Parenting Assessment Team (PAT) 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. These reviews assure that the evaluations are necessary and appropriate, and that the appropriate referral questions are asked; All testing must be pre-approved regardless of the payment source; the PAT Program evaluates the parenting capabilities of mentally ill parents who are alleged perpetrators of child abuse or neglect in answering questions related to child permanency and placement as well as questions related to needed treatment services for parent and child.

**FY18**
- **Program Data:** The Psychology & Psychiatry Program updated their data recording and tracking system. Consultation reports, testing referrals, and testing reports as of January 2018 are now in a Psychology folder in the Clinical E-file system.

- **Electronic Submission of Reports:** The program is now utilizing the state encryption email program to receive the testing reports from providers. This allows for e-filing the reports as well as reducing expense to the providers for printing and mailing, and for the department to provide storage space and access to reports for information when needed.

- **Neurosequential Model of Therapeutics (NMT):** Three psychologists completed Bruce Perry’s Child Trauma Academy Phase I NMT Training and two are currently participating in the Phase II Train the Trainer Training. There are 3 youth currently undergoing the process and the data will be used for planning going forward.

**FY19:**
- Due to the lower volume of PAT assessments during FY18, each agency will be reduced from 10 to 8 assessments for FY19. We will work to increase visibility and referrals.

- Utilize the Neurosequential Model of Therapeutics to complete Neurosequential Brain Maps of youth with complex trauma that have not responded to prior interventions. Develop guidelines as to which youth will benefit from this service and a referral and tracking process for the program.
• Develop a pilot program, Creating Resiliency, to address the inevitable impact of secondary traumatic stress (STS) on professionals who work within the child welfare system. The ultimate goal is to improve outcomes for youth and families by reducing turnover and improving job performance. This program will include instruction and follow up on Reflective Consultation for Supervisors as well as staff presentations.

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.

FY18:
• Continue to work on an interactive audio-visual training webinar 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. 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.

FY19:
• The goal is to complete this training module during the next fiscal year. Resources were utilized developing the 0–5 medication training as well as other increased responsibilities during the year.

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. The four 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, MYSI Corporation, in the Mt. Greenwood area and at LaRabida Children’s Hospital in the Burnside area; and there is one in Springfield. They are all operating at full or near full capacity of 30 clients each.

FY18:
• The fourth Cook location at LaRabida Children's Hospital has been running now for several months.

FY19:
• This year will see the use of CCCs to see the 0–5 youth
• 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, guidelines have been distributed to all psychiatrists 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. 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. 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.

**F18:**
- Procedures in Section 325.40 Medication Approval Standards: Consent for Administration of Psychotropic Medications to Children Age 5 Years or Under have been revised. This has been approved by the Director's Office, was posted for review and comments, and edits were be completed. It is in the final stage and is due to be released soon.

**FY19:**
- 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 will be ready for use in the first quarter of FY19.

## D. Title IV-B – Federal Fiscal Year (FFY) 2017; First Half of FFY 2018

### 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) 2018. 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 is provided below. As in previous years, eligible expenditures under title IV-B, subpart 2 program are expected to exceed federal spending authority for that program for FFY 2018. 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. The Department expects that each of the federal outcomes related to caseworker visitation will be monitored to ensure the benchmark requirements for caseworker visitation are met during FFY 2019. See Monthly Caseworker Visit Formula Grants in Chapter 7.

Family Preservation Services

Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse and/or neglect report to remain safely with their families. In FY 2017, $31,506,130 was expended on IFS cases assigned to POS agencies. Services were provided to 6,138 families at an average cost of $5,133 per family.

Family Support Services

Family Support Services include: Extended Family Support Services, Habilitation Services, System of Care, and Family Advocacy Center Services. These services relate to Goal 3 of the Plan for Improvement in the current CFSP, Objective C, and page 62.

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 these instances, neither the children nor their families have open cases with the Department. EFSP providers 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. Statewide, $1,095,406 was expended in FFY 2017.

Habilitation Services promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placements, promote family reunification, stabilize foster care placements, and facilitate youth development. Habilitation services are provided to parents or other caregivers in order to maintain or reunify the family. These services are typically delivered in the client’s home and assist in
strengthening the ability of parents or caregivers to provide adequate childcare and improve their parenting skills. Services are furnished on a statewide basis for DCFS managed cases through a network of providers using a standardized program plan. Eligible expenses for Habilitation Services are claimed under title IV-B, subpart 2 up to the amount authorized. In FFY 2017, $607,929 was expended on these services for 502 clients at $1,211 per client.

*Family Advocacy Centers* services are provided at no cost to the family. In FFY 2017, $4,245,953 was expended for these services.

### Time-Limited Family Reunification

Time-Limited Family Reunification programs offer services prior to reunification and prepare families for a youth’s return and aftercare services support families after reunification has occurred. The Department also offers time-limited reunification services associated with discharge from institutional residential treatment programs and group homes. 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.”

Under the program, 76 families received Pre-Reunification Support services in FFY2017 with a total expenditure of $40,825 (average of $537 per family). During the same year, $4,682,087 was expended for post-reunification services provided to 1,865 children returned home from foster care. The annual average cost of these services per child was $2,510. Expenditures for these services are not claimed under title IV-B, subpart 2. Time-Limited Family Reunification will continue to be provided during FFY 2019.

### Adoption Promotion and Support Services

Adoptive families can experience unique challenges as family members adjust. The Adoption Promotion and Guardianship Support Services Program provides help to all adoptive families, including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS adoption preservation services are provided statewide by contracting with nonprofit agencies that serve a specific region. The preservation services providers’ main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit. The provision of post adoption and post guardianship services to adoptive families in need continues to be a critical part of the service provision of the Department's Post Adoption Unit. As a point of reference, as of April 30, 2018, 20,979 children and youth were receiving adoption or subsidized guardianship assistance. In FFY 2017, $10,655,139 was expended serving approximately 2,170 unique adoptive families for an average of about $4,910 per family.
E. Chafee Foster Care Independence Program & ETV

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.

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.

The number of eligible youth for the CFCIP program as of 5/31/18 was 4,473. 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.

- 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.

Thresholds provided educational and support services to four clients during this fiscal year. Lawrence Hall has provided service to eight youth in care. Uhlich Children’s Advantage Network (UCAN) has served one youth this year. Lydia Home Association has not served any youth this fiscal year.

- 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. 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. To date for SFY18, Project STRIVE has served 104 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. During SFY18, 40 youth have been served by the UCAN Mentoring Program.

- **The Education Support Initiative (ESI)** is an educational support, mentoring, and family engagement program serving 90 DCFS youth in care and their families. The services are provided by Chicago Youth Centers (CYC), a youth development organization offering a continuum of services including Early Childhood Education, School-age Child Development, and Teen Leadership Development. Chicago Youth Center has provided services to 104 youth in care for FY18.

- The Alternative Schools Network (ASN), in collaboration with the Illinois Department of Children and Family Services, manages the **Youth Scholars, Skills and Service (YS3) Program** with fifteen 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. Four youth received their GED and six youth received their High School Diploma. There will be additional youth graduating from the ASN YS3 program in June 2018.

  In FY19, the **YS3 Program** will expand to meet the growing needs of youth in care in Transitional Living Programs, as well as the dually involved youth, who have been identified to be struggling with school or employment placements. The expansion program, Developing Youth Network And Making Intentional Change (DYNAMIC) will increase YS3 slots by 50 and participants will be between the ages of 17 and 24.

- 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 SFY18, two hundred ninety-three DCFS youth utilized the FLP program. Three hundred seventy-four DCFS youth were registered with FLP accounts. There are eleven active sites.

  The ASN **FLP program** in FY19 will expand to include: Odysseyware Curriculum Addition - Class Pace. Class Pace is a classroom blended learning curriculum tool. Odysseyware Curriculum Addition - Base Education. Base Education provides a social-emotional curriculum.

- **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. The EAP has provided services to 2,039 youth in care in FY18 and delivered 4 trainings for caseworkers and caregivers, with 151 attendees.
• The *Youth in College/Vocational Training* (YIC) placement 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 SFY18, 58 new youth have been approved for the YIC/VT program and as of May 30, 2018, there are 124 youth in the program.

• 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 mandatory fee waiver to an Illinois state public university or community college. Currently, there are 214 youth in the DCFS Scholarship program.

• 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 in care attending an Illinois community college. As of May 29, 2018, for SFY18, 19 youth have participated in this program. Out of these 19 youth, 8 had no access to financial aid as 5 were high school students, 2 were non-citizens, and 1 student was enrolled in foundational classes which are not covered by financial aid. 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+. No students who attend one of City Colleges in Chicago have needed any assistance this year.

• The *DCFS Find Your Futures Program* is an internship program open to youth in the YIC placement or DCFS scholarship program. Youth who are selected for the program are matched with an employer in their field of study. Forty-four applications were received for the summer 2019 program, 44 applicants were interviewed, 27 youth were approved, 6 were put on a wait list, and 12 were declined.

• FY 2017 was the start-up year for *First Star College Prep Academy* at Illinois State University. FY18 continues to support the initial cohort and recruited a second cohort. The program model includes monthly Saturday academies of academic and life skills program sessions during the academic school year and an intensive four-week residential summer program on the campus of ISU. 12 youth from the initial cohort and 9 from the second cohort are participating in the Academy.

• 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/80 hours per month are eligible for a $150 monthly grant. EIP was effective 1/1/06 and since its inception a total of 2,139 youth have applied for and participated in the Program. As of May 29, 2018, 88 new youth have been approved for participation during SFY18.

• 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. In SFY18, one hundred sixty-two DCFS youth were served in the Added Chance program.
One hundred fifty-two DCFS youth participated in the Pre-Employment workshops. Eighty-three DCFS youth received job placements. An additional seventeen youth found their own jobs after the Added Chance training and counseling.

- The Lawrence Hall *Mentoring Youth to Inspire Meaningful Employment (MY TIME)* program 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 (CRT) component that is provided to youth in care during the day and in the evening based on the needs of the youth. In SFY18, ninety-nine DCFS youth were served in the MY TIME program. Sixty-five DCFS youth participated in the Career Readiness Trainings, with forty-five youth completing CRT. Forty-five DCFS youth were placed in employment. MY TIME highlights in FY18 include implementing a policy where youth complete 5 job applications during CRT and hosting a career panel and job fair in April 2018, where youth completed applications for multiple employers. In FY19 the CRT will be shortened to 3 days. After the 3 days of CRT, youth will be required to participate in community job searching with their Employment Mentor.

- The *Love, Unity & Values (LUV) Institute* serves DCFS youth in care 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 FY18, 25 youth in care have participated in this program.

- DCFS partnered 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. The goal of the initiative, known as the *Building Futures Program*, is to increase the work experience and career readiness of foster youth. In SFY 18, 10 youth are currently participating in the program located in Rockford (northern Illinois) with 5 already completed, and 8 pending applications. A provider located in Marion (southern Illinois) served 10 youth. And, a provider located in East St. Louis has served 37 youth.

- The *Countdown to 21* program 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. During the first 9 months of SFY18, 684 youth have participated in a Discharge-Clinical Intervention for Placement Preparation (D-CIPP) meeting. In SFY 18, 82% of eligible youth participated in a D-CIP within 30 days of age 20.9; 73% of eligible youth participated in a D-CIPP within 6 months of their 19th birthday.

- 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.

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 five financial literacy trainings for POS staff in SFY18. Eighty-two staff participated in the Financial Literacy Trainings, which were held in Chicago, Champaign, Springfield and Maywood.

The EAC communicated with one hundred twenty-two 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 SFY18. The EAC provided twenty coalition conference calls in SFY18. These calls were available to all certified Get Real: Financial Decisions in the Real World instructors. There were 326 instructors in attendance on these calls.

The EAC highlights in FY18 include:

- In FY 2018, the EAC created a new resource for Countdown to 21 instructors to help ensure that financial education for youth in care across the state is trauma informed. The resource entitled “Building Resiliency: Understanding the Impact of Trauma on Youth Financial Capability” was developed through the help from the National Childhood Traumatic Stress Network and was distributed to all certified Countdown to 21 instructors.
- The EAC completed an update of the Countdown to 21 core curriculum materials in 2018. The organization updated the youth workbooks, training guides, USB with videos & supplementary resources and the lesson plans.
- Because many DCFS Countdown to 21 instructors received their training materials in 2014, EAC felt it was important to give instructors an option to request updated materials to match the new youth materials. EAC created an online ordering system, and they have already received 38 requests for new training binders, folders and USBs.
- The EAC highlighted an outstanding winner for the Countdown to 21 Scholarship in FY 2018. A student from Cunningham Children’s Home was selected. She is a single parent who is both working and going to school.

