



# CAPTA AND CITIZEN REVIEW PANEL REPORTS

Addendum A

**FY23**  
**Illinois Department of Children and Family Services APSR**

## **CHILD ABUSE PREVENTION AND TREATMENT ACT REPORT**

Annual Progress and Services Report for Basic State Grant

October 1, 2021 – September 30, 2022

### **INTRODUCTION**

The Illinois Department of Children and Family Services (DCFS) is the designated agency to receive and distribute the Basic State Grant for the State of Illinois under the Child Abuse Prevention and Treatment Act (CAPTA). Annually, DCFS submits this CAPTA report as part of the Annual Progress and Services Report (APSR). The CAPTA annual report, in addition to providing updates on the implementation/maintenance of CAPTA programming and activity in Illinois, also addresses instruction from the U.S. Department of Health and Human Services, Administration on Children, Youth and Families. **Program Instructions (PI) issued 02/16/22 (Log No: ACYF-CB-PI-22-01).**

This report details the goals of safety, permanency, and child and family well-being which continue to be the foundation and mission of DCFS for systemic and outcome measures aimed at improving the lives of Illinois children who are exposed to child abuse and neglect. The DCFS mission is to: (1) provide appropriate, permanent homes as quickly as possible for those children who cannot safely return home; (2) support early intervention; and (3) sponsor child abuse prevention activities in partnership with community-based programs. DCFS' vision is to act in the best interest of every child served, to help families increasing parents' ability to provide a safe environment for their children, and by strengthening families at risk of abuse and neglect.

To effectively safeguard our children's rights and protect them from potential situations of physical or sexual abuse, DCFS personnel, other state agencies, and private citizens work collaboratively to deliver high quality evidence-based prevention and intervention programs. Through DCFS program and plan implementations, the Department strengthens coordination amongst all levels of government with agencies that are primarily community-centered, including not-for-profit, private, for-profit, civic, and faith-based agencies and organizations. Collectively, DCFS and these agencies emphasize the need for services and programs designed to meet the specific needs of children and families in communities where they live and have access.

Internally, DCFS has assembled a powerful team that has but one mission: the protection of our children and families. Meaningful and on-going partnerships continue to occur with the Children's Justice Grant Administrator, the Community-Based Child Abuse Prevention Grant Administrator, the Illinois Citizen Review Panels, the CAPTA Grant Administrator, the Budget and Finance Committee, the grant monitors and managers, the Deputy Director, and supervisory staff. These partnerships continue to play an active role within DCFS for developing a consolidated plan which contributes to successful outcomes and measurements. These internal partnerships, along with our community-based partners, assist the State of Illinois in meeting federal requirements related to child safety, permanency, and child and family well-being.

The State of Illinois continues to maintain laws that are compliant with the requirements of CAPTA. At the time of this report submission, no new laws had been enacted over the past year that would adversely affect Illinois' participation in the CAPTA State Grant program. No Public Acts during this time have had an impact on DCFS that could adversely affect the State's eligibility for participation in the CAPTA grant program.

DCFS continues to engage funding sources to ensure successful programming of child abuse prevention. CAPTA funding, as well as funding through CBCAP and Children's Justice, affords us the necessary financial support to sustain and grow our programs throughout the state.

**PROGRAM INSTRUCTION: ACYF-CB-PI-22-01 issued February 16, 2022**

**SECTION D. CAPTA STATE PLAN REQUIREMENTS AND UPDATES**

- Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).
- Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).
- Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2021 (section 108(e) of CAPTA).
- Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)
- Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA), including information on:
  - How the state is using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants.
  - Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.
  - Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).
  - The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.
  - Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.
  - If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.
  - *American Rescue Plan Act Funding*

- Provide an update on the state’s use to date and planned use of the supplemental funding provided through ARPA.
- Describe how the state has engaged with families, community-based agencies or other partners to plan for the use of funds and how issues of equity are informing the planned use of the funds.
- Describe any barriers or challenges the state has experienced in being able to access or use the supplemental funds.
- Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state’s website.

**SECTION F. STATISTICAL AND SUPPORTING INFORMATION**

Subject to ACYF-CB-PI-22-01, the CAPTA report is required to include the following data:

- **Information on Child Protective Service Workforce.** For child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the state, report available information or data on the following:
  - Information on the education, qualification, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
  - Data on the education, qualifications, and training of such personnel;
  - Demographic information of the child protective service personnel; and
  - Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPITA);
- **Juvenile Justice Transfers.** Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2021 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data (see section 106(d)(14) of CAPTA).

**DCFS RESPONSES:**

**Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state’s eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).**

The following legislation has taken place or will take place in Illinois in 2022. Illinois, through this legislative action and pending action, continues to improve the quality of service provided to our children, by increasing the probability of child abuse prevention, and including the goals of promotion of 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 well-being of children. This legislation should help the State in maintaining its eligibility for the CAPTA State Grant.

**ILLINOIS LEGISLATION**

**Public Act 102-0477 – Right to a Forensic Interview:** Effective January 1, 2022, this law provides that every child reported to the Department of Children and Family Services or law enforcement as a victim of sexual assault or sexual abuse has a right to a forensic interview conducted by an accredited children’s advocacy center.

**Public Act 102-0676 – Faith’s Law:** With varying effective dates, this law defines educator sexual misconduct, requires schools to develop policies to prevent it, and directs schools to develop parent resource guides for abuse prevention. Faith’s Law also enhances the definition of child grooming in the Illinois criminal code and the Abused and Neglected Child Reporting Act.

**Public Act 102-0610 – Enhancements to Erin’s Law:** Effective 7/1/22, this law will strengthen the current version of Erin’s Law to require evidence-informed sexual abuse prevention education in grades K-12 as well as training for school staff, and that comprehensive prevention information be provided to students’ families.

**Public Act 102-0522 – The Keeping Youth Safe and Healthy Act:** Effective immediately, this law requires the Illinois State Board of Education to establish statewide standards for sexual health and safety education for K-12 public schools in Illinois. This includes standards for educating younger students about body safety and requiring inclusive sexual health education in all grades.

**Public Act 102-0446 – The Ensuring Success in Schools Law:** With varying effective dates, this law requires schools to provide support and accommodations for survivors of sexual and domestic violence who are K-12 students in Illinois schools.

**Senate Resolution 58 Adopted:** This resolution creates the Child Sexual and Physical Abuse Task Force, which will meet and make recommendations about the Sexual Assault Survivors Emergency Treatment Act (SASETA) to ensure that child development and children’s medical needs are addressed in medical responses to child sexual abuse.

**Senate Joint Resolution 47:** Creates the Task Force on Children Advocacy Centers and Court Appointed Special Advocates for Children Funding to ensure that each CAC and CASA facility receives adequate funding to respond to the number and severity of child abuse and neglect cases in their respective jurisdictions.

**SB3720 – DCFS Bias-Free Child Removal**

This bill, as of 4/29/22, is awaiting the Governor’s signature into law, having passed the House and the Senate. This bill:

- Creates the Bias-Free Child Removal Pilot Program Act;
- Provides that subject to appropriation, the DCFS shall establish a 3-year Bias-Free Child Removal Pilot Program no later than July 1, 2023 for the purpose of promoting unbiased decision-making in the child removal process with the goal of decreasing the overrepresentation of BIPOC children in out-of-home placements;
- Requires the Department to choose a county that, based on a county-based analysis, indicates the highest rates of racial disproportionality;
- Requires the identified county to utilize a bias-free child removal strategy when deciding whether a child should be removed from his or her parents' home;
- Provides that no later than January 1, 2023, the Department shall establish a Bias-Free Child Removal Review Committee for the purpose of creating the pilot program and the pre-implementation plan for the pilot program;

Requires the Department to establish other procedures and protocols concerning (i) which diverse group of professions should be represented on the Committee, including required degrees, credentials, and experience, (ii) the frequency of bias-free child removal meetings, and (iii) decision-making protocols concerning removal

**Describe any significant changes from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).**

The CAPTA Basic Grant funds, in part or in whole, 50 provider agencies throughout Illinois:

1. Advocacy Network for Children CAC
2. All Our CAC
3. Amy Schulz CAC
4. April House CAC
5. Braveheart CAC
6. CAC of East Central Illinois
7. CAC of North & Northwest Cook County
8. CACs of Illinois
9. Champaign County CAC
10. Chicago CAC
11. Chicago CAC - Mental Health
12. Child First Center
13. Child Network Kankakee
14. Children’s Place Association
15. Cook County – States Attorney
16. County of Winnebago
17. Dani-Brandon CAC
18. DeKalb County CAC
19. DuPage County CAC
20. Guardian Center, Inc. CAC
21. Hamdard Healthcare
22. Kane County CAC
23. Knox County CAC
24. Lake County CAC
25. La Rabida Children’s Hospital
26. Madison County CAC
27. McHenry County CAC
28. McLean County CAC
29. Mercer County Family Crisis
30. Parent Place
31. Peoria County CAC
32. Perry Jackson CAC
33. Prevent Child Abuse Illinois
34. Procure Centers/Proviso CAC
35. Rock Island CAC
36. Safe Families for Children
37. Sangamon County CAC
38. Shining Star CAC
39. Southern Illinois University
40. St. Clair County CAC
41. Tazewell County CAC
42. Two Rivers CAC
43. Tyler’s Justice Center
44. Unified Child Advocacy
45. University of Chicago - MPEEC
46. University of Illinois - MERIT
47. University of Illinois – PRC
48. Vermilion County CAC
49. Will County CAC
50. Williamson County

Illinois has not made any significant changes from the State’s previously approved CAPTA State Plan in how the State allocates CAPTA funds to support one or more of the 14 system improvement categories as required under section 106(b)(1)(C)(ii). Each of the providers receiving CAPTA funds supports at least one, and in many cases, several, of the 14 categories designated under Section 106(a) of the Act:

1. **Section 106(a)(1)** - the intake, assessment, screening, and investigation of reports of child abuse or neglect;
2. **Section 106(a)(2)** - creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. **Section 106(a)(3)** - case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;

4. **Section 106(a)(4)** - enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
5. **Section 106(a)(5)** – developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
6. **Section 106(a)(6)** – developing, strengthening, and facilitating training including (a) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; (b) training regarding the legal duties of such individuals; (c) personal safety training for case workers; and (d) training in early childhood, child, and adolescent development;
7. **Section 106(a)(7)** – improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
8. **Section 106(a)(8)** – developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
9. **Section 106(a)(9)** – developing, implementing, operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (a) existing social and health services; (b) financial assistance; (c) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and (d) the use of differential response in preventing child abuse and neglect;
10. **Section 106(a)(10)** – developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;
11. **Section 106(a)(11)** – developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
12. **Section 106(a)(12)** – supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;
13. **Section 106(a)(13)** – supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs (a) to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and (b) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantial child maltreatment reports;
14. **Section 106(a)(14)** – developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in (a) investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and (b) the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

**ENGAGEMENT OF CAPTA 14 IMPROVEMENT CATEGORIES VIA STATE PROVIDERS**

<b>Provider</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
Advocacy Network CAC		X	X		X					X				
All Our Children's CAC		X	X		X					X				
Amy Schulz CAC		X	X		X					X				
April House CAC		X	X		X					X				
Braveheart CAC		X	X		X					X				
CAC of East Central Illinois		X	X		X					X				
CAC-North & Northwest Cook		X	X		X					X				
CACs of Illinois		X			X	X	X	X		X				
Champaign CAC		X	X		X					X				
Chicago CAC		X	X		X					X				
Chicago CAC – Mental Health		X	X		X					X				
Child 1 <sup>st</sup> Center CAC		X	X		X					X				
Child Network/Kankakee CAC		X	X		X					X				
Children's Place Association			X						X					
Cook County-States Attorney		X	X		X					X				
County of Winnebago		X	X		X					X				
Dani-Brandon CAC		X	X		X					X				
DeKalb County CAC		X	X		X					X				
DuPage County CAC		X	X		X					X				
Guardian Center, Inc. CAC		X	X		X					X				
Hamdard Healthcare			X										X	X
Kane County CAC		X	X		X					X				
Knox County CAC		X	X		X					X				
Lake County CAC		X	X		X					X				
La Rabida Children's Hospital		X	X		X					X				
Madison County CAC		X	X		X					X				
McHenry County CAC		X	X		X					X				
McLean County CAC		X	X		X					X				
Mercer County CAC		X	X		X					X				
Parent Place			X	X							X			
Peoria County CAC		X	X		X					X				
Perry Jackson CAC		X	X		X					X				
Prevent Child Abuse Illinois				X		X	X			X	X		X	X
Procure Centers/Proviso CAC		X	X		X					X				
Rock Island CAC		X	X		X					X				
Safe Families for Children						X	X							
Sangamon County CAC		X	X		X					X				
Shining Star CAC		X	X		X					X				
Southern Illinois University	X		X		X					X				
St. Clair County CAC		X	X		X					X				
Tazewell County CAC		X	X		X					X				
Two Rivers CAC		X	X		X					X				
Tyler's Justice Center		X	X		X					X				
Unified Child Advocacy		X	X		X					X				
University of Chicago-MPEEC	X	X	X		X									
University of Illinois-MERIT	X		X		X					X				
University of Illinois-PRC	X		X		X					X				
Vermilion County CAC		X	X		X					X				
Will County CAC		X	X		X					X				
Williamson County CAC		X	X		X					X				



**Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state’s approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2021 (section 108(e) of CAPTA).**

Many of the DCFS services and community-based programming funded by the CAPTA Basic State Grant funds are also funded in partnership through other existing federal funding sources: the Community-Based Child Abuse Prevention Grant and the Children’s Justice Act Grant<sup>1</sup>:

FY22 FEDERAL FUNDS ALLOCATIONS <sup>2</sup>				
Provider	CAPTA Funds	CBCAP Funds	CJ Funds	
AdvocacyNetwork	\$2,657.00	\$0	\$0	
All Our Children’s CAC	18,368.00	0	0	
Amy Schulz CAC	63,238.95	0	0	
April House CAC	26,771.00	0	0	
Braveheart CAC	10,142.00	0	0	
CAC of East Central Illinois	17,256.52	0	0	
CAC of North & Northwest Cook	3,510.00	0	0	
CACs of Illinois	6,773.00	0	0	
Champaign County CAC	1,694.00	0	0	
Chicago CAC	58,240.00	0	0	
Chicago CAC – Mental Health	122,938.00	0	0	
Child 1 <sup>st</sup> Center CAC	55,918.00	0	0	
Child Network Kankakee	1,846.00	0	0	
Children’s Place Association	47,994.00	0	0	
Cook County States Atty	759.00	0	0	
County of Winnebago	2,919.00	0	0	
Dani-Brandon Ctr	1,162.00	0	0	
DeKalb County CAC	1,065.00	0	0	
DuPage County CAC	1,284.00	0	0	
Guardian Center, Inc. CAC	38,374.00	0	0	
Hamdard Healthcare	135,150.00	0	0	
Kane County CAC	1,968.00	0	0	
Knox County CAC	1,355.00	0	0	
Lake County CAC	1,689.00	0	10,000.00	
La Rabida Children’s Hospital	1,369.00	0	20,000.00	
Madison County CAC	22,711.00	0	0	
McHenry County CAC	1,342.00	0	0	
McLean County CAC	2,234.00	0	0	
Mercer County CAC	204.00	0	0	
Parent Place	134,596.00	0	0	
Peoria County CAC	1,360.00	0	0	
Perry Jackson CAC	1,774.00	0	0	
Prevent Child Abuse Illinois	59,168.00	350,596.00	0	
Procure Centers	1,200.00	0	0	
Rock Island CAC	1,258.00	0	0	
Safe Families for Children	18,489.00	0	0	
Sangamon County CAC	12,290.00	0	0	
Shining Star CAC	1,352.00	0	0	
Southern Illinois University	15,044.00	0	290,000.00	
St. Clair County CAC	3,308.00	0	0	

<sup>1</sup> Many of the providers also receive grants from state funding sources, and additional CJ and CBCAP funds are allocated to providers who may not receive CAPTA funds and therefore not represented in this table.

<sup>2</sup> FY22 = July 1, 2021 through June 30, 2022 (the state fiscal year)

FY22 FEDERAL FUNDS ALLOCATIONS <sup>2</sup>				
	Provider	CAPTA Funds	CBCAP Funds	CJ Funds
	Tazewell County CAC	1,745.00	0	0
	Two Rivers CAC	1,864.00	0	10,000.00
	Tyler's Justice Center	1,162.00	0	0
	Unified Child Advocacy	2,200.00	0	0
	University of Chicago-MPEEC	45,000.00	0	0
	University of Illinois-MERIT	38,200.00	0	100,000.00
	University of Illinois-PRC	63,680.00	0	70,891.00
	Vermilion County CAC	37,540.00	0	20,000.00
	Will County CAC	22,360.00	0	0
	Williamson County CAC	2,255.00	0	0
		<b>\$1,116,776.47</b>	<b>\$350,596.00</b>	<b>\$520,891.00</b>

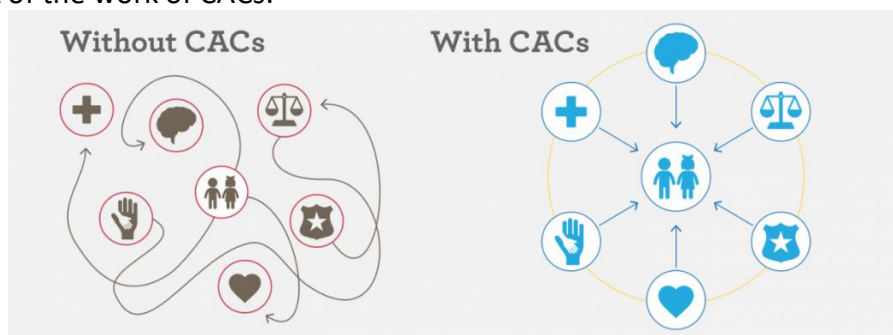
### Utilization of CAPTA Funds

A significant amount of CAPTA funds - \$559,455.47, 50.1% - is directed to the Child Advocacy Centers of Illinois (CACI). All child advocacy centers (CACs) are part of the CACI statewide network and offer a cadre of services which are rooted in the not-for-profit organization's driving principles: leadership, education and collaboration.

Established in 1995, CACI is the network that coordinates and provides a comprehensive response to child abuse in Illinois. As the leading resource on child abuse issues, CACI stays abreast of the latest research and literature in the child abuse field, as well as the most child-friendly approaches in investigation and treatment of child abuse.

CACs are dedicated to the multi-disciplinary, child advocacy approach and a coordinated, comprehensive response to child abuse. CACI offers discipline-specific trainings to its members throughout the year; CACI seeks opportunities to collaborate with partner agencies, such as the Illinois Attorney General's Office, on education and public policy issues; and CACI guides its members on 'best practices' in the field. CACI, as well as each CAC in Illinois, is an accredited chapter of the National Children's Alliance.<sup>3</sup>

CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. This is called the multi-disciplinary team (MDT) response and is a core part of the work of CACs.



Source: [www.nationalchildrensalliance.org/cac-model](http://www.nationalchildrensalliance.org/cac-model)

Detail of fund use with each specific provider is contained in the Illinois CAPTA State Plan Updates below.

<sup>3</sup> National Children's Alliance is the national association and accrediting body for CACs. Formed in 1988, NCA has been providing support, technical assistance, and quality assurance for CACs, while serving as a voice for abused children for more than 25 years. A CAC is a child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse, and hold offenders accountable.

**Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)**

Under CAPTA, Illinois maintains three statewide Citizen Review Panels (CRPs):

1. Child Death Review Teams;
2. Children's Justice Task Force; and
3. Statewide Citizen Committee on Child Abuse and Neglect.

The objective of the citizen review panels is to increase system transparency, accountability, and provide opportunity for community input. Citizen review panels consist of volunteers who are a broad representative of the communities served. The mandate of the Citizen Review Panels is to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities. Each panel is to make recommendations to the state and public on improving the child protective service system. In addition, DCFS, as the designated agency to receive the State Grant, is required to respond in writing to the Citizen Review Panels' recommendations no later than six months after the recommendations are submitted. The DCFS response must include a description on whether the state will incorporate recommendations of the Citizen Review Panels (where appropriate) to make measurable progress in improving the State child protective system.

**The Child Death Review Teams (CDRTs)** participate, when a child dies, in the accurate and complete determination of the cause of death, the provision of services to the surviving family members, and the development and implementation of measures to prevent future deaths from similar causes. Multidisciplinary and multiagency reviews of child deaths can assist the State and counties in reviewing child deaths, developing a greater understanding of the incidence and cause of child deaths, methods for preventing those deaths and identifying gaps in services to children and families. CDRTs also make specific recommendations to the DCFS Director and the Inspector General concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths.

**The Illinois Children's Justice Task Force (CJTF)** is a multidisciplinary, legislatively-mandated advisory group that is charged with making recommendations to DCFS directed at improving investigative, administrative and judicial handling of child abuse cases in a manner that limits additional trauma to the child victim. Increased focus is placed on cases of child sex abuse/exploitation, child fatalities in cases where abuse or neglect is suspected and cases involving a combination of jurisdictions. The task force members are appointed by the DCFS Director to staggered four-year terms.

**The Statewide Citizens Committee on Abuse and Neglect (SCAN)** was created to advise and consult with the DCFS Director regarding matters related to child abuse and neglect in Illinois, including increasing public awareness of child abuse and neglect and proper reporting procedures.

Each Panel has a chairperson and vice-chairperson. Meeting dates, agendas, and minutes for each panel, as required by the Open Meetings Act, may be found on the DCFS website at <https://www2.illinois.gov/dcfs/aboutus/policy/Pages/default.aspx>.

A copy of the Citizen Review Panels' Annual Report and recommendations is submitted as a separate document by the DCFS Citizen Review Panels Coordinator.

Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA, including information on:

- The plans for using CAPTA State Grant funding are to support the development, implementation and monitoring of plans of safe care for substance-exposed infants.
- Provide an update on any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs);
- Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.
- Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).
- The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.
- Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.
- If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.

Previously, a collaborative workgroup had been established to:

- Review all previous work/efforts towards complying with the CAPTA requirements;
- Identify and review any current/in-place plans meeting Safe Care criteria;
- Identify and collaborate with other stakeholders as directed by CAPTA;
- Identify and review any existing Safe Care models used by other agencies; and
- Create a viable plan for further development inclusive of a timeline for proposed completion, implementation and follow-up as required.

In the past year the workgroup has met to act upon those points identified above. Much time has been invested in laying the foundation for the development of a plan of safe care (POSC):

- Refinement of the mission/purpose (summarized):
  - DCFS is at the stage of bringing the concept of POSC into our daily language and practice. DCFS has several programs that are components of specialty planning for women with substance use concerns/women who give birth to substance exposed

infants. Allegation #65<sup>4</sup> now incorporates exclusionary criteria for SEI if mothers are participating in medication assisted recovery. We have identified additional factors to consider as we move forward.

- DCFS has taken the lead and created a vision of the workflow associated with implementing POSC. This work will not be done in a vacuum and will require medical professionals, community stakeholders, and the court system's involvement with the execution of a POSC. We are perfecting the articulation of our vision, inviting those stakeholders to the table, and our end-result will include highly productive and effective multi-disciplinary meetings.
- The Workgroup created a SharePoint site for POSC in the DCFS system, for the purposes of:
  - Downloading information about Plans of Safe Care (POSC) from the Document Library
  - Exploring how other states have implemented POSC
  - Viewing DCFS emails, agendas, and minutes related to our ongoing work
  - Viewing current workplans
  - Editing and collaborating on documents
  - Viewing workflow assignments and progress
- to establish a resource library for POSC and to serve as a communication portal for the purposes of disseminating and digestion and idea-formulation relative to POSC.
- The Workgroup has been meeting this year to build the foundation based upon best-practices documents provided by the Children's Bureau, and being utilized to fine-tune and revise Illinois' action plan:
  - **A Planning Guide: Steps to Support a Comprehensive Approach to Plans of Safe Care** (March 2018 Draft)
  - **Collaborative Community Court Teams: Implementing Plans of Safe Care**
  - **Plans of Safe Care for Infants with Prenatal Substance Exposure and Their Families**
- The Workgroup plans to incorporate into the POSC strategy the use of ARPA funding, made available to us through 2025.
- The Workgroup has partnered with the Center for Children and Family Futures/National Center on Substance Abuse and Child Welfare
  - Members of the Workgroup have attended the training videos offered by NCSABCW:
    - Learning Exchange: Identification and Notification
    - Learning Exchange: Plans of Safe Care Data and Monitoring
    - Build Community Support to Prevent Family Involvement in the Child Welfare System
  - Members of the Workgroup are will be participating in the upcoming **Practice and Policy Academy** (tentatively schedule for Oct-Nov of this year). The purpose of the PPA is to convene state teams composed of cross-agency and cross-system partners to enhance their capacity to meet the needs of infants affected by substance abuse, withdrawal symptoms or fetal alcohol spectrum disorder and their families. The PPA supports teams to create a state-specific action plan to address practice and policy changes to strengthen collaboration across systems to develop a comprehensive approach to Plans of Safe Care for these infants and their affected family or caregiver.