The EAC in FY19 will highlight and focus on the below components of the Get Real Financial Education in the Real World program, investing principles like diversification, risk, time frame/target date funds, employment benefits, investments with tax benefits, etc.

- Given the importance of emergency saving in the Countdown to 21 program and Get Real curriculum, this section will be further highlighted and expanded with additional peer based success stories and strategies such as the use of separate savings accounts, direct deposit and certificates of deposit.
- Given the high percentage of youth in care that do not immediately go to college after high school and may not be in college when in Countdown to 21, the EAC felt that it was important to incorporate the organization’s non-college budget that was derived from a budget from the CFPB into the Get Real booklets. The EAC did this and has now also developed an online non-college budgeting resource – simplebudgets.com.
- Given the growing importance of online & mobile banking, additional strategies and tips related to online/mobile banking were incorporated into the Get Real curriculum as well.
- 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 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.

- In the Cook County region, the department contracts with UCAN for life skill instruction. In SFY18, thirty-seven life skills referrals were received for UCAN. Sixteen DCFS youth participated in the UCAN life skills training in SFY18. There were thirteen completions. Thirty-one financial literacy referrals were sent to UCAN. Thirty DCFS youth participated in the UCAN Financial Literacy trainings. Twenty-seven youth completed the financial literacy trainings.

- The life skills agency for Downstate Central and Southern regions is Southern Illinois Collegiate Common Market (SICCM). During SFY18, 149 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 5.

- Cunningham Children’s Home provides financial literacy training for Central Region DCFS monitored cases only. In SFY18 six (6) youth have completed financial literacy training through Cunningham.

- In the downstate Northern Region, there are two life skills providers: A Parents for Promise and Youth Services Network. Seventy-three (77) life skills and five (9) financial literacy referrals have been made to these Northern Region providers in SFY18.

- 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. 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.

- Cook County has two parenting programs. Metropolitan Family Services’ Moms Plus program serves pregnant and parenting youth in care. The total number of youth served to date for SFY18 is 55. The Catholic Charities Parenting Adolescence Support Services Program (PASS) has served 50 youth and completed 11 New Birth Assessments.

- In the Southern Region there are two programs serving pregnant and parenting youth in care. Pathways Teen Parenting is housed at Chestnut Health Systems and covers six counties. Pathways has served 33 youth in FY18 and recently implemented a WRAP program to assist youth in obtaining necessary baby items. New Life Parenting Program is housed at Hoyleton Family Services and covers the remaining 22 southern counties. New Life has served 30 youth in FY18.

- In the Northern Region there is one parenting program. A Parents for Promise is housed in DeKalb and covers 16 counties. A Parents for Promise has serviced nine youth for parenting services and twenty-five youth for New Birth Assessments (NBA) in FY18.
• 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 is 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. For FY18, Project Parenthood has served 13 youth, Stepping Stones has served 24, and Empowered Parents has served 9.

• In SFY18, 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. Through April 2018 BSF has served 1,120 youth and young adult participants.

• 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. In SFY18, 729 DCFS youth in care have participate in IIAA events.

• The DCFS Regional Youth Advisory Boards (RYAB’s) are convened in the four DCFS Regions across the state. For SFY18, Primed for Life Inc. coordinates Regional Youth Advisory Board meetings for downstate Central and Southern Regions. Be Strong Families coordinates meetings for downstate Northern Region and Cook County region, and the Statewide Youth Advisory Board. 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. 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. For SFY18, 120 unduplicated youth have participated in downstate Central and Southern Regional board meetings, 21 unduplicated youth have participated in Northern Region meetings, 36 youth have participated in Cook County region meetings, and 25 youth have participated in Statewide Youth Advisory Board meetings. For SFY19, the regional board meetings will feature a Department speaker from a different Division to provide a focused presentation and information on the services/programs provided by that Division. In addition, a presentation will be provided at each Regional Youth Advisory Board meeting covering the results of the NYTD research conducted by Chapin Hall regarding outcome survey participation and how Illinois youth compare to other youth across the country. Feedback will also be solicited from 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 15-16, 2018. 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. This year’s event had 24 current youth in care and 15 alumni participate.
• **Regional Youth Summits**, geared specifically for youth in care, ages 14-20, are held annually in June across the state. The Summits provide a day full of activities and learning opportunities for youth that target education and transitional services of the department along with community resources. The youth advisory boards determine the theme, colors and topics of interest each year. In 2017, 186 youth participated in the Southern Region Youth Summit, 135 participated in the Central Region Youth Summit, 103 youth participated in the Northern Region Youth Summit, and 135 participated in the Cook Region Youth Summit.

• The Department sponsors annual Graduation Celebrations in June to honor youth in care who graduate from high school or a post-secondary program. Youth are honored during a luncheon and given a monetary award in recognition of their efforts. The 2017 celebrations honored 10 youth in Southern Region, 40 youth in Central Region, 15 youth in Northern Region, and 32 youth in Cook Region.

• DCFS referred 265 youth for housing advocacy services (help locating housing, providing housing, budget counseling, and follow-up services) so far in SFY18 through the Youth Housing Assistance Program. The Department expects to be billed for almost $293,000 in FY18, which would be an increase of 67% over last year.

So far in SFY18, the Department’s Youth Housing Assistance Program has authorized cash assistance to 106 youth who were aging out of, or had already aged out of, the foster care system. This is more than a 36% increase over the same period in FY17. The total amount of cash assistance requests authorized between July 1, 2017 and April 30, 2018 was $104,837.34. This is a 64% 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 28 youth so far in FY18 which is a 211% increase over FY17.

In order to assist To help local housing authorities successfully apply for funding for Family Unification Program (FUP) housing choice vouchers (HCV, also known as Section 8), the Department needs to expand services currently provided youth who receive housing through FUP.

Effective February 9, 2018 changes were made through the Family First Prevention Services Act that allows states to use Chafee funds for youth up to age 23. The Department is seeking approval to expand Chafee funded Youth Housing Advocacy Program services (e.g., housing and financial literacy counseling, housing search and resources, resource referrals and follow-up services) and Youth Cash Assistance (for items like security deposits, furniture and basic household supplies) to youth until their 23rd birthday (currently we provide this service until their 21st birthday). The Department did submit the required certification that Illinois has an approved Title IV-E plan amendment to serve youth up to age 21. Once the Children’s Bureau counter signs this certification, thus approving this extension of services, the Department will notify all eligible youth of the availability of these services, will begin to notify youth approaching age 21/case closure,
and will notify all Department and private agency caseworkers of the extension of service availability.

- The Department submitted the 2018A National Youth in Transition Database (NYTD) file as required by 5/15/18. The 2018A file included the results for the 21-year-old follow up survey for Cohort 2. The Department was in full compliance with all requirements. This was the first follow up survey period that Illinois achieved the 60% participation compliance requirement for the out of care youth.

The comparison reports and “data snap shots” from the NYTD portal are posted on the Department’s internal D-Net and the DCFS website.

The Department contracted with Chapin Hall to provide NYTD support in three areas: (1) improving the quality of the independent living services data that are being reported, (2) increasing outcome survey participation at baseline and follow up, and (3) identifying ways to use the NYTD data to enhance service provision and improve youth outcomes. Chapin Hall has is focused their research on #2 for SFY 18. The final report was delivered in June. Chapin Hall also compared the outcomes of Illinois youth with youth from other states.

Highlights of the research include:
- Youth interviewed had limited knowledge about the survey and seemed to confuse it with other surveys/assessments.
- Youth suggested offering financial incentives might increase participation and well as more time spent educating the youth about the survey and its purpose.
- One youth suggested using social media to stay in touch with youth after they leave care, however another stated it was unlikely youth would complete the survey after they leave care because “people that’s been in foster care, once they get the chance to leave, no, they’re gonna leave all that behind.”
- Caseworkers interviewed varied, a few had a good understanding of the survey and others had at least limited knowledge.
- Caseworkers reported preferred method for completing the survey was during monthly in person meeting or via phone, very few responded when sent the link to complete in on their own on the website.
- Caseworker suggestions to increase participation included offering financial incentives, developing a phone app to complete it on, sharing strategies among peers, and providing more education to the youth on why they should complete it.
- Caseworkers offered the following as barriers to completing the survey: unable to track youth down who have left care, youth who are no longer in care have much more to worry about than completing a survey, youth want to move on with their lives after they leave care, youth are tired of being asked things that they believe the caseworker should know, and some youth feel no reason to complete it again if nothing has changed since age 17.
- In general, Illinois youth fared as well as, if not better than, their peers in other states on most of the NYTD baseline outcome measures.
- On a majority of the outcomes measures, 19-year-olds in Illinois looked similar to their peers in other states.
- There were a number of positive changes in the outcomes of Illinois youth between the ages of 19 and age 21, including, the percentage of young people who were employed, who had completed on-the-job training and who had a high school diploma or GED increased, while the percentage who had been incarcerated fell.
Illinois was originally scheduled to have the federal NYTD Review in September 2017. In preparation for that date, a planning committee was convened. The committee met several times and discussed what was perceived as the major concerns for Illinois: outcome survey participation by out of care youth, reporting of independent living services data, knowledge level regarding NYTD of caseworkers and youth, and the state’s use of the NYTD data for planning purposes. The committee was sidelined due to the Review being rescheduled. The Department recently received notice of possible review dates in the summer of 2019. The planning committee will reconvene in fall 2018 to plan for the Review. As a result of the initial planning efforts, an on demand virtual training was created for caseworkers on the NYTD survey and independent living reporting requirements. It is available to caseworkers, but we are working to make it mandatory for all caseworkers with a youth age 14 or over on their caseload. In addition, efforts have been increased to reach out to private child welfare agencies to reiterate the requirement to report independent living services for all youth ages 14-20 who receive one of the identified independent living services paid for or provided by DCFS.

Additional recommendations from the Chapin Hall research include:

- The Department could incorporate the results of the Chapin Hall analysis of the NYTD outcomes data into its continuous quality improvement (CQI) approach.
- Prior to the on-site visit, the Department could develop new materials to educate youth about the NYTD outcome survey, begin sharing the survey results with youth, and provide training to caseworkers on how to explain the NYTD outcome survey to youth when they ask youth to complete it.
- Prior to the on-site visit, the Department could develop new training materials for caseworkers and require POS and DCFS caseworkers who work with transition age youth to complete.

F. 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 are in independent living programs, foster care, relative care, or private agency care homes, youth who aged out of care at age 18 or older or youth who were placed in either adoption or subsidized guardianship after the age of 16.

Benefits include up to $5,000 per youth per year for cost of attendance items such as tuition and fees, books and supplies, room and board, books, uniforms, supplies, transportation, or equipment that financial aid grants and scholarships do not cover. Youth in the YIC and Scholarship programs receive a monthly grant of $511, but may request financial assistance for the amount that their room and board exceeds the monthly board payment.

Effective February 9, 2018 changes were made to the eligibility of ETV through the Family First Prevention Services Act so that more youth could complete their educational programs. Youth no longer have to access ETV prior to age 21 to have access to the funding. They are now eligible
until age 26, but in no event, may a youth participate in the program for more than 5 years (whether or not consecutive). Illinois has revised the ETV policy to incorporate these changes.

Since youth no longer have to use ETV funding prior to age 21, the ability to contact eligible youth will become more difficult as they may ‘age out’ before accessing the ETV funding. Students who file their FAFSA are currently advised to contact the ETV coordinator in their state to determine what funding they may be eligible to receive, but this does not address the fact that they must use it prior to age 26. Attempts to make this information available to potential future students must be made. These will include:

- Presentations to DCFS and POS personnel who work with older youth
- In person contacts with the post-secondary financial aid departments at schools who may encounter eligible youth
- Contact with post-adopt personnel to be sure they have information about funding sources for post-secondary education
- Articles in IL DCFS publications
- Presentations and mailings to other entities who work with our youth

During SFY17, 210 youth were served via the ETV Program. This number includes 97 youth who began receiving services in SFY16 and continued receiving services in SFY17.

From July 1, 2017 to May 29, 2018, 185 total youth have benefited from ETV awards in SFY18:
- 96 new youth have applied for ETV benefits
- 121 of the youth served were also in the YIC/YIS programs
- 4 youth in YIC/YIS programs were able to use ETV funding for housing costs that exceeded their monthly board payment
- 39 youth were to use the funding for needed computers
- 19 youth that were 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 SFY18, 128 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 two were in the ESGAP group.

All youth having a current email address on file with the business office received a reminder notice during academic year 2017-2018 to review their college expenses for the year to see if there was a need for ETV funding and to make sure they file their FAFSA so they will be eligible for the maximum federal and state grant funding.

The Department will continue to develop and implement ways to identify these youth and then reach out to them.

Staff from the Office of Education and Transition Services continue to conduct trainings and information seminars at foster parent conferences, Hispanic and African-American Family conferences, educational trainings in person and through webinars to DCFS and POS staff and to all interested parties.
- Information regarding the ETV program will be presented to youth at all four Youth Summits during June 2018.

### Annual Reporting of State Education & Training Vouchers Awarded

<table>
<thead>
<tr>
<th>Program</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Training Voucher Program</td>
<td>210</td>
<td>113</td>
</tr>
<tr>
<td>(July 1, 2016 – June 30, 2017)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-2018 School Year*</td>
<td>185</td>
<td>96</td>
</tr>
<tr>
<td>(July 1, 2017 – May 29, 2018)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### G. Populations at Greatest Risk of Maltreatment

Each year DCFS publishes the [DCFS Annual Statistical Report](#) on child abuse and neglect which includes child maltreatment death information. This information is gathered from DCFS data base files and compiled by the Office of Information Services. 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 what can additionally be learned 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. During the current fiscal year, the Department took a number of steps to enhance its ability to identify risks to children. Child Protection Area Administrators began performing weekly reviews of cases which fall within the following critical areas – new reports of children under 3, investigations where
children were assessed as unsafe, intact cases with a new investigation and new facility investigations. On a monthly basis each Area Administrator sends through a list of practice trends they have found in the cases and also identify how they are addressing the trends or any safety issues. As a result of these ongoing reviews, one region is actually identifying a practice issue to address in a “grand rounds” fashion: Managers review the procedure surrounding the concern and then develop a plan to address with staff. This process drives better focus on the quality of the investigation rather than simply tracking compliance with procedures. In addition, the Office of Quality Enhancement is independently reviewing cases in Intact Services based on a daily list of those cases in which new hotline reports have been made.

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. DCFS currently has approximately 16,000 children in substitute care, and the Department has committed the entire agency and 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.

**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 though the Adoption Preservation programs. DCFS’s Post Adoption Unit gathers and maintains data only on non-wards vs former children/youth in care, but does not separate post adoption cases as domestic or inter-country. 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.

Among the services available to this population include: Intact Family Services with a description available on page 105, High Risk Intact Services, information available on page 106, and Therapeutic Foster Care, information available on page 126.
Chapter 5 – Program Support

Office of 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:

The Illinois Core Practice Model has three components: Family-centered, Trauma-informed, and Strength-based (FTS) Practice, Model of Supervisory Practice (MoSP), and the Child and Family Team Meetings (CFTM). The Core Practice: FTS training was fully incorporated into Foundations training for Permanency and Intact staff in January 2018. An abbreviated online version remains available for non-direct service staff and community partners. An expanded online version is being finalized which is now targeted to go live at the end of June 2018 for direct service staff who are not new hires. The MoSP includes two days of classroom for each of the four modules (one a month), with an individual coaching session occurring approximately two weeks after each module for all participants. The CFTM three-day classroom training is the foundation for the onsite coaching with live cases that occurs in order to approve staff as “facilitators,” “coaches” (supervisors are targeted to become coaches for their assigned teams), and “master coaches.” Master Coaches will be FISP staff and select regional staff to support the sustainability of the new CFTM model.

The table below represents the number of DCFS and POS participants completing the individual courses from July 1, 2017 through May 21, 2018:

<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>216</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>

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.

Training remains the same as reported in APSR 2018.

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 May 1, 2017 through May 30, 2018:

<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>860</td>
</tr>
</tbody>
</table>
**Foundations for Placement** | 78.5 | 394  
**Foundations for Intact Family Services** | 79.25 | 132  
**Foundations for Child Protection** | 90.0 | 197  
**Foundations for State Central Register** | 46.0 | 31  
**Foster PRIDE Training for Foster Parents** | 27.0 | 2820  
**Online Adoption/Guardianship Certification Training** | 9.0 | 120  
**Adoption Core** | 78.0 | 20  
**Adoption Certification from Foster Care to Adoption (Classroom)** | 9.0 | 118

**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 and, the Children and Family Services Act.

Ongoing training remains the same as reported in APSR 2018 includes training on any new initiatives, procedural changes or additions, and training to address any needs identified throughout the course of the year. FY18 has included:

<table>
<thead>
<tr>
<th>Course</th>
<th># Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure 315</td>
<td>221</td>
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<tr>
<td>CANS Recertification Exam for IA Screeners</td>
<td>69</td>
</tr>
<tr>
<td>CANS Recertification Exam for Intact Workers</td>
<td>37</td>
</tr>
<tr>
<td>DCFS A.S.K. MOBILE APP TRAINING</td>
<td>53</td>
</tr>
<tr>
<td>TITLE IV-E COMPLIANCE REVIEW</td>
<td>776</td>
</tr>
<tr>
<td>WORKING WITH YOUTH WITH SEXUAL BEHAVIOR PROBLEMS</td>
<td>264</td>
</tr>
</tbody>
</table>

**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, 2017- May 25, 2018

<table>
<thead>
<tr>
<th>CWEL Approvals</th>
<th>595</th>
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</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>29</td>
</tr>
<tr>
<td>Suspensions</td>
<td>8</td>
</tr>
<tr>
<td>CWE Revocations</td>
<td>2</td>
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<tr>
<td>CWEL Relinquishments</td>
<td>0</td>
</tr>
<tr>
<td>CWEL Reinstatements</td>
<td>0</td>
</tr>
</tbody>
</table>

**Field Implementation Support Program (FISP):**

- The FISP workforce development program encompasses on-the-job coaching with placement, intact, child protection, licensing, and support service supervisors, through the Trauma 201 training, the Core Practice Model: Family-centered, Trauma-informed, and Strength-based (FTS)practice training (online and previously in classroom), Model of
Supervisory Practice (MoSP), and the Child and Family Team Meetings (CFTM) training and coaching. The external consultant group, the Child Welfare Policy and Practice Group (CWG) trained and approve FISP staff to deliver the three day training. Currently and going into FY19, the CWG is developing some FISP staff into approved trainers of trainers for this curriculum. Following the training, the consulting group coached and developed FISP staff into “Master Coaches” for the CFTM process. Currently and going into FY19, CWG is developing FISP master coaches to be approved to develop new FISP staff and additional regional field staff as master coaches as well. As master coaches, FISP is overseeing the development of all permanency supervisors and workers in the immersion sites as facilitators in the new CFTM model and developing the permanency supervisors as coaches additional. As coaches, supervisors will be able to develop new hires into being facilitators once they attend the CFTM classroom trainings led by FISP trainers.

The following represents the numbers of participants from July 1st, 2017 to May 21st, 2018:

<table>
<thead>
<tr>
<th>Course</th>
<th>Delivery Method</th>
<th># Participants Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Practice: FTS</td>
<td>Online</td>
<td>834</td>
</tr>
<tr>
<td>Core Practice: FTS</td>
<td>Classroom</td>
<td>512</td>
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<tr>
<td>CFTM</td>
<td>Classroom</td>
<td>360</td>
</tr>
<tr>
<td>MoSP</td>
<td>Classroom</td>
<td>94</td>
</tr>
<tr>
<td>CFTM “Facilitators”</td>
<td>Coaching</td>
<td>96</td>
</tr>
<tr>
<td>CFTM “Coaches”</td>
<td>Coaching</td>
<td>34</td>
</tr>
<tr>
<td>CFTM “Master Coach”</td>
<td>Coaching</td>
<td>18</td>
</tr>
</tbody>
</table>

**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< with additional make up sessions occurring until the 100% of the initially targeted staff completed the course and the material was then fully integrated into Foundations courses for Permanency and Intact staff by January 2018. The abbreviated online trainings for non-direct service staff and community partners continue to current date. An expanded online curriculum is targeted to go live by the end of June 2018 for direct service staff from regions outside the immersion sites who are not new hires.

**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.

The MoSP as part of Illinois plan for training to the Core Practice Model within each immersion site, launched in April 2018. All DCP, Intact, and support service supervisors from the four immersion sites were targeted to participate in the MoSP. Permanency Supervisors are targeted to complete the MoSP after they complete their development in the CFTM model. The current cohorts of MoSP will run through the end of July 2018, so the next cohort which will include permanency supervisors will be targeted to begin in later summer 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 (or CWG). This group has been working with FISP to implement both CFTM training and individual coaching throughout the four immersion site locations. The consultant group provided a training of trainers for FISP and then observed and coached FISP staff from July 2017 until currently in the delivery of these trainings and in the development of FISP as Master Coaches. FISP take over all deliveries of the three-day training within Illinois by the end of calendar year 2017. While CWG periodically observes and provides additional coaching on the three-day training, a number of FISP staff were approved as trainers by December 2017. Currently CWG is developing some FISP staff to be trainers of trainers for this curriculum in order to assist FISP in developing newer FISP trainers in this curriculum. The consultant group provided coaching to FISP to become “Master Coaches” for their model of child and family teaming. FISP provides ongoing individual and group coaching to permanency supervisors and workers throughout the four immersion sites facilitating this model of child and family team meetings. Each supervisor is 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 provides additional support in developing workers into facilitators. 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 regions are identified to install the CFTM. FISO is currently working with IDCFS leadership in developing strategies for the next phase of this installation beyond the four immersion sites which is targeted to begin in early FY19. FISP will provide both the training and the coaching for these expanded sites beginning in FY19.

**Success! Academy:** In FY18, IDCFS choose to maintain the oversight and facilitation of the Success! Academy with the program’s originators, Casey Family Programs. FISP staff working with this project were reassigned to support the CFTM coaching process in the immersion sites.

**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 eight universities already in partnership with the Department, there are other universities in the planning stages for this partnership. The following universities will be piloting the program in the Fall of 2018:
- St. Francis University
- Lewis University
- St. Augustine University
- Southern Illinois University (Edwardsville)

The following schools have shown interests in implementing the program:
- Governors State University
- Southern Illinois University (Carbondale)

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
- Northern Illinois University

In FY 18, 142 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. 9.1% of the students chose to pursue employment with private agencies. One trend with this program is some students do not choose to pursue employment immediately after graduation.

The goal for the program is to create more opportunities for students seeking to obtain a career within child welfare by partnering with other universities and colleges to implement the program. Also, the program would like to find a way to create alignment with those who successfully complete the program who are interested in working for the Department.

**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 18 had 63 student interns complete an internship placement within the Department. The breakdown can be found below:

- BSW Candidates: 22
- MSW Candidates: 23
- Other: 18

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, Sociology, Human Development and Family Science, Law Enforcement, Criminal Justice, Law, Applied Psychology, and Childcare Education.
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.

The program is working to create workgroup in FY 19 to further development and create alignment with the internship differences from those students who are working to obtain a bachelor’s degree versus those who are working to obtain a master’s degree.

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 Vison. 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, 2017 to May 28, 2018, the Department conducted 44 courses of in-service trainings throughout the state. Below is a sample of the data kept on these trainings:
<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>213</td>
</tr>
<tr>
<td>Bridging the Language Barrier</td>
<td>Online</td>
<td>1</td>
<td>1181</td>
</tr>
<tr>
<td>Burgos</td>
<td>Web-Based/Self-Paced</td>
<td>2</td>
<td>817</td>
</tr>
<tr>
<td>CANS</td>
<td>Web-Based/Self-Paced</td>
<td>3</td>
<td>528</td>
</tr>
<tr>
<td>Casey Life Skills Assessment</td>
<td>Online</td>
<td>1.5</td>
<td>434</td>
</tr>
<tr>
<td>Child and Family Team Meetings for Caseworkers and Supervisors</td>
<td>Web-Based/Self-Paced</td>
<td>2</td>
<td>1176</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 FY18 going into FY 19.