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<sup>4</sup> The DCFS Allegations System identifies and defines specific types of moderate to severe harm, provides a framework for decision-making by investigative staff, and provides an important investigation tracking and record-keeping function. To fulfill the purposes of the allegation-based system, it is essential that the allegations are narrowly defined and used consistently throughout the state. Allegation #65 refers to an Allegation of Neglect, specifically **substance misuse abuse**.

Currently we are addressing this population through our Intact Family Recovery (IFR) in Cook County. This program specifically monitors mothers/families who have substance exposed infants. Their efforts also include helping mothers prevent the delivery of another infant exposed to substance. They are in the home 2-5 weekly and assist with treatment assessment/admission. The family is provided case management where needs are identified with referrals

We have also been meeting with Illinois Perinatal Quality Collaborative (ILPQC) whose initiative is to educate medical partners/stakeholders on providing services to mothers who are using/recovering from substance abuse. Their program includes community awareness, training to medical professional and hospitals, doulas, etc. The services have begun in the East St. Louis area with a goal to spread out across the state.

Illinois continues to enhance the goals prescribed in the PI. In addition to the update provided above, DCFS is continuing work on the design of a reporting process that will incorporate all the data processes identified below. Our next step is to establish an implementation timeline in accordance with the PI. A part of this effort will include our anticipated alignment with the In-Depth Technical Assistance (IDTA) program that is offered through the National Center on Substance Abuse and Child Welfare. The impetus of this program mirrors our vision and action plan identified above, as it “seeks to strengthen cross-system collaboration and linkages among the child welfare and substance use disorder treatment systems and the courts, as well as maternal and infant health care providers, public health providers, early care and education systems, home visiting providers, and other key partners.” There are key aspects of this program that will enhance and supplement our Workgroup’s progress and process. The timeline for implementation is anticipated to be 18-24 months.

**Information on Child Protective Service Workforce:** For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:

- Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
- Data on the education, qualifications, and training of such personnel;
- Demographic information of the child protective service personnel; and
- Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

Listed below are child service worker job titles, descriptions, and educational qualifications:

**Job Title:**

**A Public Service Administrator, Opt 6, And Intact Supervisor Position**

**General Description:** Under administrative direction of the Intact Manager, serves as working supervisor, planning, supervising, reviewing, and coordinating the activities of a team of professional caseworkers engaged in providing child welfare and/or protective services to children and families; directs the Team Service Program within the existing framework of statutes and policies of the Agency; serves as liaison with other disciplines, agencies, and community resources; establishes performance goals and objectives.

**Qualifications:** Requires a master's degree in social work from a recognized college or university and three years administrative child welfare experience or a master's degree in an acceptable human services field from a recognized college or university and four years administrative child welfare experience; requires a valid driver's license.

**Special Requirements:** Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.

**Job Title:**

**Child Welfare Specialist**

**General Description:** Under general supervision of the team supervisor, performs experienced professional child welfare casework services and protective services; formulates an assessment of emotional, social, or mental health problems and participates in the development of treatment plans for children and families; develops and maintains liaison roles with various community agencies; interprets agency responsibilities to the community; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

**Qualifications:** Preferably requires a master's degree in social work; or a master's degree in a related human service field, supplemented by one year of directly related professional casework/case management experience; or requires a bachelor's degree in social work and one year of directly related professional casework/case management experience; or requires a

bachelor's degree in a related human service field and two years of directly related professional casework/case management experience and/or criminal justice background and/or experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual and auditory ability to carry out assigned duties. The college or university issuing a bachelor's or master's degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education. The directly related professional casework/case management experience must be related to family preservation, family reunification, adoption, youth development, counseling, and advocacy services or a related field. The human services degrees refer to social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.

**Special Requirements:** Current State employees seeking a promotion must: (1) possess a CMS Promotional "A" Grade for the title or (2) apply for a promotional grade by submitting your CMS 100B to the Department of Central Management Services during the posting period. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application with the bid form.

#### **Job Title:**

#### **Child Protection Specialist**

**General Description:** Under direction of the team supervisor, receives and investigates reports of physical and sexual abuse and neglect reported by mandated and other sources; assesses immediate safety and risk factors of involved children and takes necessary protection action; makes recommendations about investigative findings; implements short-term services including concrete services directly or through family advocates; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

**Qualifications:** Preferably requires a master's degree in social work; or requires a master's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and one year of directly related professional experience; or requires a bachelor's degree in social work and one year of directly related professional experience; or requires a bachelor's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and two years of directly related professional experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual, and auditory ability to carry out assigned duties; requires ability to serve on 24 hour "on call" duty.

**Special Requirements:** Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.



**Job Title:**

**Child Protection Associate Specialist**

**General Description:** Under direct supervision, protects children by performing developmental level work related to investigations of alleged child neglect, abuse and sexual abuse cases, interviews alleged victims and perpetrators, other members of the household and witnesses; participates in home assessment for danger to child; participates in preparation and documentation of case file for custody hearings and perpetrator prosecution; carries an increasing case load with decreasing closeness of guidance and review by supervisor and/or higher level protection specialists; testifies in court; completes agency-sponsored training programs.

**Qualifications:** Preferably requires a master's degree in social work or a related human service field, in criminal justice, criminal justice administration, or law enforcement; or requires a bachelor's degree in social work; or requires a bachelor's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and one year of directly related professional experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual, and auditory ability to carry out assigned duties; requires ability to work on 24 hour "on call" duty.

**Job Title:**

**Child Protection Advanced Specialist**

**General Description:** Under general direction, functions as an experienced, MSW-qualified child protection advanced specialist, performing casework and case management functions of advanced complexity and difficulty. Work roles included at this level involve recurring responsibilities for: complex case management services, substitute supervisor on a rotating basis, qualified technical consultant and mentor to less experienced/lower level staff, peer reviewer for the ongoing quality improvement process; assists unit supervisor with assignment and review of the more complex cases, analysis of unit statistics and acting as official unit liaison to law enforcement agencies, other agencies such as drug treatment agencies and/or public health, States Attorney Offices, hospitals and schools; provides work guidance and direction to a staff of less experienced/lower level child protection specialists with advice regarding investigative techniques, testimony preparation, paper work completion and areas of concern to be investigated; protects children by conducting investigations of alleged child neglect/abuse and sexual abuse; successfully completes agency-sponsored training programs and meets mandatory licensure requirements.

Council on Accreditation Standards for this work requires experienced, MSW qualified individuals to perform at this level, which is a stated requirement for this classification.

**Qualifications:** Requires a master's degree in social work and two years of directly related professional experience as a Child Welfare Specialist or Child Protection Specialist in the Department of Children and Family Services.

The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education

**Job Title:**

**Child Protection Trainee – Option 1**

**General Description:** Under general supervision, this position participates in a trainee program for 6 to 12 months, to a maximum of 24 months to obtain additional training and experience. The position provides on the job training in agency field services and administrative services to enable the selected candidate to develop working skills in the field of child protection.

**Qualifications:** Requires a bachelor's degree, preferably with major coursework in public administration, business administration, social work, psychology, counseling, education or special education, or a related field. All requires experience with the application of public administration tenets such as might have been obtained in collegiate organizations, volunteer participation, or employment.

**Job Title:**

**Child Protection Trainee – Option 2**

**General Description:** Under general supervision, this position participates in a trainee program for 6 to 12 months, to a maximum of 24 months to obtain additional training and experience. The position provides on the job training in agency field services and administrative services to enable the selected candidate to develop working skills in the field of child protection.

**Qualifications:** Requires a master's degree in public administration, business administration, political science, or a related field; **OR** a master's degree in social work, psychology, counseling, education or special education, or a related human service area. Also requires experience with the application of public administration tenets such as might have been obtained in collegiate organizations, volunteer participation, or employment.

**Training needs required of child protective personnel:**

**Enhanced Safety Model/Child Protection Skills Training.**

This training module supports the skill and ability of child protection investigation staff to implement the revisions to Department Rule and Procedure 300. Training continues to be conducted when policies and procedures are revised and updated. Training is generally conducted through a train-the-trainer model of delivery utilizing designated child protection management staff, web meetings and on-line technology. Training will also occur at the work team level with the direct participation of the supervisory staff.

**Enhanced Safety Practice Program (STEP) Model/Critical Thinking in the Assessment of Child Safety.**

This module supports the skill and ability of all DCFS and POS agency child protection and child welfare casework and supervisory staff to learn and apply a critical thinking model to the gathering and analysis of child safety assessment information. The module also implements the use of the Child and Adolescent Needs and Strengths (CANS) instrument to record and document the assessment of risk, as distinct from the immediate threat to safety resulting from maltreatment. Key case work practice issues are addressed: quality of initial and ongoing assessments of risk and safety, including the use of formal and informal assessment tools; monitoring safety plans, quality of assessment and engagement during investigations, monitoring safety with in-home cases, and quality of risk and safety assessment at case closure and to identify needed services. Training for all DCFS and POS staff continues to be conducted.

**Enhanced Child Endangerment and Risk Assessment Protocol (CERAP).**

This module supports the skill and ability of staff to use the enhanced safety assessment protocol to conduct the assessment of child safety. This module instructs staff on the use of the upgrades to the SACWIS information system to both record and analyze safety assessment information, and to record and document the safety plan in support of controlling safety threats and preventing repeat child maltreatment. Staff will also learn how to use SACWIS as a tool in documenting the CERAP safety assessment, CANS Risk Assessment, and other automated enhanced case planning and assessment tools. Trainings are also conducted for all DCFS and POS

agency staff utilizing the Departments web-meeting technology. This training enables staff to have hands-on experience with the changes to the SACWIS system.

Also, the Learning Collaborative model remains mandatory. The Learning Collaborative model will not replace traditional training methods, but is intended to assist with improvement of quality, effectiveness provisions and availability of trauma—informed intervention service delivery. DCFS is committed to on-going training for frontline staff and ensuring compliance of 20 training hours per each two-year cycle. The training plan for the Division of Child Protection is designed for skill building, practice improvement and enhancement to the department overall to safety and risk. Some key trainings sessions include: Child Abuse Injury Reconstruction Techniques; Psychological First Aid; Medical Aspects of Child Maltreatment; Child Trauma; Developmental Disabilities and Error Reduction.

### Demographic information of the child protective service personnel:

The Department continually identifies critical vacancies, changing demographic patterns, and staffing levels relative to intake and/or needs of the community to determine the best strategic options.