**Foster Parent Support Specialists:**
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 promote 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, prevent shelter placements, and ensure the safety, permanency, and well-being of children.

FPSS provide ongoing coaching and development for foster parents, including recommendations on their foster parent training needs, how to become affiliated with foster parent support groups and referring foster parents to the appropriate services or DCFS staff.

Accomplishments for FY18:
- Monthly contacts with foster parents with placements to provide support, training, placement stability and foster parent retention.
• Offered weekly and emergency/crisis support and training to 11 emergency foster care homes statewide.
• Supported beyond Medical Necessity homes recommending placement options and follow up with the foster home.
• Initiated a pilot program, Expedited Licensing, Training and Support as a FAST TRACK program which serviced fifteen homes. Eight of these homes went on to licensure.
• Partnered with Field Implementation Support Program for training in SEACK/GROW framework and coaching competencies.
• Created Foster Parent Support Specialist brochure to promote program.
• Developed onboarding curriculum for new FPSS and Lead FPSS.
• Participated in multiple trainings for skill development including Trauma 201, psychological first aid, core practice model, child and family team meetings, HPV/trauma, self-care, early infant development/trauma impacts, birth to three initiatives, and an overview on the four disciplines of execution.
• Created program evaluations/surveys for program evaluation.
• Development of the activity report to track contacts.
• Created new program plan for both FPSS and LFPSS laying out a stronger infrastructure.
• Developed standard operating procedures for program.
• Created statewide division maps.
• Connected foster parents with resources in their communities (life book parties, foster parent law training, book bag/school supply give away, appreciation events, and Christmas parties, providing supplies, collaborating with health department for free car seats).
• Lead foster parent support groups throughout regions.

Goals for FY19:
• Full regional coverage statewide.
• Implementation of program plan with updated infrastructure.
• Implementation of onboarding curriculum for FPSS and lead FPSS.
• Additional development for LFPSS to carry out supervisory duties as put forth in program plan.

Foster/Adopt Training
A Relative Caregiver Orientation was developed in response to the high rate of unusual incident reports involving violations of court orders and safety plans by relatives. This two-hour orientation training scheduled for pilot in July of 2018 was placed on hold to work out the process for execution. In March 2018, there was a change in program Leadership and the implementation of this orientation is moving forward with plans to make it available online during the third quarter of FY-19.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Delivery Method</th>
<th># of Hours</th>
<th># Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster PRIDE Training for Foster Parents</td>
<td>Classroom</td>
<td>27</td>
<td>1488</td>
</tr>
<tr>
<td>Educational Advocacy</td>
<td>Classroom</td>
<td>6</td>
<td>730</td>
</tr>
<tr>
<td>PRIDE HMR</td>
<td>DVD</td>
<td>6</td>
<td>1104</td>
</tr>
</tbody>
</table>

*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, 2017 through March 31, 2018, 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>954</td>
</tr>
<tr>
<td>Adoption Certification: From Foster Care to Adoption</td>
<td>Classroom</td>
<td>6</td>
<td>222</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>
<td>Classroom</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Module 4: The Sexual Development of Children &amp; Responding to Child Sexual Abuse</td>
<td>Classroom</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Module 5: Supporting Relationships Between Children and Their Families</td>
<td>Classroom</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Module 6: Working as a Professional Team Member</td>
<td>Classroom</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Module 7: Promoting Children's Personal and Cultural Identify</td>
<td>Classroom</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Module 8: Promoting Permanency Outcomes</td>
<td>Classroom</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Module 9: Managing the Impact of Placement on your Family</td>
<td>Classroom</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Module 12: Understanding and Promoting: Preteen and Teen Development</td>
<td>Classroom</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Attachment and the Teen in Family Foster Care</td>
<td>Classroom</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Reunification Training for Caregivers</td>
<td>Classroom</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Caring for Children Who Have Experience Trauma</td>
<td>Classroom</td>
<td>15</td>
<td>182</td>
</tr>
<tr>
<td>Child Trauma for Caregivers</td>
<td>Classroom</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Promoting Healthy Sexual Development and Pregnancy Prevention</td>
<td>Classroom</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Effective Black Parenting</td>
<td>Classroom</td>
<td>45</td>
<td>0</td>
</tr>
<tr>
<td>Emergency Foster Care</td>
<td>Classroom</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>
B. Updates to Research

Chapin Hall

Brief Description of Various Services Offered by Provider:

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, families, and their communities. 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 have unique national and local child welfare policy expertise and to be an objective researcher and 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 conducted for DCFS in FY18.

Services provided under this contract include research, evaluation, and implementation support in support of management decision-making, and client outcomes, and improved system-level performance. The contract includes thirteen (13) projects:

1. Residential Care Research
2. Medicaid Managed Care
3. Immersion Site Evaluation
4. Therapeutic Foster Care Evaluation
5. Residential Monitoring Evaluation
6. Regenerations/RUR Evaluation
7. Home Visiting Evaluation
8. Safe Baby Court (SBCT) Evaluation
9. Strategic Implementation Support
10. Enhancing the CQI Process for DCFS & POS Stakeholders
11. NYTD Support
12. Center for State Foster Care and Adoption Data
13. Data Support

1. Residential Care Research

FY18 Activities and Deliverables

- Continue analysis of trends and changes in trends of residential utilization or youth at risk of placement in residential care.
- Complete development of predictive analytic models for residential re-entries, disruptions from residential step-down placements, and lateral moves from one to another residential center
- Conduct systematic review of existing literature to place Illinois performance and results of predictive models in appropriate context
- Other analyses as requested by the Department
2. Medicaid Managed Care

FY18 Activities and Deliverables
- 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 planning and implementation committees.
- 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

3. Immersion Site Evaluation

FY18 Activities and Deliverables
- Continued developing 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.

4. Therapeutic Foster Care Evaluation

FY18 Activities and Deliverables
- Continue to support DCFS’ implementation efforts
- Finalize process and outcomes evaluation design
- Begin process and initial outcomes evaluation

5. Residential Monitoring Evaluation

FY18 Activities and Deliverables
- Continue to support DCFS implementation efforts
- Continue evaluation activities

6. Regenerations/RUR Evaluation

FY18 Activities and Deliverables
- Continue to support DCFS’ implementation efforts
- Continue evaluation activities
- Deliver results of evaluation of outcomes of youth in pilot from 7/1/15-6/30/17 in comparison to an historical “business-as-usual” comparison group
7. Home Visiting Evaluation

**FY18 Activities and Deliverables**
- Data collection for the implementation study
- Data collection for the outcome study
- Final report: Tentatively, June 2019

8. Safe Baby Court (SBCT) Evaluation

**FY18 Activities and Deliverables**
- Develop evaluation plan and timeline
- Data collection (pending implementation progress)
- Initial interim analyses

9. Strategic Implementation Support

**FY18 Activities and Deliverables**
- Targeted consultation to help DCFS meet its strategic objectives
- Conduct systematic reviews of existing literature regarding topics of strategic importance to the Department
- Implementation Support for DCFS strategic initiatives such as TFC and TRPMI pilots
- Attend meetings and participate on workgroups as needs and circumstances arise
- Provide feedback on metrics and indicators generated in accordance with 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

10. Enhancing the CQI Process for DCFS & POS Stakeholders

**FY18 Activities and Deliverables**
- Continue to support the Department’s efforts to develop and refine an enhanced CQI process for DCFS and its POS agencies.
- Provide consultation and coaching for the implementation of enhanced CQI through learning collaborative and other strategies.
- Continue to train and coach DCFS and POS staff on the CQI curriculum developed in FY17.
- Engage participants in Advance Analytics training and coordinate alignment with CQI strategic objectives.

11. NYTD Support
FY18 Activities and Deliverables

- Examine the independent living services data reported by caseworkers to determine if there are reporting patterns associated with placement, caseworker or agency
- Examine the relationship between NYTD outcome measures and youth characteristics or placement history
- Develop plan to improve the quality of the NYTD independent living services data that are reported
- Develop plan to increase response rates on the baseline and follow up NYTD surveys
- Develop plan to use NYTD survey data to enhance services provision and youth outcomes
- Assist with the implementation of NYTD survey data collection and data use improvement plans

12. Center for State Foster Care and Adoption Data

FY18 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
- Generate a state specific file; develop programs for regularly updating the agency file
- Provide technical assistance and support to web tool users
- Upon request, further develop a state-customized longitudinal file and upload it to the web-based interface. This will permit intra-Illinois analyses using state-customized definitions. For example, in the state-customized file, the state may choose to add variables that classify cases by region, field office, or judicial circuit.
- Upon request, further develop a 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 and POS users of the FCDA through technical assistance and training opportunities
- Conduct two Illinois-specific Advanced Analytics courses and other capacity building strategies

13. Data Support

FY18 Activities and Deliverables

- Clean, linked, reformat and document DCFS data on quarterly or as needed basis
- Support all other tasks in the contract and other DCFS-related research that requires up-to-date state and administrative data
- Continue to conduct quality control on data that is provided to Chapin Hall from DCFS
- 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
Brief Description of Services Provided Under DCFS Agreement:
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.

The Children and Family Research Center (CFRC) per the B.H. Consent Decree, acts as an independent monitor of the Department of Children and Family Services. In partnership with DCFS we jointly establish the deliverables that are directly related to the Department’s monitoring and evaluation needs under different legislative and court mandates, including the following projects:

- Child Endangerment Risk Assessment Protocol Evaluation
- Illinois Child Death Review Team Annual Evaluation
- Special Review of High Profile Cases
- B.H. Monitoring and Data Analysis
- Illinois Survey of Child and Adolescent Well-Being 2 (ISCAW 2)
- Illinois Child Welfare Data Center
- BH Case Practice Reviewer
- Foster Care Utilization Review Program
- Computer Support and Data Archive
- Evaluation of the Child Protection Training Academy
- Post-Adoption
- Youth and Community Engagement Program

Description of Services:

The Children and Family Research Center (CFRC) conducts research, evaluation, and practical support to inform child welfare policy and improve child welfare practice in the State of Illinois. To support the Department’s efforts, the Center will engage in the following activities.


FY2018 Deliverables:
- Participation in statewide CERAP Advisory Committee meetings
- CERAP Annual Report
- Presentation to CERAP Advisory Committee, Department administrators, or other relevant parties as requested by the Department
- Research brief (2-3 page summary of research)
2. Illinois Child Death Review Teams Annual Evaluation

*FY2018 Deliverables:*
- The primary deliverable for this project will be the CDRT Annual Report that is sent to the Illinois General Assembly, the Governor, and other interested parties.

3. Special Review of High Profile Cases

*FY2018 Deliverables:*
- Collect information on high profile cases selected by the Department; this data collection can include in-depth case reviews, interviews with DCFS staff
- Analyze the collected information and write a report that includes recommendations for policy change and practice improvements
- Debrief DCFS staff as needed following the conclusion of the review
- Provide training to DCFS staff as needed following the review
- Conduct program or policy reviews on other child welfare programs as needed.

4. B.H. Monitoring Report and Data Analysis

*FY2018 Deliverables:*
- B.H. outcome monitoring report(s)
- Shorter (2-5 page) research briefs that present the results on specific topics
- Presentation of results to Department staff and other child welfare stakeholders as requested
- Data analysis, statistical consultation, and data reporting on topics related to the BH consent decree, as requested.
- Special studies related to the BH consent decree, as requested.

5. Illinois Survey of Child and Adolescent Well-Being 2 (ISCAW 2)

*FY2018 Deliverables:*
- Comprehensive final report on the well-being of children in substitute care in Illinois
- Research Briefs on specific topics related to child well-being

6. Illinois Child Welfare Outcomes Data Center

*FY2018 Activities and Deliverables:*
- Update the indicators in the Data Center to include the federal CFSR outcome indicators
- Update the indicators with new data at least once per year
- Build effective visualizations for more complex metrics (e.g., placement types, allegation types)
- Build simpler info-graphics for more basic, “snapshot” metrics (e.g., number of children currently in care)
- Present the Data Center in person to potential users (the Department, the School) to incorporate feedback and increase awareness
7. **B.H. Case Practice Reviews**

**FY2018 Activities and Deliverables:**

- Case Practice Reviewers will participate in DCFS trainings on the Family Centered Trauma informed Strength based (FTS) Model of practice as well as other DCFS trainings deemed necessary to understand and review selected cases for Case Practice Reviews.
- Case Practice Reviewers will actively participate in all requirements of the Case Practice Review training and on site reviews; includes scheduling stakeholder interviews, completing written case summaries if deemed appropriate, debriefing with supervisors, caseworkers, debriefing with consultants and participating in aspects of a quality control process.
- Case Practice Reviewers provide mentorship of reviews to volunteer reviewers as appropriate.
- Case Practice Reviewers may be asked to solicit volunteer reviewers to participate in the Case Review process. Case Practice Reviewers will participate in Private agency/stakeholder meetings and provide information on the Case Review process.
- Case Practice Reviewers may be required to participate in additional Case review such as QSR and other reviews deemed necessary to improve practice and outcomes.
- Each quarter Case Practice Reviewers will actively participate in a quarterly presentation of Case Practice Review findings.
- Case Practice Reviewers will actively participate in the CQI Collaborative process to support and coach CQI activities as it relates to the Case practice Reviews.

8. **Foster Care Utilization Review Program**

**FY2018 Deliverables:**

1. With DCFS OQE, manage DCFS’ Outcome Enhancement Review (OER) process
   - Develop implementation plan for launch of the OER Plus reviews
   - Manage logistics, QA, and data analysis for OER Plus reviews (# not currently known, but at least 65 cases: 40 foster care and 25 in-home)
   - Produce regular data reports (frequency dependent on frequency of reviews); to Regional CQI Collaboratives, the Statewide CQI Collaborative, and other audiences as requested.
   - Conduct 1 to 4 trainings (new reviewer and/or refresher) as needed
2. With DCFS OQE, prepare for and coordinate the development and implementation of the Federal Child and Family Services Review (CFSR) Program Improvement Plan (PIP)
   - Participate in planning calls
   - Prepare and disseminate quarterly PIP progress reports to the Children’s Bureau
3. Facilitate and manage large Regional CQI Collaboratives in each DCFS region, as well as the Statewide Collaborative, based on CQI team principles and improvement cycles
   - Convene quarterly Regional CQI Collaboratives around the state (September/December/March/June; 16 meetings total)
   - Convene quarterly Statewide Collaborative meetings (October/January/April/July; 4 meetings total)
   - Prepare Data Books for each quarterly meeting (minimum 4 [1 per quarter]; max 16 [region-specific reports])
4. Continuing leading or co-leading the implementation of the Joint DCFS-POS CQI Framework
   • Convene/facilitate planning calls
   • Develop/produce Data Books (# per above)
   • Participate in the CQI Learning Collaborative Planning calls and as trainer for trainings (weekly planning calls; potentially 2 training cycles statewide)

5. Conduct targeted/special reviews as able and as requested

6. Participate in specialized workgroups: Workforce Retention (ad hoc meetings); CCWIS Feasibility Oversight Committee (every other week)

9. Computer Support and Data Archive

FY2018 Deliverables:
   • Faster performance with lower mainframe CPU costs
   • Better information in and higher satisfaction with Nomad products
   • Greatly increased reporting and analysis capacity
   • Facilitates rewriting Nomad of products into the *.Net (Sacwis compatible) environment
   • Improved understanding of the users of and the Department’s investment in Nomad
   • Faster development of OITS’ management reporting efforts
   • Improved ‘survivability’ in the event of the loss of key staff
   • Improved coordination between OITS and Quality Assurance’s IT efforts and strategies

11. Post-Adoption

FY2018 Activities and Deliverables:
   • Facilitate the on-going operation of the statewide Adoption Preservation and Respite programs, MAC (Maintaining Adoption Connections) programs, the Recruitment and Kin Connection Project federal grant, as well as all other post adoption programs of the IDCFS including preparation of contractual and on-line documents required for their renewal each fiscal year.
   • Collect and analyze statistical reporting forms and other data collected on services provided through the Adoption Preservation, Respite, and MAC programs; receive fiscal reports and prepare vouchering documents in a timely manner.
   • Provide technical assistance to IDCFS staff, adoptive and subsidized guardianship parents and youth and all agencies providing post adoption services, including but not limited to Adoption Preservation, Respite, the Recruitment and Kin Connection Project federal grant, and MAC programs.
   • Provide leadership for on-going program development, including the development of new
post adoption programming initiatives, and statewide coordination of services.

- Maintain on-going fiscal, contractual and programmatic monitoring of all Adoption Preservation, Respite, and MAC programs including at least 1 on site monitoring visit per fiscal year.
- Assist with the organization and facilitation of various statewide post adoption meetings.
- Provide linkage and coordination with other adoption and post adoption organizations as requested.
- Assist in determining the post adoptive service needs within the State of Illinois.
- Reconcile new adoption and Kingap invoices done by attorneys statewide
- Manage & monitor the income of clients and financials in relation to the contractual needs
- Make assessments for the necessity of new contracts

12. Youth and Community Engagement Program

*Program Description:* This program coordinates the Department of Children and Family Service’s efforts to improve community relations and the access of community resources for Department involved children and families. This program will serve as a liaison and support to connect communities in Cook County to various DCFS divisions. This program will also explore how the Department can better engage dually involved youth in community based pro-social activities, as outlined in the BH implementation plan. Through the enhancement of strategic partnerships with local, state, and federal agencies that serve children and families, DCFS aims to engage community stakeholders in promoting improved child welfare outcomes of safety, permanency, and child well-being.

**University of Illinois at Chicago**
Child Welfare Research Collaborative

**Brief Description of Various Services Offered by Provider:**
The Jane Addams College of Social Work at the University of Illinois at Chicago carries the mission of Jane Addams and the Hull House movement forward, adapting social work needs and realities of today’s urban settings. As a premier institution for graduate study, the college is recognized leader in social work research, education, and service. In the past year, this work has included specific services to DCFS including the following contracts: Permanency Enhancement Team; CWRC.

Services provided under this contract includes: research, evaluation, and data analysis in support of improved system-level performance, management decision-making, and client outcomes. The contract includes two research projects: CIPP/ D-CIPP Evaluations and Placement Stability.

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 2018. It includes three interrelated research projects focused on service needs and support of effective services for adolescents with complex behavioral needs.
(1) Project 1: Barriers to Goal Attainment for Youth 19 and Older;  
(2) Project 2: Evidence-based Services for Successful Discharge: Identification and Service System Analysis; and  
(3) Project 3: Identification of Risk Markers for Proactive Planning for Youth with Complex Behavioral Needs

**Project 1: Barriers to Goal Attainment for Youth 19 and Older**

Tasks will include survey and database creation, expert consultation, technical support, administrative data collection, multivariate analyses, and completion of a report, brief publication, and presentation of results. Analyses will include description of factors supporting or undermining service attainment and identification of service/program gaps. Recommendations based on findings will be presented.

**Project 2: Evidence-based Services for Successful Discharge: Identification and Service System Analysis**

Tasks will include literature review and analysis of effect sizes, outreach to program developers to specify program components as needed, completion of a report that includes a matrix summarizing findings for easy reference and presentation of results. The project will include close coordination with D-CIPP and CIPP administrators to ensure high relevance of the project to the D-CIPP process. Recommendations based on findings will be presented.

**Project 3: Identification of Risk Markers for Proactive Planning for Youth with Complex Behavioral Needs**

Tasks will include administrative data collection, database creation for analysis, descriptive and multivariate analyses, completion of a report and presentation of results.

**FY18 Activities and Deliverables**

- Reports for each of the three projects
- Presentation of results to DCFS
- Preparation of summaries, publications, and other materials as needed for distribution to staff

**Western Illinois University** (WIU) has two contracts with the DCFS Office of Learning and Professional Development. Work on both projects continued throughout the fiscal year as outlined in the program plans.

In collaboration with the WIU School of Sociology on the Testing and Evaluation contract the following was accomplished in FY18:

- Creation of a new Child Welfare Employee Licensure Proficiency exam
- Review and revision of the Child Protection Specialist exam, Placement exam, and the Group Day Care Homes (Rule 408) Licensing exam.
- Conducted quarterly and annual statistical analysis of all exams with an analysis of the Foundation Training evaluations, by trainer, as part of the annual report.
The Center for the Application of Information Technologies (CAIT) contract supports the DCFS web-based training database, the Virtual Training Center (VTC). In addition to hosting and supporting the database, numerous updates were made to the VTC that include:

- Additional fields in the ‘Account’ section were added to track Immersion Site participants, Child and Family Team Meeting (CFTM) Facilitator, Coach and Master Coach status, and recertification on the Child and Adolescent Needs and Strengths (CANS) tool
- Delivery of a new component, Notification Manager, which allows users to track and send auto-generated emails to targeted staff regarding annual compliance of various mandated trainings
- Enhancements were made to tracking of communications
- Revisions were performed to the public Mandated Reporter training
- Updates to technology were made to enhance security.

Both WIU contracts will continue into FY19.

**Northwestern University**: The Trauma/Behavioral Health contract continued in FY 18 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 completed regarding youth in care. 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 Geographic Information Systems. In addition, MSHPP consulted with DCFS on multiple behavioral health and child trauma issues, including youth care settings and the trauma credentialing project for DCFS-contracted therapy providers. MSHPP also maintained REDCap for Nursing and Medical Director projects as well as the collection of the Child and Adolescent Services Intensity Instrument (CASII).

MSHPP are actively involved in the process of transitioning child welfare CANS users to the same version of the instrument (CANS 2.0) and moving the work into the SACWIS system. A “Meaningful Use” project was initiated for Intact services and will continue as all child welfare users are recertified in these of the CANS 2.0. 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.

**C. Updates on Information Systems**

The Department has continued to support ICWIS (the Illinois version of a SACWIS system) maintenance and enhancements during this reporting period. Over this reporting period the following ICWIS releases were implemented:
The release includes corrections and enhancements to:

- Child/Youth Incidents
- Crystal Reports
- Ehealth Passport
- SACWIS Investigation Notes
- SACWIS SCR Call Back
- SACWIS Organizational Entity
- SACWIS Intake

The Department remains committed to reducing data systems with plans to obsolete many of the currently operational, disparate systems and in particular those case management systems with common or duplicate child and family data. This effort is necessary to improve overall data quality, to support accurate outcome reporting and to best prepare the Illinois roadmap toward CCWIS compliance.

At last report, the Department was preparing to engage in a feasibility study for the Federal CCWIS initiative as described in the “Statewide Information Systems” section found on page 40. In September 2017 the Department launched the CCWIS Feasibility Study in partnership with PCG, Public Consulting Group, the selected vendor to support Illinois through the feasibility project.
The following options are being explored as part of the study:

- Replacement of the Department’s current systems with a Commercial Off-The-Shelf (COTS) product;
- Replacement of the Department’s current systems with a CCWIS compliant transfer system from another state that meets the majority of Illinois business practice needs;
- Replacement or supplementation of the Department’s current systems with a custom-built solution; and
- Redesign and supplementation of the Department’s current Illinois Child Welfare Information System (ICWIS) and integration and/or retirement of other legacy systems.

The CCWIS feasibility study is in the fifth phase with 78% of the overall project having been completed. Currently the project is running under budget and on time to complete in September 2018.
Chapter 6 – Consultation and Coordination Between States and Tribes

Indian Child Welfare Act (ICWA)

For full program details, please refer to Chapter 6 of APSR 2018.

FY 2018 Accomplishments

- Provided supplemental support in the verification process of whether an Indian child is an enrolled member or is eligible for membership in a Tribe.
- Refined identification and confirmation of children eligible for enrollment in a recognize Tribe.
- Initiated, maintained, and cultivated connections with the identified tribes of the child and families involved with child welfare agencies.
- Provided technical assistance to child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the pendency of child welfare cases.
- Participated in the drafting of Cook County Juvenile Court ICWA orders.
- For this fiscal year, DCFS has 49 children in care who are identified as Indian/Native children base on their tribe’s verification.
- The ICWA program office handled 435 inquiries from May 2017 to May 2018.
- At this time, DCFS has only 2 foster homes identified as Indian/Native American.