**Child Protection Workers as of May, 2022**

Regions	Central	Cook Central	Cook North	Cook South	Northern	Southern
<b>Total Count</b>	<b>193</b>	<b>52</b>	<b>72</b>	<b>77</b>	<b>134</b>	<b>110</b>
<b>Advanced Specialist</b>	<b>10</b>	<b>6</b>	<b>14</b>	<b>4</b>	<b>16</b>	<b>16</b>
<b>Specialist</b>	<b>183</b>	<b>46</b>	<b>58</b>	<b>73</b>	<b>118</b>	<b>94</b>

### Child Protection Workers

**Child Protection Advanced Specialist Demographics as of May 2022**

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern
African American Female	0	0	4	4	5	2
African American Male	1	1	2	0	0	0
Asian/Oriental Female	0	0	1	0	0	0
Asian/Oriental Male	0	0	0	0	0	0
Hispanic Female	0	3	1	0	5	0
Hispanic Male	1	1	2	0	0	1
Indian Female	0	0	0	0	0	0
Indian Male	0	0	0	0	0	0
Hawaiian/Pacific Islander Female	0	0	0	0	0	0
Hawaiian/Pacific Island Male	0	0	0	0	0	0
White Female	5	1	4	0	6	12
White Male	3	0	0	0	0	1
<b>Demographic Totals</b>	<b>10</b>	<b>6</b>	<b>14</b>	<b>4</b>	<b>16</b>	<b>16</b>

**Child Protection Workers  
Child Protection Specialist Demographics as of May 2022**

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern
African American Female	37	28	28	53	52	24
African American Male	3	8	6	6	10	9
Asian/Oriental Female	1	0	0	0	1	0
Asian/Oriental Male	0	0	2	0	1	0
Hispanic Female	1	8	6	7	18	0
Hispanic Male	2	0	4	2	6	1
Indian Female	0	0	0	0	1	0
Indian Male	0	0	0	0	0	0
Hawaiian/Pacific Islander Female	0	0	0	0	0	0
Hawaiian/Pacific Island Male	0	0	0	0	0	0
White Female	106	2	9	5	22	50
White Male	33	0	3	0	7	10
<b>Demographic Totals</b>	<b>183</b>	<b>46</b>	<b>58</b>	<b>73</b>	<b>118</b>	<b>94</b>

**Child Protection Service Personnel Statewide as of May 5, 2022:<sup>5</sup>**

	Central Region	Northern Region	Southern Region	Cook County		
				Cook Central	Cook Northern	Cook Southern
<b># of Investigations</b>	<b>2,182</b>	<b>2,296</b>	<b>1,137</b>	<b>618</b>	<b>730</b>	<b>903</b>
<b>Child Protection Worker</b>	<b>187</b>	<b>115</b>	<b>102</b>	<b>36</b>	<b>40</b>	<b>62</b>
<b>Child Protection Worker – Spanish Speaking</b>	<b>1</b>	<b>15</b>	<b>0</b>	<b>8</b>	<b>6</b>	<b>7</b>
<b>Child Protection Intern</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>
<b>Child Protection Intern – Spanish Speaking</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Child Protection Floater</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Child Protection Floater – Spanish Speaking</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>DAI</b>	<b>2</b>	<b>17</b>	<b>4</b>	<b>8</b>	<b>6</b>	<b>8</b>
<b>TOTAL WORKERS</b>	<b>196</b>	<b>149</b>	<b>111</b>	<b>53</b>	<b>54</b>	<b>78</b>
<b>TOTAL WORKERS COOK COUNTY</b>				<b>185</b>		

<sup>5</sup> Source of CPS Personnel Data and Case Load Investigation Data: *DCFS Caseload & Vacancy Report*, as of 5/5/22

**Caseload Investigation Ratios by Statewide Region (excluding Cook County) as of May 5, 2022**

Region	# of Investigations	Actual Child Protection Workers	Caseload Investigation Ratio (Actual vs Target)
Central Region	2,182	196	11:1 vs 10:1
Northern Region	2,296	149	15:1 vs 10:1
Southern Region	1,137	110	10:1 vs 10:1
Region Totals	5,615	455	12:1 vs 10:1

**Caseload Investigation Ratios by Cook County Region as of May 5, 2022**

Cook County Region	# of Investigations	Actual Child Protection Workers	Caseload Investigation Ratio (Actual vs. Target)
Cook Central	618	53	12:1 vs 10:1
Cook North	730	54	14:1 vs 10:1
Cook South	903	78	12:1 vs 10:1
Cook County Totals	2,251	185	12:1 vs 10:1

**Children Under the State Child Protection System Transferred into the Custody of the Illinois Department of Children Justice (IDCJ):**

Throughout FY21, 469 youth in the care of DCFS were transferred to either a state juvenile justice system (423 youth) or an adult correctional system (46 youth)<sup>6</sup>. When transferred to a state juvenile system or adult correctional system, these youth are now considered dually involved, tracked and subsequently clients of both systems simultaneously. Out of the 469 youth, 358 were male (76%) while 111 were female (24%). This data was provided by CYCIS (Child and Youth Information System) and allows DCFS to track various information regarding youth in care. When reviewing the various demographic/regional data, we can notice trends associated with this population and create prevention-based programming.

DET or IDC Placement between July 1, 2020 – June 30, 2021:

TOTALS	GENDER	DET/IDC
104	Female	DET
319	Male	DET
7	Female	IDC
39	Male	IDC

<sup>6</sup> Counts vary due to youth aging in the system during the reporting period and subsequently being reclassified.

## ILLINOIS CAPTA STATE PLAN - UPDATES<sup>7</sup>

DCFS operates on the premise that families and children are best served in the communities in which they live. This is accomplished through an array of services provided by local agencies and carefully selected by the families to meet their individual needs. These services are directed towards preventing the unnecessary separation of children from their families.

### Advocacy Network for Children CAC

**County(ies) of Service:** Adams, Brown, Cass, Hancock, McDonough, Morgan, Pike, Schuyler, Scott

**Program Name:** Children's Advocacy Center

The goal of Advocacy Network for Children is to protect and uphold the rights of children when wrongs have been committed against them, to help abused or neglected children have safe permanent homes where they can thrive, to act as a powerful voice in these children's best interests and to educate the public about the plight of abused children.

**Terms of DCFS Contract:** The Children's Advocacy Center programs of Advocacy Network for Children will reduce the trauma undergone by children who are alleged victims of child sexual abuse or serious physical abuse. The Centers coordinate a forensic interview utilizing the multidisciplinary team and assure a safe, neutral environment for the interview of the child victim. The child victim and non-offending family are offered ongoing support during the investigation and court process in order to prevent substitute care placement of the child victim.

### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 358
- Total Number of Coordinated Investigations: 356
- Total Number of Forensic Interviews: 332

### All Our Children's Advocacy Center

**County(ies) of Service:** 34 Southwest Suburbs of Chicago

**Program Name:** Children's Advocacy Center

The goal of All Our Children's Advocacy Center is to lessen the trauma a child faces during a sexual abuse investigation. AOCAC is dedicated to serving the needs of children, families, and communities affected by the trauma of abuse.

**Terms of DCFS Contract:** Under this contract, the Center will coordinate, arrange and conduct a multi-disciplinary forensic interview of an alleged child sexual abuse victim, physical abuse victim or a witness between the ages of 3-17. Children under 3 years old will be accepted on a case by case basis. Services include:

- Forensic Interviewing of children.
- Providing advocacy and referral services to children and non-offending caregivers;
- Coordinating with investigative agencies; and
- Community based education and training.

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<sup>7</sup> References to fiscal years in this section correspond to the state fiscal year – reports are delivered based upon the state FY rather than the federal FY. For instance, references to FY21 = July 1, 2020 – June 30, 2021; FY22 = July 1, 2021 – June 30, 2022.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 260
- Total Number of Coordinated Investigations: 260
- Total Number of Forensic Interviews: 260

**Amy Schulz Child Advocacy Center.**

**County(ies) of Service:** Clay, Clinton, Hamilton, Jefferson, Marion, Washington and Wayne

**Program Name:** Children’s Advocacy Center

Amy Schulz CAC provides victim advocacy. Direct services are provided to improve assessment, networking, coordination, and support and referral services on behalf of the victims of child sexual abuse and their families.

**Terms of DCFS Contract:** This CAC offers advocacy services to child victims of sexual abuse. These services include:

- coordinated investigations;
- forensic interviews;
- follow ups; and
- referrals for medical exams as well as linkage to mental health services.

This agency conducts MDT meetings, review protocols, cosponsor trainings for MDT members, and perform community outreach. The education department will present a body safety program to area schools.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 201
- Total Number of Coordinated Investigations: 201
- Total Number of Forensic Interviews: 188

**April House Child Advocacy Center.**

**County(ies) of Service:** Whiteside

**Program Name:** Children’s Advocacy Center

Services are provided to children and their non-offending caretakers to prevent substitute care placement, and to ensure the safety and well-being of children. Adult victims of sexual assault with intellectual impairments who communicate developmentally as children, and, adult victims who demonstrate severe emotional trauma are also considered for services on a case-by-case basis upon request of the MDT.

**Terms of DCFS Contract:** Services include:

- Forensic Interviewing of children;
- providing advocacy and referral services to children and non-offending caregivers;
- coordinating with investigative agencies; and
- community based education and training.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 141
- Total Number of Coordinated Investigations: 93
- Total Number of Forensic Interviews: 144

**Braveheart Children’s Advocacy Center.**

**County(ies) of Service:** Bureau, Henry, Marshall, Putnam, Stark

**Program Name:** Children’s Advocacy Center

Braveheart coordinates community's response to reports of child sexual abuse, severe child physical abuse, or witness to other traumatic crime. Team members from the Illinois Department of Children and Family Services, law enforcement, State’s Attorney’s Office's and specialized providers come together at Braveheart.

**Terms of DCFS Contract:** Services include but are not limited to:

- child friendly facility;
- coordinated investigations;
- forensic interviews;
- case management;
- advocacy, service referrals;
- crisis intervention;
- short-term counseling;
- case tracking;
- coordinated case reviews;
- court education, preparation and advocacy; and
- professional training.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 168
- Total Number of Coordinated Investigations: 168
- Total Number of Forensic Interviews: 166

**CAC of East Central Illinois.**

**County(ies) of Service:** Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie, Shelby

**Program Name:** Children’s Advocacy Center

Children’s Advocacy Center of East Central Illinois coordinates a timely, comprehensive, and multidisciplinary response to allegations of child sexual and/or serious physical abuse in a safe, agency-neutral, child-focused setting.

**Terms of DCFS Contract:** Services provided are:

- child forensic interviews;
- case coordination and case management;
- judicial and personal advocacy;
- crisis intervention;
- multi-disciplinary (MDT) team case review;
- specialized child abuse medical examinations;
- referrals for counseling and other needed services;
- crime victim compensation assistance; and
- community child abuse awareness and prevention education outreach.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 390
- Total Number of Coordinated Investigations: 192
- Total Number of Forensic Interviews: 291



### CAC of North & Northwest Cook County

**County(ies) of Service:** Cook

**Program Name:** Children's Advocacy Center

The Children's Advocacy Center of North & Northwest Cook County is the leading resource to empower and heal children who have been sexually and physically abused and prevent abuse against children in the future. CAC offers forensic interviewing, family advocacy and a range of therapy services for children and families who have suffered abuse in 38 communities in the north and northwest suburbs of Chicago

**Terms of DCFS Contract:** Services provided include:

- 24-hour referral and investigative response;
- Coordination of mandated investigators from the Department of Children and Family Services, law enforcement, and the Office of the Cook County State's Attorney;
- Establishing an interview time appropriate for the alleged child victim and the investigators;
- Referral to expert medical evaluation, when recommended by members of the multidisciplinary team or requested by the child or her/his family;
- Provision of an expert forensic interview of the alleged child victim, possible victims, or child witnesses.
- Supportive advocacy services for the child and non-offending family members;
- Crisis intervention and
- Referrals for trauma-informed counseling treatment services and other community resources.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 1,515
- Total Number of Coordinated Investigations: 334
- Total Number of Forensic Interviews: 363

### CAC's of Illinois

**County(ies) of Service:** All Illinois Counties

**Program Name:** Children's Advocacy Center

The Children's Advocacy Centers of Illinois (CACI) is dedicated to the development and growth of Illinois' Children's Advocacy Centers. CACI accomplishes this by offering its members a cadre of services which are rooted in the not-for-profit organization's driving principles: leadership, education and collaboration.

**Terms of DCFS Contract:** Services provided under the contracted are largely centered on training and membership development. The purpose of these trainings is discipline specific, in-depth training and team capacity building in all regions of the state among first responders to child sexual and physical abuse.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Trainings: 54

### Champaign County CAC

**County(ies) of Service:** Champaign, Ford

**Program Name:** Children's Advocacy Center

The CAC is a facility dedicated to pursuing the truth in child abuse investigations. Professionals from child protective services, law enforcement, prosecution, victim advocacy agencies and the

medical and mental health communities come together to investigate and intervene in cases of suspected child sexual and serious physical abuse. Designed as a safe and welcoming place for children to be heard, the CAC ensures that children are not further victimized by the systems intended to protect them. The Center facilitates investigations, makes medical and treatment referrals, and assists with any consequent legal proceedings in order to protect and support the children it serves and their families. They also provide comprehensive case management and crisis intervention services for all children referred to the center and their non-offending family members.