FY 2019 Goals

- Restructure ICWA Specialist Program to better meet the needs in Illinois statewide by placing an ICWA Specialist in the Central and Southern Regions and maintaining an ICWA Specialist in the Northern and Cook Regions.
- Have ICWA Specialists attend Child and Family Team Meetings (CFTMs), Administrative Case Reviews (ACRs), and any cases related meetings, including court hearings for identified American/Alaskan Indian Native children.
- Seek and Identify community support organizations, programs and activities for American/Alaskan Indian Native children and families.
- Participate monthly in community outreach and advocacy activities within the Native American/Alaskan Indian Native community.
- Continue to provide technical assistance to child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the pendency of the child welfare case.
- A revision of Procedure 307 was completed in October of 2015. Procedure 307 may again need to be reviewed to ensure compliance with the New ICWA Rule (June 2016).
- Increase recruitment of Native American/Alaskan Indian foster parents.
- Increase the number of culturally competent service providers for Native American/Alaskan Indian children and families.
- Increase the number of Qualified Expert Witnesses (QEW) for consultation and testimony regarding best interest considerations in ICWA cases.
- Provide ICWA outreach into the community to increase awareness of the DCFS ICWA program and to build a trusting relationship and to preventive abuse and neglect in the Native American/Alaskan Indian community.
- Participate in the development of mechanisms and protocols to ensure the gathering ICWA data elements for AFCAR.
Chapter 7 – 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>15319</td>
<td>74348</td>
<td>78501</td>
<td>72102</td>
<td>95</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 315.110b2) 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.

At this time, DCFS is in various stages of progress in several programs that will affect and improve the quality of caseworker visits. The Child Welfare Advisory Council has formed a committee to look specifically at workforce development and training, as well as to address the issues around staff retention. The Office of Professional Development is continually evaluating and updating trainings to focus on needed areas of improvement, including both caseworker and supervisory training.
Chapter 8 – 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 must 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 $4,073,113 in FFY17 Applicable Child Savings - Maintenance, and $1,141,342 in Applicable Child Savings – Administration, for a total of $5,214,455. A minimum 20% must be spent on Adoption Preservation Services ($1,042,892) and up to 10% ($521,455) can be spent on post-adoption services, post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care. DCFS met this requirement spending $1,042,892 on Adoption Preservation Services and $521,455 on other post-adoption / post-guardianship services. The final report showing the entire $5,201,282 was fully expended in FFY 2017 for qualifying purposes, was submitted by the October 30, 2017 due date. In the FFY17 submission of the CB-496 Part 4
(Annual Adoption Savings Calculation and Accounting Report), the Department also recognized a negative retroactive adjustment to the FFY16 submission of -$5,223 maintenance and -$7,950 administration due to specific cases eligibility updates. Total recognized and expended savings for both FFY16 and FFY17 was $13,347,242.
Chapter 9 – Child Welfare Waivers
Demonstration Activities

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.

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 original end date for the IV-E waiver had been June 30, 2018. Illinois requested an extension to the project and this was granted by the Children’s Bureau. The new end date for the project is September 30, 2019.

FY-18 Accomplishments

- The combined waiver proposal was successfully implemented with the three Illinois waivers consolidated into a single waiver demonstration.

- The Interim Evaluation report for the substance abuse waiver was completed and submitted to the Children’s Bureau. The evaluation showed continued success with outcomes for families served in the experimental group. More experimental group families were reunified than in the control group. Reunifications for experimental group families also happened quicker than for control group families. Cost neutrality for the project was maintained and the experimental group families continued to generate cost savings over families in the control group.

- The addition of the mobile JCAP assessment was successfully integrated into the substance abuse waiver demonstration project.

- A request to extend the Illinois IV-E waiver through September 2019 was developed and submitted to the Children’s Bureau in March 2018. The request was approved by the Children’s Bureau extending the IV-E waiver project through September 30, 2019.
FY-19 Plans

- Develop a plan to transition the current IV-E waiver services to funding under the new Family First Prevention Services Act.

- Develop a plan to expand the waiver’s Recovery Coach services to Intact Family cases.

- Make Recovery Coach services available to all families participating in the Cook County Family Treatment Drug Court.

IB3 Research Project:

IB3 is approaching the completion of its fifth 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, age 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. Application for extension was submitted in March 2018.

As of the end of May, 2018 there are currently 2,377 children referred to the demonstration, which represents 450 new cases during the current fiscal year. There is a balance of those cases across intervention and comparison agencies. The assessment processes and the associated algorithm for determining risk resulting from trauma exposure is one of the most substantial innovations of the demonstration. Findings in this report reflect a balance across intervention and comparison cases which support the valid implementation of the risk determination processes for the waiver.

Child Parent Psychotherapy (CPP) is a dyadic (caregiver and child) therapeutic intervention for children aged 0–5 who have experienced one or more traumatic events and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child’s sense of safety, attachment, and appropriate affect. Treatment can last 12-18 months.

There were a total of 67 CPP referrals made in FY’18 as of 5/31/18. Out of the 227 cases that have been closed across the life of the waiver, 85 have been closed successfully. This means that successful CPP case closures over the lifetime of the waiver rose from 30% to 37% in FY’18. IB3 had 45 child cases [53%] close successfully with a foster parent and 40 child cases [47%] close successfully with a biological parent.

The Nurturing Parenting Program (NPP) is a curriculum-based psycho-educational and cognitive-behavioral group intervention that seeks to modify maladaptive beliefs that contribute to abusive parenting behaviors and to enhance parents’ skills in supporting attachments, nurturing, and general parenting. The state is implementing a tertiary version of NPP [NPP-PV] focused specifically on the biological parents and [NPP-CV] a group designed for foster parents. Both interventions include pre- and post-assessment of attitudinal change and coaching to enhance application of new knowledge and skills.

IB3 contracts for 16 groups annually with 3 provider agencies. To-date, 318 birth parents have completed NPP-PV. Lifetime enrollment increased by 3% to 64%. Engagement of fathers remains a priority and during FY’18, 33% of the PV recommendations involved fathers. This fiscal year,
78 birth parents have successfully completed the Nurturing Parenting Program-Parent Version; this represents a retention rate of 63%, an 8% increase over the previous year.

NURTURING PARENT PROGRAM - CAREGIVER VERSION (NPP-CV):

There continues to be substantial progress in the NPP intervention for foster parents [NPP-CV]. To-date, 59% of the foster caregivers that have been referred for the NPP-CV program have successfully completed, a 14% increase over the previous report. Lifetime successful completion stands at 72% and reflects 152 parents. During FY’18, 117 foster parents were referred for NPP-CV. Of those parents, 67 [57%] enrolled [attended the initial sessions] and 48 foster parents completed the program.

In the past, daycare has been identified as a barrier to the participation of foster parents. Program staff developed a daycare resource (Illinois Action for Children) and is working with casework agencies to increase utilization of this resource.

Evaluation:

DCFS has contracted with the University of Illinois at Chicago Survey Research Laboratory (SRL) to evaluate the Illinois Birth to Three (IB3) program. On July 17, 2017 SRL began the main study data collection via e-mails to caseworkers. They are contacting all workers in agencies simultaneously for ease of follow-up. The unit of analysis for the evaluation is the child enrolled in the IB3 waiver in FY14 and FY15. There were 1,029 enrolled in the waiver during these two years. Ultimately 764 cases were identified for inclusion in the study and of those cases, 580 interviews with caseworkers were completed. The response rate was 76%. SRL now moves to the parent and child interviews.

Updated analyses comparing permanency outcomes for intervention and comparison groups as of November 30, 2017 continued to show that the IB3 intervention group had substantially higher rates of family unification (reunification and kinship guardianship) than the comparison group. Adoption rates were higher in the comparison group, which narrowed the difference in overall permanency rates to 4.9 percentage points. The overall difference of 4.9 percentage points was statistically significant at the p level of .03. Of particular interest are the large differences in specific types of permanency outcomes. Whereas only 16.1% of the comparison group were discharged to parents or to the permanent guardianship of kin, 24.0% were permanently unified with parents or kin in the intervention group. This specific difference of 7.9 percentage points is statistically significant at the .001 level. Arguably family unification is the more relevant outcome than overall permanency rates because the IB3 interventions are intended primarily to engage and improve the parenting attitudes and practices of birth parents and secondarily those of foster and relative caregivers.

Most surprising, perhaps, is the strong association between maltreatment type and family unification. Infants and toddlers who are removed because of physical abuse are twice as likely to be permanently unified with parents and extended kin than children who suffer from parental neglect. This finding strikes many observers as counterintuitive because abuse is often assumed to be more detrimental than neglect. But viewed through the lens of attachment theory, abusive parenting may be more correctable than neglectful parenting. Parents who harshly discipline may be misguided but at least they are emotionally invested in their children’s lives, whereas neglectful parents may be so disinvested that they are unwilling to make the necessary efforts to repair damaged attachment relationships. Similarly the strong negative association between family
unification and removal from intact family cases suggests that parents who are given the chance but don’t make the necessary changes in parenting practices while children remain in their custody under state supervision are at elevated risk of permanently losing their parental rights.

Estimating the Effect of Participation in NPP-PV Programs:

Children from intervention eligible families, who were not referred for NPP services, experienced very different permanency outcomes than children of families assigned to the comparison group. The subgroup of children from intervention families that were assessed not in need of therapeutic parenting services were the most likely of all subgroups to be unified with family or subsidized guardianship.

Of course it would be foolish to infer from these charts that not referring families to NPP services offers the best way of boosting permanency rates. A more sensible interpretation is that parents who don’t need therapeutic parenting services or are unable to benefit (e.g. long-term incarceration) are the families most likely to be diverted from NPP referrals. The former group are likely to speed toward reunification and the later are likely to be placed on the fast track to termination of parental right and adoption. Because of rotational assignment, it is safe to assume that similar proportions of children in both comparison and intervention groups are on the same fast track to permanence. The problem is these same fact-track children cannot be separated from all the other children assigned to the comparison group. The best that can be done to approximate the effect of IB3 availability on family unification is to allocate the entire difference in family unification outcomes between the comparison and intervention groups to the subgroup that was referred for IB3 treatment. Further, if the assumption is made that the influence of IB3 is conveyed entirely through one or both parents’ completing the NPP program, which was the case for nearly one-third of the intervention group, the so-called “local average treatment effect” widens to a 22 percentage point difference. In other words, the chances of being permanently unified with parents or extended family is estimated to be 22 percentage points higher for comparison children whose parents would have completed the NPP program if they instead had been rotationally assigned to one of the intervention agencies.

The following Table reflects permanency rates across all cohorts:
The demonstration reflects positive permanency outcomes for children who have been assigned to the intervention group overall and substantial outcomes for the children that have had 1 or more parents complete the Nurturing Parenting Intervention.

[Source: Dr. Mark Testa 10-30-17]
Chapter 10 – Quality Assurance/Continuous Quality Improvement

Introduction
The Office of Quality Enhancement has experienced exciting changes and improvements since last year’s APSR. The implementation of the new framework for Continuous Quality Improvement has continued to evolve and improve. The framework called the “CQI Collaborative” has been a true collaboration between DCFS and Private Agencies to establish a structure for improvement. Through repurposing of existing meetings and a focus on priority outcomes, regional meetings and a state-wide meeting have continued to seek new ways of establishing consistent data focused on two priority outcomes; decreasing Recurrence of Maltreatment and increasing Permanencies, especially Reunifications.

In partnership with University of Illinois Urbana-Champaign, a newsletter has been established to improve communication as well as regular “Tips for improving practice” that are distributed through Outlook. Chapin Hall has developed a Learning Collaborative for both DCFS and POS CQI staff to raise capacity and build skills.

The existing Outcome Enhancement Review process is also undergoing an improvement with a proposed OER Plus that provides enhancement to the review process. This is expected to be more widely utilized with improved use within the CQI framework.

A repurposing of the former ECKERD Rapid Safety Review Team staff to new Intact practice reviews have focused on identifying safety concerns and practice issues for intact family cases and have been occurring throughout this fiscal year.

Overall, while change and transition take time, it is believed these improvements within Quality Enhancement will be realized as increased support to Direct Service resulting in better practice and outcomes.

Following are the programs and initiatives that 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.

Outcome Enhancement Review

Since the submission of the FY18 APSR, the Department took a pause in conducting OERs in October 2017. In December 2017, a small group was convened to begin planning for the new round of OERs that would launch following the IL 2018 CFSR.