**Terms of DCFS Contract:** The Champaign County CAC coordinates a timely, multidisciplinary response to allegations of child sexual and serious physical abuse in a safe, child-focused setting. The CAC facilitates investigations, provides forensic interviews, provides crisis intervention counseling, makes medical and treatment referrals, and assists with any consequent legal proceedings in order to protect and support the children it serves and their families. The CAC also provides community education presentations and assists in coordinating child abuse prevention activities.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 176
- Total Number of Coordinated Investigations: 176
- Total Number of Forensic Interviews: 175

**Chicago CAC**

**County(ies) of Service:** Cook

**Program Name:** Children’s Advocacy Center

Chicago CAC is the front-line responder in Chicago to reports of child sexual abuse, as well as reports of physical abuse of children under age 3. Chicago CAC is the city’s only not-for-profit organization that coordinates the efforts of child protection staff, law enforcement professionals, family advocates, medical experts and mental health clinicians under one roof. Chicago CAC:

- Facilitates a collaborative response (from CAC and their partners)
- Conducts forensic interviews
- Provides family advocacy and crisis intervention services
- Provides mental health therapy

**Terms of DCFS Contract:**

This contract is for the provision of the following services for children, age 0-17, reported to DCFS and/or the Chicago Police Department for allegations of sexual abuse or sexual exploitation in the City of Chicago. Services include the following:

- Case Intake Coordination
- Forensic Interviewing<sup>8</sup>
- Child & Family Advocacy
- Child Life Services
- Transportation
- Interpretation
- Education, Prevention and Policy

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<sup>8</sup> Courtesy interviews are conducted for children from jurisdictions outside of Chicago upon request when adequate staff is available. If requested, forensic interviewers will also interview adults with intellectual and developmental disabilities. Forensic interviews of children other than alleged victims of sexual abuse, such as victims of physical abuse and/or witnesses to abuse or violent crime, are conducted upon request and based on availability.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 1,274
- Total Number of Coordinated Investigations: 1,526
- Total Number of Forensic Interviews: 1,284

**Chicago CAC – Mental Health**

**County(ies) of Service:** Cook

**Program Name:** Mental Health Program

ChicagoCAC's mental health team helps children heal from the trauma of abuse. In our Family Hope Center, therapists create a comfortable, safe space for children to tell their trauma stories, identify and overcome challenges, develop positive coping skills and build healthy relationships.

**Terms of DCFS Contract:** This contract is for the provision of trauma-informed, evidence-based psychotherapy services for children, ages 0-17, and their parents/caregivers.

The primary therapy modalities utilized by ChicagoCAC's Family Hope Center (mental health program) are Integrative Treatment for Complex Trauma (ITCT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Attachment, Self-Regulation, Competency (ARC) and Child and Family Traumatic Stress Intervention (CFTSI). For children age five and younger, the Child Parent Psychotherapy (CPP) model for family therapy may be used, and for children exhibiting problematic sexual behaviors, Cognitive Behavioral Therapy for Children with Problematic Sexual Behavior (PSB-CBT) may be used. The program also trains clinicians in the Positive Parenting Program (Triple P), an evidence-based behavior parent training curriculum in order to be able to provide parents with optimal support. Case management and crisis counseling is provided, when needed, and assistance in placing clients in outpatient or inpatient psychiatric care is also provided on an as-needed basis.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 805
- Total Number of Therapy Sessions: 6,336

**Child 1<sup>st</sup> CAC (Macon County Child Advocacy Center).**

**County(ies) of Service:** Macon, Piatt

**Program Name:** Children's Advocacy Center

The Child 1<sup>st</sup> Center provides a safe, neutral space with assigned personnel designated for the investigation and coordination of services for children alleged to have been victims of child sexual and serious physical abuse. These services are designed to facilitate joint investigations, reduce the trauma of repeated interviews, and initiate services that result in victims' and family healing.

**Terms of DCFS Contract:** The Center staff coordinates the multidisciplinary response to child abuse investigations, provides forensic interviewing and facilitation of interviews, case coordination, medical and social service linkage and advocacy.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 181
- Total Number of Coordinated Investigations: 181
- Total Number of Forensic Interviews: 181

**The Children's Place Association**

**County(ies) of Service:** Cook

**Program Name:** Respite Program for HIV/AIDS

Children’s Place Association’s Arthur E. Jones Early Childhood Care and Learning Center (Early Learning Center) promotes permanency by providing specialized care and early education for children affected by extreme poverty and illness, including HIV/AIDS and other health or developmental conditions. Families served are very low-income and at high risk for child abuse and/or neglect. A Family Support Specialist helps families assess needs and goals, make service plans and access internal and external services. Children’s Place provides critical assistance to children and their families in four key areas of impact: health, education, family stability and financial stability.

**Terms of DCFS Contract:** This program protects children’s safety and well-being by providing age-appropriate education, ongoing assessment of developmental progress, onsite nursing care that includes regular checkups and contact with doctors, nutritious meals during the day and a secure, nurturing environment. The program also promotes permanency by providing families with services that prevent children’s placement in substitute care, including parent training, counseling, support groups, permanency planning and other assistance that maintains and strengthens the functioning of families.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

Unique Number of Children Served:	266
Unique Number of Families Served:	209

**Cook County – States Attorney’s Office**

**County(ies) of Service:** Cook

**Program Name:** Child Sexual Abuse Specialist

The mission of the Cook County State’s Attorney’s Office Victim Witness Assistance Unit is to enhance prosecution efforts by delivering the highest quality of services to victims and witnesses in the areas of advocacy and court support. Outreach efforts are immediate, and responses are respectful, professional, thorough and consistent.

Guided by the philosophy that victims should be afforded their place in the criminal justice system, the Victim Witness Unit is mandated by the Illinois Rights of Crime Victims and Witnesses Act. Victim Specialists ensure that victims and witnesses receive timely information about court proceedings and referrals for social services. Victim Specialists serve more than 100,000 victims and witnesses each year with crisis intervention and emotional support, court accompaniment, answering questions, community referrals, intervening with schools and employers, educating and advocating for victims’ rights, and assisting with Crime Victims’ Compensation forms.

**Terms of DCFS Contract:** The Victim Sensitive Interview Program has been incorporated into the Chicago Children’s Advocacy Center. The Child Sexual Abuse Specialist remained with the State’s Attorney’s Office because this staff person works with cases after the investigation of an incident and while the State’s Attorney’s Office is preparing for trial. Under the program, the Specialist continues to work in a collaborative manner to supplement and enhance victim services provided by the Chicago CAC, the other area CACs that may be involved, law enforcement, local and state agencies, and community service providers to see that victims and their families receive the support and services they need throughout the court process. As such, the Child Sexual Abuse Specialist provides extensive in-person follow-up for victims and families, encouraging them to continue counseling and participate in the court process. The Child Sexual Abuse Specialist provides services to promote permanency by maintaining, strengthening and safeguarding the functioning of families to facilitate youth development and ensure the safety, permanency and well-being of children. Victims and families who receive service referrals and begin counseling do

not always continue and families often have mixed responses to the criminal justice system. In these cases, the added support of the specialist makes a difference, particularly when other agencies have phased out their services or support.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 132

**County of Winnebago CAC**

**County(ies) of Service:** Boone, Winnebago

**Program Name:** Children’s Advocacy Center

**Terms of DCFS Contract:** The Victim Services Program coordinates the investigations and prosecutions of child abuse cases including sexual abuse as well as severe physical abuse. The Victim Services Program coordinates the multi-disciplinary team response to these cases by coordinating forensic interviews, pre- and post-interview team staffings, conducting follow-up case reviews and entering case information into a state-of-the-art computerized case tracking system. Follow up contact and court/legal advocacy are also provided.

The Crisis Intervention Program is staffed with two therapists that are available on-site at Carrie Lynn Children’s Center to respond to the interim needs of the children and their families. The therapists will assist the multi-disciplinary team in making sound decisions for the child’s health and safety. The Crisis Therapists offer five free sessions to the victims and assists the families in arranging long-term linkage to counseling services.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 461
- Total Number of Coordinated Investigations: 461
- Total Number of Forensic Interviews: 257

**Dani-Brandon CAC**

**County(ies) of Service:** LaSalle

**Program Name:** Children’s Advocacy Center

**Terms of DCFS Contract:** Services to be provided under DCFS contract include a forensic interview to be conducted to any child 18 years of age and under is alleged to be the victim of sexual abuse or injured by severe physical abuse. Advocacy services will be provided to include case tracking, referrals, follow up, emotional support, sex abuse education, and case review. Should any child or non-offending family member have special needs (language, medical, etc.) the CAC will accommodate to the best of its ability and will seek support from within the community if needed (interpreter, etc.)

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 93
- Total Number of Coordinated Investigations: 93
- Total Number of Forensic Interviews: 93

**DeKalb County CAC**

**County(ies) of Service:** DeKalb

**Program Name:** Children’s Advocacy Center

The CAC acts as a neutral, third-party hub whose purpose is coordinating services and safe, child-sensitive support to children and their non-offending family members. The CAC’s one-time interview with a specially trained forensic interviewer relieves some of the additional trauma the child would experience with several separate interviews.

The CAC also provides:

- Referrals for medical treatment
- Trauma assessments
- Referrals for counseling and caregiver education through the Center for Counseling
- In-person support during court proceedings
- Community prevention and awareness presentations

**Terms of DCFS Contract:** The Children’s Advocacy Center provides services for children involved in a physical or sexual abuse investigation (including trafficking, exploitation and sexualized behaviors) primarily, and provides secondary services to the non-offending family members. Services provided by the Children’s Advocacy Center are: coordination of investigations, forensic interviews (available in English and Spanish), referrals for coordination of medical, legal and trauma therapy services. Case management, crisis intervention as well as community education are also provided by the Children’s Advocacy Center.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 107
- Total Number of Coordinated Investigations: 137
- Total Number of Forensic Interviews: 110

**DuPage County CAC**

**County(ies) of Service:** DuPage

**Program Name:** Children’s Advocacy Center

The Mission of the DuPage County Children's Advocacy Center is to:

- Minimize the trauma experienced by the child victim of sexual abuse or serious physical abuse during the investigation;
- Seek justice, not just convictions, of those responsible for the commission of sexual abuse or serious physical abuse;
- Provide support and facilitate treatment to the child victim and non-offending caregivers throughout the criminal justice process;
- Promote prevention of child victimization through community education.

**Terms of DCFS Contract:** The DuPage County Children’s Center investigates and provides intervention and advocacy in all cases involving allegations of sexual abuse to children and any case involving allegations of severe physical abuse as defined by DCFS. The Children’s Center conducts joint investigations (criminal investigator and DCFS child protection investigator) when applicable. Case Managers provide crisis intervention, service referral and linkage, medical and legal advocacy and other services as needed. Services will continue through court adjudication and if they are needed by the victims and their families.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 406
- Total Number of Coordinated Investigations: 265
- Total Number of Forensic Interviews: 252

### Guardian Center Child Advocacy Center:

**County(ies) of Service:** Crawford, Edwards, Gallatin, Lawrence, Richland, Saline, Wabash, White

**Program Name:** Children's Advocacy Center

The program provides services including child-sensitive interviews, advocacy for child victims and their families, MDT case review and training in child-sensitive investigations, referrals for specialized medical exams, court preparation and community education. The Healing Harbor satellite office serves sexually and physically abused children, ages newborn-18. Guardian Center serves the counties of Crawford, Lawrence, and Richland, in Southeastern Illinois. These counties are rural and have limited access to services for child abuse and neglect. All clients referred will be served with no denial of services unless the program is at capacity or the case does not meet the criteria set forth in the county protocols. No one is denied services due to handicap, race or religious orientation.

**Terms of DCFS Contract:** The Children's Advocacy Center provides child-sensitive interviews, advocacy for child victims and their families, MDT case review and training in child-sensitive investigations, referrals for specialized medical exams and other services, court preparation and community education. Guardian is a children's advocacy center devoted to the protection and healing of abused children and their families.

#### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 156
- Total Number of Coordinated Investigations: 142
- Total Number of Forensic Interviews: 166

### Hamdard Healthcare

**County(ies) of Service:** Cook, DuPage

**Program Name:** Family Preservation

Hamdard is a not-for-profit organization established in 1992 as a proactive response to address the critical needs of the South Asian, Middle, Eastern and Bosnian communities. The program serves intact families who are at risk of formal involvement with the child welfare system. Services promote permanency by maintaining, strengthening and safeguarding the functioning of families and ensuring the well-being of children by providing:

- Individual and group counseling;
- Supervised visitation and anger management classes;
- Psychiatric and primary health care;
- Translation and interpretation services in over one dozen languages including: English, Arabic, Urdu, Hindi, Gujrati, Punjabi, Telegu, Bosnian, Serbian, Croatian, Russian, Tagalog and Spanish;
- Services for victims of domestic violence and their children including crisis intervention, emergency shelter, the provision of basic needs such as culturally-appropriate food and personal care items, transitional housing, advocacy, counseling, case management, and translation/interpretation;
- Case management including assistance with applying for public benefits;
- Employment counseling;
- Academic tutoring and skill-building through the after-school youth development program; and
- Outreach and education to the community.



**Terms of DCFS Contract:** Services provided:

- Individual and group counseling;
- Psychiatric care;
- Translation and interpretation services in over ten languages including: English, Arabic, Urdu, Hindi, Punjabi, Bosnian, Serbian, Croatian, Russian, and Spanish;
- Services for victims of domestic violence and their children, advocacy, counseling, case management, and translation/interpretation;
- Case management including assistance with applying for public benefits and enrolling in the health insurance marketplace; and
- Outreach and education to the community.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

Unique Number of Children Served:	281
Unique Number of Families Served:	976
Individual Counseling Cases	2,845
Individual Case Management <sup>9</sup>	849

**Kane County CAC**

**County(ies) of Service:** Kane  
**Program Name:** Children’s Advocacy Center

The Kane County Child Advocacy Center is a division of the Kane County State’s Attorney’s Office. The CAC conducts all investigations using multi-disciplinary teams of professionals to investigate cases of child sexual and physical abuse and when appropriate take legal action in order to identify child abusers and hold them accountable.

**Terms of DCFS Contract:** Services provided for those cases that meet our protocol shall include child forensic interviews, victim advocacy with referrals for community assistance and mental health referrals, referral for specialized medical exam that may be done on-site or off, criminal investigation to attempt to corroborate the allegations, and a multi-disciplinary team response to child maltreatment, including review at team meeting. The CAC also has a bi-lingual Spanish speaking case manager, receptionist, criminal investigator, and child forensic interviewer to help serve the needs of those who are not English proficient.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

• Unique Number of Children Served:	174
• Total Number of Coordinated Investigations:	102
• Total Number of Forensic Interviews:	131

**Knox County CAC**

**County(ies) of Service:** Henderson, Knox, Warren  
**Program Name:** Children’s Advocacy Center

The CAC is a safe place police or DCFS investigators send children who need to talk about sexual or serious physical abuse. The CAC has trained staff who listen to children, asking only open questions, to find out what happened to a child and providing any needed services, like counseling or medical examinations.

**Terms of DCFS Contract:** The Knox County Child Advocacy Center will provide services to all alleged child victims under the age of 18 referred by DCFS, law enforcement, or the State’s

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<sup>9</sup> Includes access to and advocacy for public benefits, housing and immigration/legal assistance.



Attorney's Office, and their non-offending caregivers from the forensic interview through prosecution. Child victims are defined as victims of sexual abuse, victims of serious physical injury, witnesses and/or siblings to child abuse, witnesses to domestic violence or other violent crimes, and children that exhibit over-sexualized behavior.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 85
- Total Number of Coordinated Investigations: 76
- Total Number of Forensic Interviews: 78

**Lake County CAC**

**County(ies) of Service:** Lake

**Program Name:** Children's Advocacy Center

The Lake County Children's Advocacy Center is committed to providing a safe environment for child victims of abuse. The CAC's goal is to investigate and help successfully prosecute offenders of child abuse without causing further trauma to the child victim. The Advocacy Center is dedicated to approaching victims of child abuse in a sensitive, respectful manner. A child victim is defined as anyone from birth to eighteen years of age. The Center will provide services to individuals beyond age eighteen when special circumstances (i.e. developmental disability) require special handling of a victim.

**Terms of DCFS Contract:** The LCCAC staff provides services for any child (birth -18), who is the alleged victim of sexual abuse or physical abuse, when the abuse occurred in Lake County. The LCCAC staff also provides services for developmentally delayed adults who are alleged victims of sexual abuse or physical abuse. Upon request, the Center provides services for child victims who were victimized outside of Lake County. Services are provided to prevent substitute care, whenever possible and ensure the safety and well-being of children.

As a member of the MDT, the Advocate provides services to the client and non-offending parent. The Advocate participates in pre-meeting discussion with members of the team prior to the forensic interview and is involved with the client throughout the time at the LCCAC.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 502
- Total Number of Coordinated Investigations: 656
- Total Number of Forensic Interviews: 622

**La Rabida Children's Hospital**

**County(ies) of Service:** Cook

**Program Name:** Children's Advocacy Center

The mission of La Rabida Children's Advocacy Center is to reduce trauma for a child's well-being by providing support services to child victims and their families. The LRCAC provides services, such as forensic interviews and advocacy to child victims of sexual and physical abuse, and witnesses of crime in the investigation process.

**Terms of DCFS Contract:** La Rabida Children's Advocacy Center provides comprehensive services to children who are victims and/or witnesses to of sexual abuse, other types of maltreatment and violent crime.

These services include

- Intake coordination - coordinated scheduling of forensic interviews with law enforcement, DCFS, and the Cook County State's Attorney's Office

- Forensic interviews - forensic interviews of children alleged to be victims or witnesses of violent crime (i.e., sexual or severe physical abuse, witnessing murder, rape, torture, domestic violence, etc.)
- At-risk forensic interviews
- Advocacy for alleged victims and witnesses and their non-offending family members
- Case management for alleged victims and witnesses and their non-offending family members
- Court advocacy, court accompaniment and support for alleged victims, witnesses and their non-offending family members
- Court testimony
- Individual support and psychoeducation for non-offending family members of abuse victims

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 422
- Total Number of Coordinated Investigations: 649
- Total Number of Forensic Interviews: 408

**Madison County Child Advocacy Center:**

**County(ies) of Service:** Bond, Madison

**Program Name:** Children’s Advocacy Center

The program provides coordinated investigations, forensic interviews, case management, and MDT coordination and contracted counseling services for children involved in allegations of sexual abuse and severe physical abuse. Clients are children between the ages 3-17 who reside in Bond or Madison Counties and who are involved in allegations of sexual abuse or severe physical abuse with law enforcement and/or child protection. From the Center's Protocol, the Center will accept any child meeting these criteria regardless of race, religion, creed, nationality, age, gender or sexual orientation.

**Terms of DCFS Contract:** Specifically, the Center will provide forensic interview, MDT coordination and case management services under this contract.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 338
- Total Number of Coordinated Investigations: 338
- Total Number of Forensic Interviews: 338

**McHenry County CAC**

**County(ies) of Service:** McHenry

**Program Name:** Children’s Advocacy Center

The mission of the Child Advocacy Center of McHenry County is to reduce trauma to child victims of abuse through coordinating a timely, comprehensive, and multidisciplinary response in reported cases of child sexual abuse and severe physical abuse. The Child Advocacy Center of McHenry County serves all children under the age of 18 in McHenry County where there is a suspicion of child sexual abuse, severe physical abuse, and/or a child witness to a violent crime.

**Terms of DCFS Contract:** The Child Advocacy Center of McHenry County provides and maintains a child focused facility and personnel to aid in the coordination of investigating and prosecuting reported cases of child abuse within McHenry County. The CAC works closely with other agencies and providers involved in child abuse cases striving to ensure a multidisciplinary response to these cases. The facility includes an interview room and observation room to conduct digitally

recorded forensic interviews of alleged victims of child abuse. The CAC also provides advocacy services for victims and non-offending family members including judicial advocacy, medical advocacy, and crisis intervention services. Counseling services are provided by a referral service. Medical services are provided through a linkage agreement with local medical provider that specialize in child abuse. The CAC also provides emergency services and crisis intervention during and after normal hours of operation.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 240
- Total Number of Coordinated Investigations: 240
- Total Number of Forensic Interviews: 290

**McLean County CAC**

**County(ies) of Service:** DeWitt, Livingston, McLean

**Program Name:** Children’s Advocacy Center

The Children’s Advocacy Center (CAC) is where children are brought when there has been an allegation that a child may have been sexually abused, seriously physically abused, a witness to a major crime, and/or a victim of human trafficking.

Children are brought to our centers to be interviewed by a forensic specialist utilizing the “child first” doctrine. This is part of a multidisciplinary team approach that provides children with a warm, friendly environment that is focused on reducing trauma to child abuse victims. Our advocates on staff assist the family as the case is to move through the judicial system. A trained, licensed therapist is on staff to provide counseling to the child victims and their non-offending caregivers, as well. The Livingston and DeWitt County Advocacy Centers are satellites of the McLean County Advocacy Center and follow all national best practice standards.

**Terms of DCFS Contract:** The McLean, Livingston and DeWitt Children’s Advocacy Centers offer the following services: forensic interviews utilizing multi-disciplinary team (MDT) model; advocacy services including, but not limited to criminal justice, mental health, crisis intervention, community referrals, court preparation and medical advocacy. This DCFS grant provides service based lump sum funding applied towards salary and benefit costs for one forensic interviewer, one child advocate and one part time contractual crisis interventionist.

An additional service offered through the agency is the Darkness to Light Education and Awareness Training Program. DCFS does not provide any funding for this additional service.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 155
- Total Number of Coordinated Investigations: 158
- Total Number of Forensic Interviews: 264

**Mercer County CAC**

**County(ies) of Service:** Mercer

**Program Name:** Children’s Advocacy Center

The Mercer CAC provides forensic interviews as part of the investigative process in response to allegations of child abuse in Mercer County, PA. The Mercer CAC is committed to the protection and best interest of children of Mercer County and will respond jointly and effectively to any allegations of sexual abuse towards children, serious physical abuse of children, children who witness violent crimes and child deaths in Mercer County. The utilization of law enforcement,

child protection investigative agencies and prosecution strategies, as well as victim services, will work towards the common goal of attaining a more positive outcome for children.

**Terms of DCFS Contract:** Services include but are not limited to child friendly facility, coordinated investigations, forensic interviews, case management, advocacy, service referrals, crisis intervention, short-term counseling, case tracking, coordinated case reviews, court education, preparation and advocacy, professional training. The provider agrees to notify DCFS in writing of any changes in sites where client services are being delivered.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 13
- Total Number of Coordinated Investigations: 7
- Total Number of Forensic Interviews: 7

**The Parent Place:**

**County(ies) of Service:** Christian, Logan, Macon, Macoupin, Menard, Montgomery, Morgan, Sangamon

**Program Name:** Family Education and Support

The Parent Place utilizes peer education –our professionally trained staff are parents themselves and quite often their gender, life experiences or ethnicity is specific to the clients they are serving. Services include:

- Court Advocacy
- Relatives as Parents Network
- 1-2-3 Magic
- Individualized Family Coaching
- Family Mediation
- Positive Co-Parenting
- Mastering Our Mothering Skills
- Defining and Developing Skills
- The Diaper Pantry

**Terms of DCFS Contract:** Services under the agreement:

- An ongoing cycle of 16-week/48-hour classes to encourage/reinforce positive family interactions, strengthen families, support family reunification
- 2,520 hours of Supervised Family Visits, One-on-One Sessions and home visits provided before, during and after supervised visits. One-on-One sessions provided before and/or after supervised visits to encourage appropriate activities, communication, meal suggestions, etc.
- 8 Family Support Workshops per fiscal year

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 1,723
- Unique Number of Families Served: 1,034

**Peoria County CAC**

**County(ies) of Service:** Peoria

**Program Name:** Children’s Advocacy Center

**Terms of DCFS Contract:** Services provided by the Children's Advocacy Center include a multidisciplinary team investigation, victim advocacy, medical and mental health referrals, forensic interviews, case reviews, community service referrals, a comprehensive database, and team member continuing education. The facility is handicap accessible, language or deaf

interpreters are available, and cultural sensitivity is addressed during the investigation and prosecution of each case.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 134
- Total Number of Coordinated Investigations: 243
- Total Number of Forensic Interviews: 192

**Perry Jackson CAC**

**County(ies) of Service:** Jackson, Perry

**Program Name:** Children’s Advocacy Center

The mission of the Perry-Jackson Child Advocacy Center is to coordinate the timely, comprehensive team response to child sexual abuse and all other forms of child maltreatment in a child-centered, neutral setting, and to work with our community to build awareness.