The new OER process will continue using the federal OSRI as the data collection tool and the federal OMS as the database. In addition, the OER process will also include two additional tools:

1. Audit Tool (strictly a documentation compliance tool, developed as part of an improvement plan to address deficiencies found during a legislative review to improve the presence of specific documents in case files), and
2. Supplemental Questions (additional qualitative questions on which IL wants to collect data that cannot be added to the federal OSRI, such as Child and Family Team Meetings, and Supervision)
A sampling approach is being developed and will be shared with our Regional Office partner and CB CFSR Unit partner, with the goal being approval by the CB MASC team. A weighted, stratified sampling approach is our planned approach for OERs, particularly during the ensuing CFSR PIP period. All sub-regions will participate in OER reviews: A schedule of reviews will be determined based on the weighted sampling approach. A minimum of 65 cases will be reviewed per year: 40 foster care and 25 in-home.

A revised training for reviewers and QA staff is being developed. This training will be provided to prospective reviewers and QA staff in July 2018 (anticipated), and a pilot of the entire review process is planned for August 2018. This small test of change will be evaluated in September and the approach will be further refined.

**Joint DCFS-POS CQI Framework: Regional CQI Collaboratives and the Statewide CQI Collaborative**

In July 2017, the Office of Quality Enhancement (OQE) and the Foster Care Utilization Review Program (FCURP) launched the Joint DCFS-POS CQI Framework with a Kick Off event in Bloomington, IL. Senior DCFS and POS leadership and QI staff attended, and the Acting DCFS Director opened the event with a strong message in support of continuous quality improvement (CQI). Each agency was asked to complete a Participation and Commitment form that identified a Program Manager-level staff person and a senior QI staff person to attend the Regional CQI Collaborative in the region in which the agency operates. For DCFS, Regional Administrators and their leadership team were also asked to commit to participating in their Regional CQI Collaborative. At the core of the Joint DCFS-POS CQI Framework is using a PDSA (Plan-Do-Study-Act) cycle of learning and improvement.

The Regional CQI Collaboratives began meeting in September 2017, and have been meeting on a quarterly basis since then (September, December, March and June). Each Regional CQI Collaborative has been focused on exploring performance related to the CFSR 3 Indicators (strengths, barriers, solutions), identifying the problem, and developing local action plans to address one of two priority outcomes for the state: Reducing Recurrence of Maltreatment, and Improving Achievement of Permanency Within 12 Months.

Additionally, “Regional Mobilization Teams” were 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.

The Statewide CQI Collaborative was launched in October 2017, and has been meeting quarterly since (October, January, April and July):

**PURPOSE:**

- To select priority outcomes that will be the focus of Regional CQI Collaboratives statewide (to achieve coordinated impact)
- To oversee, coordinate, and inform statewide improvement planning efforts related to key child and family outcomes (foster care, intact, residential, Immersion Sites)
- To use data in a CQI process to identify, implement, and monitor statewide systems and casework practice improvements
PARTICIPANTS:
• DCFS Director, Associate Director and Senior Deputy Directors
• Senior DCFS Leadership from DCFS Operations (DCP, Placement and Intact)
• DCFS Deputy Directors of Professional Development, IT, Strategic Planning, Clinical Practice, Child Well-Being, Education, and Monitoring
• POS CEOs (# to be determined)
• Regional CQI Collaborative Chairpersons (8)
• Co-chairs from CWAC
• DCFS Deputy Director for Quality Enhancement and Special Projects/CFSR Administrator
• Foster Care Utilization Review Program (FCURP) Program Director

Committee meetings and activities (including provision of data reports and meeting agendas) are facilitated by a steering group comprised of:
• Statewide CQI Collaborative Co-Chairs
• DCFS QE Director
• DCFS QE Special Projects/CFSR Administrator
• POS CQI Director Representative
• FCURP Director

Following the January meeting, three additional POS members were added to the Steering Committee.

RESPONSIBILITIES:
• Meet in-person quarterly
• Review data products showing progress toward key goals and outcomes
• Receive updates from the Regional CQI Collaborative co-chairs and respond as appropriate
• Set action plans to overcome and resolve system barriers
• Use a CQI process to identify, review and approve recommendations for enhancing performance
• Prepare reports to the DCFS Director and Executive Team outlining evidence-supported and actionable recommendations for enhancing child and family outcomes
• Follow-up on the progress and impact of previously identified and/or implemented recommendations
• Guide the development and monitoring of the CFSR PIP

The Joint DCFS-POS CQI Framework will to grow and evolve as the work develops and change is needed.

CQI Resolution Requests
An important element of Illinois’ Joint DCFS-POS CQI Framework is the ability of staff and other system stakeholders to communicate issues of concern up for resolution. Previously this process was known as “One Pagers” and was available to DCFS staff only. With the inclusive and collaborative nature of the CQI Framework, the need arose to retain the concept but expand its use: hence the development of CQI Resolution Request form and associated procedure.

The CQI Resolution Request form is used, tracked and monitored as a part of the Joint DCFS-POS CQI Framework (i.e., the Regional CQI Collaboratives and the Statewide CQI Collaborative). A CQI Resolution Request is not an action plan in and of itself. Rather, it is a method for documenting and communicating a problem “up” for resolution. The resolution of that problem is
then communicated back “down” in order to close the communication/feedback loop. Anyone at any level, DCFS or POS, can generate a CQI Resolution Request. This process is also available to Advisory Groups. A CQI Resolution Request is used to identify a data-evidenced practice or policy issue that cannot be resolved at the level it was identified. The CQI Resolution Request is not used for internal concerns such as building conditions, desire for a vending machine in the lunchroom, etc.

The CQI Resolution Request form is now electronic and will be housed on the DNET along with the associated procedure and CQI Resolution Request Tracker. To-date, a total of 15 CQI Resolution Requests has been submitted, and a total of 7 have been resolved.

**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 FY18, the Community met every other month in person as well as webinar, and convened its 3rd CQI Conference, *In Pursuit of Quality: Data Literacy*. 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 4th Annual CQI Conference, *In Pursuit of Quality: Building a Dynamic CQI Culture*, as well as continuing to meet every other month.

**Aristotle P. Consent Decree Review**

On August 1, 2017, the Aristotle P. Compliance and Monitoring process was transitioned to the Administrative Case Review Unit (ACR). This newly enhanced monitoring process allows every youth in care (that has a sibling) in the state of Illinois to be reviewed. Moreover, this process has helped to ensure that each applicable child is maintaining a connection with his or her sibling(s). In every case where sibling visitation has not occurred for at least four hours per month, i.e., (twice monthly for two hours each, once a month for at least four hours or overnight visits, etc.) and/or documentation does not indicate whether sibling visits are occurring per the Decree, a critical feedback notification is generated. The critical feedback is forwarded to the Aristotle P. Monitor, as well as the case management agency. Once the case is identified as requiring a critical feedback, an interim ACR is scheduled for a 3-month period to address the sibling visitation violation. During the interim review period, supportive documentation should be submitted to demonstrate that corrective action has been taken to prevent future sibling visitation violations for the case. An Aristotle P. Monitor will also follow up with the worker/agency, to request a corrective action plan to address the sibling visitation violation.

Additionally, during FY18, the following have been accomplished:

- A tracking system was developed to coincide with those youth identified by ACR as being noncompliant with the Decree. The Aristotle P. Monitor provides ongoing technical assistance to both POS/DCFS staff regarding the tenets of the Decree as on acceptable documentation for compliance with sibling visitation. The new process allows the ability to review 100% of child cases versus the previous sample of 30%. As a result of reviewing
every child placed apart from his or her sibling, data reports should become more reflective of the actual rate of compliance with the Decree.

- An agreed upon ACR Checklist was developed prior to the beginning of the new monitoring process that’s used by the ACR reviewers to determine compliance with the Decree
- Enhancements have been made to the sibling visitation and contact form, which allows documentation for sibling visitation to be automatically populated onto the sibling visitation and contact form. This new revision allows ACR Reviewers to examine compliance with sibling visitation for the child and his/her sibling group members

**Eckerd Rapid Safety Response and Intact Family Reviews (Quality Enhancement Support Teams)**

The Department had 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. In FY18 the decision was made to end the contract with Eckerd. In October 2018, the Department and Division of Quality Enhancement decided to utilize the staff that had been performing Eckerd Reviews to focus on reviewing Intact Family Cases, as these cases involve families with high risk behaviors and an increased potential for poor outcomes.

A review tool was developed and the initial focus of the review was to determine and ensure that children involved in Intact Family Cases were safe, and if there were questions or concerns about the safety of any child, then a notification was sent to the caseworker and supervisor outlining the concerns, a written response was required as to the actions that would be taken to ensure safety, and reviewers followed up to ensure that the actions outlined had been completed. There were instances where staffings were conducted on cases to ensure that immediate action was taken and immediate safety of the child was secured. The goal of the first round of reviews was to review all open intact cases. When the review began there were 2804 open intact family cases, and through April of 2018 there were 1442 reviews conducted (approximately 960 cases had been closed prior to being reviewed and approximately 295 had been reviewed by other entities prior to the start of the review).

The Department has decided to proceed with ongoing reviews of Intact Family Cases, and a more in-depth review tool is being developed to focus on the quality of practice and safety of children involved in Intact Family Cases. The review model for Intact Family is proposed to contain the focus on quality and capture data around quality practice. The model will provide an opportunity for mentoring on cases where concerns or questions exist via a staffing model, and will also close the loop to ensure that any action items that might be developed during a staffing to address safety concerns of a child in the case are completed as agreed upon. It is proposed that the staff reviewing the intact families (Quality Enhancement Support Team, formerly known as the Eckerd Team) will begin reviewing cases that are newly opened at the 45-day milestone and for those cases where there is significant concern with practice, that a subsequent review be completed by the 120th day. When warranted, cases can have ongoing reviews given the complexities of the case and practice needed to assist the family. The goal of these reviews is to be able to provide data to the Intact Family Services staff and administration around quality practice activities, which is data that cannot be pulled out of current data collection systems. This data can then be used to identify specific practices to target for improvement, identify training needs on a statewide, regional or Agency level, and to decrease poor outcomes for those involved in the Intact Family Services program.
The goal for FY19 is to finalize the review protocol and data capturing/reporting systems in order to fully implement the intact review model.

**Qualitative Service Review**

Quality Service Review (QSR) is a review process recommended to DCFS by the BH Experts as part of recommendations for improvement of the BH Consent Decree. Training and mentoring from the Child Welfare Practice and Policy Group have been provided to four contracted QSR reviewers in the Immersion sites. The review tool was developed by The Child Welfare Group and was provided to DCFS. The case reviews include a stratified random sampling process that includes placement cases (all permanency goal types) served by Department and POS agencies. The reviews include a file review and stakeholder interviews. There will be approximately 70 reviews completed as of June 30 2018.

**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 146 in FY-17. The findings and recommendations have been shared with the Director and Executive Leadership with an action plan to be implemented in fiscal year 2019.

**Joint Special Reviews**

The DCFS Joint Special Review process was established in 2016 to examine case dynamics and identify case management practices in cases where there had been either the death of a child or youth, or an egregious act of child abuse or neglect had occurred. The development of the process was a collaborative effort between the DCFS Offices of Quality Enhancement and Clinical Services, and the University of Illinois at Urbana School of Social Work, Children and Family Research Center. Cases referred for review and reporting had some type of service intervention through DCFS or Private Agency providers in Illinois in the previous twenty-four months. Seventy-two cases had been reviewed by November 2017.

Based on an initial set of reviews in 2016, specific findings and trends gleaned from the process were used to create a presentation highlighting five areas that historically, and possibly predictively, impact child fatalities. A statewide rollout of the presentation to direct service DCFS and Purchase of Service supervisors and managers from all specialties occurred January 2017 through September 2017 and included approximately 500 staff. Following the presentation, an interactive session was held so supervisors were able to examine current practices, explore supervision in high risk situations, and suggest systemic reforms to improve the quality of service, support caseworker skill building, and strengthen assessments impacting child safety.