Our vision is to have an engaged community focused on the safety and health of children and families through the strong leadership of the Perry-Jackson Child Advocacy Center.

**Terms of DCFS Contract:** The Perry-Jackson CAC provides the following services to clients referred: child friendly environment to conduct forensic interviews, trained staff to provide the forensic interview, coordination of the investigation and follow-up services, coordination of monthly Multi-Disciplinary Team (MDT) meeting to staff all cases, communication with the client and non-offending family members regarding the investigation and case, linkage to mental health and specialized medical services, transportation for mental health and medical services as needed, emotional support for the client and non-offending family members, assistance with court preparation, and assistance to the client and non-offending family members with accessing financial assistance and victim notification services.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 135
- Total Number of Coordinated Investigations: 135
- Total Number of Forensic Interviews: 109

**Prevent Child Abuse IL.**

**County(ies) of Service:** All Illinois counties<sup>10</sup>

**Program Name:** Child Abuse Prevention Development Project

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

**Terms of DCFS Contract:** The Child Abuse Prevention Development Project will provide support to DCFS and POS staff, community partners, and other organizations through training and education, technical assistance, community collaboration, and resource referral.

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<sup>10</sup> Offices in Chicago, East St. Louis, Glen Ellyn, Marion, Peoria, and Springfield

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Distribution of Brochures: 3,419
- Total Trainings Held 90
- Unique Training Attendance 5,702

**Procare Centers/Proviso CAC**

**County(ies) of Service:** Cook  
**Program Name:** Children’s Advocacy Center

Proviso Children's Advocacy Center of Resurrection Health Care is dedicated to helping children, adolescents, and their family members cope with the emotional and psychological stresses of abuse through specialized programming that supports the healing process. The Advocacy Center's multi-disciplinary investigation team and advocacy group works in conjunction with local police departments, the Cook County State’s Attorney's Office, Department of Children and Family Services (DCFS), and local medical and mental health providers to implement a comprehensive, victim-sensitive approach to investigation and evaluation of sexual abuse allegations.

**Terms of DCFS Contract:** For purposes of this contract, services provided through The Proviso Children's Advocacy Center include coordinated forensic interviews for children ages 3-17 who are alleged victims of, or witnesses to, or risks for, sexual abuse, physical abuse, or violent crimes, as well as victim advocate services that include crisis intervention, case management, and advocacy, and trauma therapy services, and support group and/or psychoeducational group for non-offending parents of victims of sexual abuse. In addition, the CAC also provides professional education on topics related to child abuse as well as general community education.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 1,146
- Total Number of Coordinated Investigations: 367
- Total Number of Forensic Interviews: 329

**Rock Island CAC**

**County(ies) of Service:** Rock Island  
**Program Name:** Children’s Advocacy Center

**Terms of DCFS Contract:** Under this DCFS agreement, Rock Island CAC provides comprehensive services to children who are victims of sexual abuse, other types of maltreatment and childhood trauma. The services available include:

- Forensic interviews conducted and recorded by a trained professional from the staff or MDT member.
- Referral & advocacy services
- Case management and case review services
- Specialized services are provided on a case by case basis such as language translation, sign language and/or services for developmentally delayed children
- Trauma focused therapy to the children and non-offending caregivers

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 233
- Total Number of Coordinated Investigations: 227
- Total Number of Forensic Interviews: 227

## Safe Families for Children:

**County(ies) of Service:** All Illinois counties

**Program Name:** Safe Families for Children

Safe Families for Children (SFFC) is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need with support to care for their children. The SFFC movement is a perspective/concept that the safety and health of children in our communities is all our responsibilities, and that the birth parents are the key to providing that safety for their children. SFFC is about strengthening and supporting parents so they can be safe families for their own children.

**Terms of DCFS Contract:** Safe Families for Children is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need, support to care for their children. SFFC is about strengthening and supporting parents, so they can be safe families for their own children.

SFFC directly addresses prevention of substitute care placement and ensures the safety and well-being of children. It also relies on the majority of the protective factors: knowledge of parenting and of child and youth development, parental resilience, social connections, concrete supports for parents, and social and emotional competence of children.

The following services are available:

- **Placement of children** in a Safe Family (facilitate child arrangements) – all SF locations
- **Case coordination** and referrals for placing parents - all SF locations
- **Parent mentoring** – Family friend arrangements - all SF locations
- **Monitoring and supporting children** who are staying with host families. Monitoring involves seeing the child and making sure he/she is adjusting to the home. Supporting children is done by ensuring the host families have all the support, direction needed to care for the child. This may involve talking about the relationship with the parent, behavioral management strategies, health/education issues, etc. - all SF locations
- **Recruitment, screening and approval of volunteers** - all SF locations
- **Connecting resources** friends (goods/services) with parents to provide resources (clothes, furniture, toys, etc.) and connecting parents to community services (counseling, domestic violence, homeless, psychiatric, psychological, etc.) - all SF locations
- **Outreach to agencies** and DCFS offices for referrals - all SF locations
- **Outreach to churches** to recruit volunteers. This involves identifying targeted churches, determining who at the church to meet with, meeting with pastor or appropriate individual, requesting that they become a SF Church, presenting SF during a service or meeting, gathering list of volunteers, etc. This may also include home gatherings (asking a host to invite friends to their home to hear about Safe Families). Manuals and training are available for all services offered. - all SF locations

### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 331
- Unique Number of Families Served: 222
- Number of Host Families Recruited: 153
- Number of Safe Family Homes Currently Utilized: 321



### Sangamon County Child Advocacy Center:

**County(ies) of Service:** Christian, Logan, Menard, Sangamon

**Program Name:** Children’s Advocacy Center

The Sangamon CAC coordinates the investigation of child sexual and severe physical abuse cases. The CAC also provides victim sensitive forensic interviews, advocacy services, and case review for all referred cases. Additionally, the CAC provides referrals to crisis intervention counseling by contracting with local therapists who are trained in trauma-focused cognitive behavioral therapy. The CAC has a Sexual Abuse Prevention Education program which is offered in the local schools for children in grades K through 6. The CAC operates the local Court Appointed Special Advocate (CASA) Program and delivers services to children in foster care. CASA provides specially trained volunteers to be assigned to cases of abused/neglected children by the juvenile court judge. CASA serves as an intricate part of the judicial proceedings by assisting the judge in making a final decision about the future of a foster child.

**Terms of DCFS Contract:** The Sangamon County Child Advocacy Center provides services to promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placement and ensure the safety and wellbeing of children. However, in cases where children are in foster care, the SCCAC aid the stabilization of foster care placements, promotes family reunification and ensures the safety, permanency and wellbeing through the assigning of CASA volunteers to foster cases and being a voice in the court system to speak to what is in the best interest of these children. The CASA volunteers actively work to promote family reunification, stabilize foster care placements and ensure the safety, permanency and wellbeing of children.

#### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 293
- Total Number of Coordinated Investigations: 291
- Total Number of Forensic Interviews: 265

### Shining Star CAC

**County(ies) of Service:** Lee, Ogle

**Program Name:** Children’s Advocacy Center

The mission of Shining Star Children’s Advocacy Center is to transform victims of child abuse into survivors. Our vision is to reduce the trauma of child abuse through identification, offender accountability, advocacy, counseling, and education on the path to eliminating child abuse.

**Terms of DCFS Contract:** Shining Star CAC provides forensic interviewing of children who are suspected to have suffered sexual or serious physical abuse. Our Family Advocate and/or our Executive Director/Case Manager provides advocacy services to children and their non-offending family members. Shining Star CAC’s Counselor provides mental health and crisis counseling services as well. In addition, we provide referrals for other valuable community resources. We also conduct a monthly case review with all members of our multi-disciplinary team including law enforcement, DCFS investigators, prosecutors and mental health providers.

#### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 104
- Total Number of Coordinated Investigations: 98
- Total Number of Forensic Interviews: 94



## Southern Illinois University

**County(ies) of Service:** 41 Illinois counties

**Program Name:** Children's Medical and Mental Health Resource Network

Southern's program is the Children's Medical and Mental Health Resource Network (CMMHRN).  
CMMHRN:

- Recruits and trains network physicians (identified by the region as good candidates for child abuse medical providers), advanced practice nurses and physician's assistants to provide medical consultations to DCFS, law enforcement officers, and medical personnel in child abuse investigations, either by phone, record review or physical examination of a child;
- Provides medical evaluations for children ages 0-17 who are alleged victims of sexual or physical abuse, neglect, or at risk of harm due to exposure to methamphetamine or a methamphetamine manufacturing environment.
- Provides emergency consultation upon request to medical personnel (or staff) and DCFS investigators who are directly affiliated through CMMHRN;
- Encourages the DCFS field offices to send the CANTS reports to CMMHRN Medical Director for review. The Medical Director will review all CANTS reports and will make recommendations for those needing medical follow-up where appropriate;
- Educates a variety of health care providers on signs and symptoms of child abuse and neglect and explains their responsibility as mandated reporters. Provides information on referral criteria and services of CMMHRN;
- Educates health professionals, DCFS investigators, child advocates, and other multidisciplinary team (MDT) members on the effects of harmful substances on children. This includes distributing the methamphetamine protocol for children who are at risk of harm due to the exposure of a methamphetamine environment;
- Collaborates with the DCFS training office, where possible, to provide high quality medical trainings to MDT of professionals throughout the southern region;
- Arranges high-quality training workshops for professionals in the field of child abuse and assures that continuing education credits are available for involved disciplines. Training workshops will be offered at least annually;
- Encourages participating CMMHRN providers to participate in multidisciplinary efforts in the area of child abuse and neglect in their local communities that are not case specific;
- Increases efforts to gain access and engage the local emergency department staff for child maltreatment training;
- Educates radiologist groups and other specialists in our area about child maltreatment, how to look for signs of abuse in very young children and what films are important to obtain;
- Forms a network of children's mental health providers with a focus on children who have experienced a traumatic event(s); and
- Educates frontline service workers about trauma informed practice within child welfare investigations and follow up casework. CMMHRN

**Terms of DCFS Contract:** Services of CMMHRN are focused on:

- Preventing substitute care placement for children reported as abused by assisting non-offending family members in their support of the child victim. CMMHRN performs timely specialized medical evaluations and medical case coordination to determine if the injury rises to the level of inflicted abuse or if it is a medical condition not related to abuse;

- Promoting family reunification by educating frontline child welfare workers on the effects of childhood trauma, behaviors that result from trauma and post-traumatic stress to help educate the families about adverse childhood experiences to assist in a plan that works for the child and family;
- Stabilizing foster care placements by providing educational information to the frontline workers about adverse childhood experiences and the effects of trauma/traumatization of children, the behaviors that may result and assisting them in understanding that it is not a quick fix for children to feel safe once in a traumatic situation; and
- Ensuring the safety and wellbeing of children by making sure that they are physically, mentally and emotionally healthy and by providing education to caregivers regarding the care and well-being of the children in question.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 85
- Number of Medical Exams Completed: 57
- Total Attendance (Training): 962

**St. Clair County CAC**

**County(ies) of Service:** Monroe, Randolph, St. Clair

**Program Name:** Children’s Advocacy Center

We are a team of specially trained interviewers, case managers and counselors ready to provide your child and your family complete support throughout the healing process.

The Child Advocacy Center is a non-profit organization that provides a safe, child-friendly environment for conducting forensic interviews and medical evaluation. We assist with investigations of sexual and serious physical abuse of children, as well as with interviews of children who have witnessed violent crimes.