The Special Review process has impacted changes to the process of tracking child protection investigations and other investigative procedures, and supported clear identification of areas to be strengthened across the DCFS front end service delivery system. Information from reviews has culminated into a cohesive set a continuous quality improvement areas which in late FY18, and FY19, will be used to support child protection curriculums, enhance Intact Family Service provision and case review methods, impact supervisory training, and support the creation of interdisciplinary/interagency strategies to reduce infant mortality.
Agency Performance Monitoring (APT)

Agency Performance Monitoring has recently been decentralized and now works in each region under Regional direction, but is still separate from the Office of Quality Enhancement. However, the two divisions are frequently collaborating on issues to improve services for the benefit of the children and families that the Department serves.

APT continues to use 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 youth or the significant or sustained violation of Department contracts.

The four-level monitoring system has been implemented with the following contracts:

- Dashboard Performance Data – There are three Dashboards, each with similar measures that are factored into an agency's monitoring level. The Foster Care Dashboard, the Intact Dashboard, and the Specialize Care Dashboard. Below is a sample of the Intact Dashboard:

**Intact Agency Scorecard(Sample) – FY18 (CFY)**

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Goal</th>
<th>Agency FY18</th>
<th>Statewide</th>
<th>Agency CFY</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Families Remain Intact During Service Period</td>
<td>90%</td>
<td>95.12</td>
<td>58.51</td>
<td>90.20</td>
<td>58.47</td>
</tr>
<tr>
<td>2. Family Case Will Not Re-open Within 12 Months</td>
<td>85%</td>
<td>96.20</td>
<td>94.82</td>
<td>97.85</td>
<td>95.31</td>
</tr>
<tr>
<td>3. No Maltreatment During Service Period</td>
<td>100%</td>
<td>86.50</td>
<td>90.13</td>
<td>85.56</td>
<td>91.58</td>
</tr>
<tr>
<td>4. No Maltreatment 6 months post case closing</td>
<td>100%</td>
<td>96.15</td>
<td>91.67</td>
<td>96.77</td>
<td>94.97</td>
</tr>
<tr>
<td>5. Weekly Child/Worker Visits First 30 Days</td>
<td>90%</td>
<td>93.58</td>
<td>89.31</td>
<td>93.78</td>
<td>88.64</td>
</tr>
<tr>
<td>6. Weekly Parent/Worker Visits First 30 Days</td>
<td>90%</td>
<td>94.63</td>
<td>90.05</td>
<td>95.82</td>
<td>89.48</td>
</tr>
<tr>
<td>7. Monthly Child/Worker Visits On-Going</td>
<td>100%</td>
<td>99.88</td>
<td>95.73</td>
<td>99.03</td>
<td>95.83</td>
</tr>
<tr>
<td>8. Monthly Parent Visits On-Going</td>
<td>100%</td>
<td>99.71</td>
<td>96.45</td>
<td>98.61</td>
<td>96.35</td>
</tr>
<tr>
<td>9. Initial Comp Assessments Completed in 45 Days</td>
<td>90%</td>
<td>97.89</td>
<td>88.28</td>
<td>97.70</td>
<td>91.23</td>
</tr>
<tr>
<td>10. Initial Service Plan in 4 Days</td>
<td>90%</td>
<td>96.94</td>
<td>91.01</td>
<td>98.85</td>
<td>95.21</td>
</tr>
<tr>
<td>11a. Tier 1 Cases Closed Within 6 Months</td>
<td>90%</td>
<td>25.42</td>
<td>61.67</td>
<td>29.51</td>
<td>57.65</td>
</tr>
<tr>
<td>11b. Tier 2 Cases Closed Within 12 Months</td>
<td>90%</td>
<td>22.22</td>
<td>53.13</td>
<td>36.67</td>
<td>53.92</td>
</tr>
</tbody>
</table>

A green marker indicates meeting or exceeding expectations.
A yellow marker indicates that it is above the Statewide average but falls short of the goal.
A red marker indicates that it is below the Statewide average and needs improvement.
A blank cell or 0.00 may indicate no data for that particular indicator or no performance or other errors.

- 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. Performance trends are identified on a site level for implementation of Quality Improvement Plans and Performance Monitoring. There have been no changes to this system with the exception of additions and deletions of monitoring questions in the case review tools to add additional policy and procedure changes.

- **Reports/Audits** - The chart below shows the number and type of reports written by APT staff year to date in FY18:

<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></td>
<td></td>
</tr>
<tr>
<td>Monitor Monthly Report – FC/Spec</td>
<td>1,628</td>
<td></td>
</tr>
<tr>
<td>Monitor Monthly Report - IFS</td>
<td>660</td>
<td></td>
</tr>
<tr>
<td>Supervisor Tri-annual – FC/Spec</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>Supervisor Tri-annual - IFS</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td><strong>SACWIS Case File Audits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%/Trimester - FC</td>
<td>906</td>
<td></td>
</tr>
<tr>
<td>10%/Trimester - IFS</td>
<td>270</td>
<td></td>
</tr>
<tr>
<td>10%/Trimester - Spec</td>
<td>201</td>
<td></td>
</tr>
<tr>
<td><strong>Hard Copy File Audit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFS/FC</td>
<td>302</td>
<td></td>
</tr>
<tr>
<td><strong>Case Interviews</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Interview</td>
<td>240</td>
<td></td>
</tr>
<tr>
<td>Care Provider Interview</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Parent Interview</td>
<td>162</td>
<td></td>
</tr>
</tbody>
</table>

- **Performance Meetings** - Monthly agency site performance meetings continue between APT Monitor and agency staff.

- **Monitoring Collaboration** - 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 at agency site level.

- **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 18 (to date). The last column shows the percentage of increase/decrease between FY 12 and FY 18 performance.
<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Measure Goal</th>
<th>FY 12</th>
<th>FYTD 18 Thru May</th>
<th>% +/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanency</td>
<td>40%/yr.</td>
<td>28.57%*</td>
<td>28.39%**</td>
<td>5.13%</td>
</tr>
<tr>
<td>CW Contact w/Children</td>
<td>95%</td>
<td>93.25%</td>
<td>97.60%</td>
<td>4.35%</td>
</tr>
<tr>
<td>CW Contact w/Care Provider</td>
<td>90%</td>
<td>85.47%</td>
<td>95.94%</td>
<td>10.47%</td>
</tr>
<tr>
<td>CW Contact w/Parents</td>
<td>80%</td>
<td>55%</td>
<td>74.39%</td>
<td>19.39%</td>
</tr>
<tr>
<td>Weekly Parent/Child Visits</td>
<td>80%</td>
<td>42.07%</td>
<td>58.60%</td>
<td>16.53%</td>
</tr>
<tr>
<td>4X Month Parent/Child Visits</td>
<td>4 visits</td>
<td>2.84 visits</td>
<td>4.39 visits</td>
<td>69.90%</td>
</tr>
<tr>
<td>Lack of Maltreatment in Care</td>
<td>100%</td>
<td>99.82%</td>
<td>98.36%</td>
<td>-1.46%</td>
</tr>
<tr>
<td>No Maltreatment 6 Mo. Post-perm</td>
<td>100%</td>
<td>97.53%</td>
<td>98.08%</td>
<td>0.55%</td>
</tr>
<tr>
<td>HMR Licensure</td>
<td>90%</td>
<td>61%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Placement Stability</td>
<td>90%</td>
<td>87.3%</td>
<td>83.54%</td>
<td>-3.76%</td>
</tr>
<tr>
<td>Timely Service Plans</td>
<td>95%</td>
<td>18.77%</td>
<td>91.93%</td>
<td>73.16%</td>
</tr>
<tr>
<td>CW Stability</td>
<td>Info only</td>
<td>44.9%</td>
<td>48.97%</td>
<td>4.07%</td>
</tr>
</tbody>
</table>

* The permanency figure is from FY13. The remaining percentages are FY12.
** FYTD POS Permanencies through May are 28.39%. 31.7% is a 12-month projection.

APT Monitoring of DCFS Performance - The Division of Monitoring continues to recommend 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 in providing performance data via OER, the APT model of monitoring has proved effective in moving the performance of the private sector in a positive direction. As of FY 2018 POS monitoring was realigned with Department Regional Management. APT supervisors now report to Regional Program Managers in an attempt to provide insight and direct communication with local leadership and organizations. At the time of this writing the monitoring model has not been applied to Department foster care or intact teams.
Chapter 11 – Financial Information Reporting

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:

$10,125,521 FFY 2016 Award
$9,984,644 FFY 2017 Award

The Department will not spend more title IV-B, subpart 1 funds during any of the Federal fiscal years (FFYs) 2015 - 2019 than the state expended for those purposes in FY 2005 (per section 424(c) of the Act). The Final FFY2005 IV-B Subpart 1 allotment was $11,327,464.

State expenditures of non-federal funds for foster care maintenance payments used as state match for title IV-B, subpart 1 funds awarded for FFY 2018 will not exceed the amount of non-federal fund expenditures applied as state match for that program during FFY 2005 (per section 424(d) of the Act). 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: Jason House
Phone: (217) 524-1510

Section 2 – Title IV-B, Subpart 2:

Estimated Title IV-B, Subpart 2 Expenditures For FFY 2017, By Category:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,285,399</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3,685,620</td>
<td>30.00%</td>
<td>a) Family Preservation Services</td>
</tr>
<tr>
<td>$2,457,080</td>
<td>20.00%</td>
<td>b) Family Support Services</td>
</tr>
<tr>
<td>$2,702,788</td>
<td>22.00%</td>
<td>c) Time-Limited Family Reunification Services</td>
</tr>
<tr>
<td>$3,439,911</td>
<td>28.00%</td>
<td>d) Adoption Promotion and Support Services</td>
</tr>
</tbody>
</table>

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 2016 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 no more than $2,640,430. The FFY 1992 baseline for these services would be lower, estimated at less than $1.8 million.

**Summary of Non-Supplantation Amounts in the Base Year-FFY 1992:**

<table>
<thead>
<tr>
<th>Title IV-B, part 2 Service</th>
<th>Baseline Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Preservation Services</td>
<td>$13,019,600</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>$740,200</td>
</tr>
<tr>
<td>Time Limited Family Reunification</td>
<td>$834,500</td>
</tr>
<tr>
<td>Adoption Promotion and Support</td>
<td>Less than $1,800,000</td>
</tr>
</tbody>
</table>

Contact Person: Jason House
Phone 217-524-1510

**Other Fiscal Information:**

- Federal funds expended in FFY 2016 under title IV-B, subpart 1: $10,125,521
- 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 2016 for monthly caseworker visits under title IV-B, subpart 2: $12,110,594.

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>Category</th>
<th>Estimated</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Preservation Services</td>
<td>$3,484,576</td>
<td>$3,027,648</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>$2,763,630</td>
<td>$2,422,119</td>
</tr>
<tr>
<td>Time-Limited Family Reunification Services</td>
<td>$2,403,156</td>
<td>$2,785,437</td>
</tr>
<tr>
<td>Adoption Promotion Support Services</td>
<td>$3,364,419</td>
<td>$3,875,390</td>
</tr>
</tbody>
</table>

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 2016:** Actual expenditures under title IV-B, subparts 1 and 2 for FFY 2016 were slightly more than the estimated expenses. The final grant award of title IV-B funds were spent as follows: 30% for Family Preservation Services, 20% for Family Support Services, 22% for Time-Limited Family Reunification Services, and 28% for Adoption Promotion and Support Services.

**Category of Title IV-B, Part 2 Funds – FFY 2016**

<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>$12,015,781</td>
<td>$12,110,594</td>
</tr>
<tr>
<td>Family Preservation Services</td>
<td>$3,484,576</td>
<td>$3,027,648</td>
</tr>
<tr>
<td>Family Support Services</td>
<td>$2,403,156</td>
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<td>$3,364,419</td>
<td>$3,875,390</td>
</tr>
</tbody>
</table>
Section 4 – FFY 2019 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 2019 Budget Request (CFS-101, Parts I and II): The signed CFS-101 Part I for FFY 2019 as a PDF document will be submitted to the ACF on or before June 30, 2018. The CFS-101 Part II for FFY 2019, that does not need signature, will also be submitted to the ACF on or before June 30, 2018 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 2016 Title IV-B Expenditure Report (CFS-101, Part III): The signed CFS-101 Part III final report for FFY 2016 will be submitted to the ACF on or before June 30, 2018 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.

Contact Person: Matthew Grady, III
Phone: (312) 814- 6800

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.
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(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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