**Terms of DCFS Contract:** The contract pays for a portion of the Executive Director’s salary. She is also a forensic interviewer and coordinates services at the CAC. The support person who coordinates interviews is paid by DCFS. DCFS pays for a portion of our rent and telephone. The Counselor is partially paid by DCFS funds, Case Management services, and medical services are paid for by other sources. All the services seek to strengthen families and ensure the safety and well-being of the children that we serve.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 300
- Total Number of Coordinated Investigations: 300
- Total Number of Forensic Interviews: 300

**Tazewell County CAC**

**County(ies) of Service:** Mason, Tazewell, Woodford

**Program Name:** Children’s Advocacy Center

**Terms of DCFS Contract:** The CAC works with alleged child abuse victims and their non-offending caregivers, by providing advocacy, counseling, and referrals to various community services. The Tazewell CAC coordinates with DCFS, law enforcement, and the State’s Attorney’s Office to investigate and prosecute allegations of child sexual abuse, child victims of human trafficking, and serious physical abuse. These efforts assure the child’s safety is paramount in the decision-making process.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 201
- Total Number of Coordinated Investigations: 201
- Total Number of Forensic Interviews: 192

**Two Rivers CAC**

**County(ies) of Service:** Alexander, Hardin, Johnson, Massac, Pope, Pulaski, Union

**Program Name:** Children’s Advocacy Center

Two Rivers Child Advocacy Center has been providing services for abused children in Southern Illinois since 2001. Our goal is to lessen the trauma that children endure after they disclose that they have been abused. Two Rivers used the Child Advocacy Center model to provide a safe, child-friendly environment for children to talk about what happened. The CAC model is designed to coordinate a multi-disciplinary approach to the investigation and prosecution of child abuse, while keeping the child victim the priority. Two Rivers provides follow-up care and support to children and their families, as well as community education.

**Terms of DCFS Contract:** Two Rivers Child Advocacy Center coordinates a timely, comprehensive and multidisciplinary response to child sexual abuse and serious physical abuse allegations in a safe, agency neutral and child focused setting. The CAC will provide forensic interviews and advocacy. Additionally, TRCAC will facilitate investigations, medical and treatment referrals, as well as assist with any consequent legal proceedings in order to advocate on behalf of and support child victims and their families.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 85
- Total Number of Coordinated Investigations: 85
- Total Number of Forensic Interviews: 85

**Tyler’s Justice Center**

**County(ies) of Service:** Carroll, Jo Daviess, Stephenson

**Program Name:** Children’s Advocacy Center

The CAC acts on the principle that no one agency or professional alone can investigate, prosecute and treat the problem of child sexual and/or serious physical abuse - a coordinated, team response is necessary. The CAC provides victims of sexual abuse and/or serious physical abuse coordination of professionals from legal, medical, child protective and social services, in one place at one time, working together in the best interest of the child. Tyler's Justice Center for Children serves as a central location for intake, investigation and follow-up for all sexual and/or physical child abuse victims ages 0 -18 in our tri-county area of Carroll, Jo Daviess and Stephenson Counties.

**Terms of DCFS Contract:** TJCC is dedicated to lessening the impact of trauma on a child victim by providing a sensitive, collaborative response to the investigation, prosecution and treatment of child sexual abuse and serious physical abuse cases.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 91
- Total Number of Coordinated Investigations: 62
- Total Number of Forensic Interviews: 86

### Unified Child Advocacy

**County(ies) of Service:** Calhoun, Greene, Jersey, Macoupin, Montgomery

**Program Name:** Children’s Advocacy Center

Unified Child Advocacy Network (UCAN) is a newly formed organization which was developed to bring together a community effort to ensure the safety and wellbeing of our children. Our mission is to serve, protect and advocate for children affected by sexual and serious physical abuse, and to educate the community about child abuse.

**Terms of DCFS Contract:** Unified Child Advocacy Network works within each of our counties to educate individuals regarding physical and sexual abuse. When child abuse occurs in our counties, our goal is to reduce the trauma to child victims and their families. Our center coordinates a multidisciplinary team response with law enforcement and DCFS. UCAN assures a safe, neutral environment for the child victim to participate in a forensic interview. UCAN also provides ongoing support to the child victim and non-offending caregiver and siblings. UCAN works with the family through the process of the investigation and court process. Counseling is provided to the child victim and non-offending caregivers and non-offending siblings who may be traumatized by the abuse occurring. UCAN brings together a community effort to ensure the safety and wellbeing of children in our communities.

#### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 145
- Total Number of Coordinated Investigations: 142
- Total Number of Forensic Interviews: 139

### University of Chicago MPEEC.

**County(ies) of Service:** Cook

**Program Name:** Multidisciplinary Pediatric Education and Evaluation

The University of Chicago is the lead program and the fiscal agent for the Multidisciplinary Education and Evaluation Consortium (MPEEC).

The Comer Children’s Child Advocacy and Protection Services (CAPS) team is a medically directed interdisciplinary team. The CAPS program has a robust clinical, advocacy and academic mission. Comer Children's hospital has institutionalized policies and protocols for the identification, evaluation and treatment of children with concerns for any form of child maltreatment. Annually over 300 children admitted to Comer Children's who receive comprehensive consultations by the CAPS team and between 500-600 hundred children are evaluated and treated in the ER setting. The CAPS team consists of 12 medical pediatric social workers, a CAPS clinical social work coordinator, 2 child abuse pediatricians, 1 physician assistant and an administrative assistant. Child Abuse Pediatrics is a boarded subspecialty that is dedicated to the care and treatment of abused and neglected children, and unique to this subspecialty child abuse pediatricians are medical experts in the diagnosis of child abuse- child abuse pediatricians are unique in that their training is in the discerning between manners of injuries.

**Terms of DCFS Contract:** This contract funds the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) and its activities to coordinate multidisciplinary investigations involving investigators from DCFS and law enforcement agencies and expert Child Abuse Pediatricians (CAPS) for allegations of severe physical abuse of children who reside in Chicago, under the age of 36 months of age, who are reported for the following allegations:

- Head trauma (2/52)
- Bone fractures (9/59)

- Internal injuries (4/54)
- Burn injuries (5/55)-cases that present to MPEEC hospitals **and** a child abuse consultant is requested by treating medical staff.
- Cuts, welts, bruises and abrasions (11/61) –cases that present to MPEEC hospitals **and** a child abuse consultant is requested by treating medical staff.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 126
- Medical Exams/Treatment Provided: 126

**University of Illinois College of Medicine at Rockford.**

**County(ies) of Service:** Boone, Carroll, DeKalb, DuPage, Jo Daviess, Kane, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, Winnebago

**Program Name:** MERIT-Medical Evaluation Response Initiative Team Agreement

The University of Illinois College of Medicine at Rockford developed the Medical Evaluation and Response Team (MERIT) program to improve the intake, assessment, screening, and investigations of reports of child abuse and neglect.

This program is jointly funded by the CAPTA Basic State Grant and the Children Justice Grant. The MERIT program provides medical advocacy for children (DCFS and non-DCFS clients) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect, including:

- Comprehensive medical assessment, evaluation and diagnosis;
- Appropriate and timely follow-up of targeted medical services for each child as it pertains to abuse and neglect;
- Documentation of findings and recommendations for follow-up to referral source;
- Data tracking of each child served;
- Medical expert consultation on difficult cases on when additional medical needs are identified;
- Parent education and support;
- Educational resource for physicians and other healthcare providers; and
- Training of MDT members on child maltreatment.

**Terms of DCFS Contract:** The MERIT program provides medical advocacy for children (DCFS and non-DCFS clients) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect. This includes:

- Comprehensive medical services, evaluation and diagnosis;
- Appropriate and timely follow-up of targeted medical services for each child as it pertains to abuse and neglect;
- Documentation of findings and recommendations for follow-up to referral source; and
- Data tracking of each child served.

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 302
- Medical Exams/Evaluations Performed: 304
- Medical Consults Provided: 8

### University of Illinois Pediatric Resource Center.

**County(ies) of Service:** Fulton, Henry, Knox, LaSalle, Macon, Mason, McLean, Peoria, Rock Island, Sangamon, Tazewell, Woodford, and other counties within the Central Region

**Program Name:** Pediatric Resource Center

The PRC was developed to provide medical evaluations and social services to children under investigation for child abuse and neglect. It is a program of the University of Illinois, College of Medicine of Peoria, and serves 40 counties in the Central Region of Illinois. The program expanded when the DCFS Peoria Regional Administrator linked the PRC with the Central Child Protection Division of DCFS to provide education, training, and consultation to medical providers around the state. By providing specialized medical evaluations and case coordination services to children when concerns of physical or sexual abuse, as well as neglect have been raised, the PRC works to ensure that children are in a safe environment by working with DCFS. In addition, the medical evaluations ensure that the physical well-being of the children is addressed so that healthcare needs are met.

**Terms of DCFS Contract:** By providing specialized medical evaluations and case coordination services to children when concerns of physical or sexual abuse and neglect have been raised, the PRC works to ensure that children are in a safe environment by working with DCFS and/or other agencies/institutions. In addition, the medical evaluation ensures that the physical well-being of children is addressed so that healthcare needs can be met. In addition to direct services, the PRC will provide education, training and outreach to healthcare professionals in the central region regarding child maltreatment. PRC will also provide training to DCFS, law enforcement and other professionals in the central region regarding abuse and neglect concerns.

#### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 337
- Medical Exams/Treatments Provided: 285
- Medical Consultations Provided: 52

### Vermilion County CAC

**County(ies) of Service:** Vermillion

**Program Name:** Children's Advocacy Center

The Vermillion County Children's Advocacy Center serves child victims of abuse and their non-offending caregivers by providing services through a comprehensive, child-focused approach in a safe, neutral, environment. By bridging the gaps between law enforcement, DCFS, prosecutors, and service providers during an investigation, VCCAC reduces the number of times a child must retell their story.

**Terms of DCFS Contract:** Services provided under the contracted agreement will include forensic interviewing, advocacy, mental health and referrals to medical. Case review, peer review and all training that is pertinent to a well-developed and qualitative service provision for the staff and MDT partners.

#### **Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 79
- Total Number of Coordinated Investigations: 71
- Total Number of Forensic Interviews: 81



### Will County CAC

**County(ies) of Service:** Will

**Program Name:** Children's Advocacy Center

The Will County CAC was established to improve the way child abuse cases re investigated. The center's staff performs child-sensitive interviews when there are allegations of sexual or severe physical abuse. These interviews are conducted by training and caring professionals in a non-suggestive, child-friendly environment. The children's recorded statements have been used in the successful prosecution of hundreds of child predators.

**Terms of DCFS Contract:** The Will County Children's Advocacy Center's services ensure safety and well-being of children and prevents substitute care placement by providing a facility to coordinate and conduct multidisciplinary team child sexual and severe physical abuse forensic interviews, advocacy services, trauma-informed therapy services on-site, multi-disciplinary team case review, specialized medical exam referrals, mental health referrals, staff and multidisciplinary team member trainings, and community outreach and prevention education.

#### **Metrics Through 3<sup>rd</sup> Quarter (ended December 31, 2021) FY21:**

- Unique Number of Children Served: 498
- Total Number of Coordinated Investigations: 283
- Total Number of Forensic Interviews: 207

### Williamson County CAC

**County(ies) of Service:** Franklin, Williamson

**Program Name:** Children's Advocacy Center

The Franklin-Williamson Child Advocacy Center works with DCFS, law enforcement, state's attorney's offices, social workers, advocates, medical and mental health professionals and others to provide high-quality, specialized services for abused children and their families. Helping abused children and their families requires an approach that addresses the physical, emotional, and legal dimensions of abuse. And, it requires a coordinated response from expert professionals to reduce stress throughout the investigation and intervention process. We work in partnership with all the necessary agencies to coordinate a plan of action. From the time a child makes an outcry of abuse until the end of a criminal trial can take months or even years. The program provides support and information to non-offending families involved with the multi-disciplinary team. This program was developed to provide a continuum of care for clients from the first day they come to the CAC until the child and family feel resolution. Providing a consistent person that clients can rely on to resolve concerns, provide information and refer them to services eases the confusion and stress our clients endure throughout the investigative and judicial process.

**Terms of DCFS Contract:** Children's Advocacy Renewal and Enlightenment, Inc.; DBA: Franklin-Williamson Child Advocacy Center (FWCAC) services include:

- Coordinated Investigations
- Forensic Interviews
- Advocacy Services
- Court Support Services
- Crisis Intervention
- Mental Health Referral Services
- Specialized Medical Exam Support
- MDT case reviews
- Community Outreach

**Metrics Through 3rd Quarter (ended March 31, 2022) FY22:**

- Unique Number of Children Served: 120
- Total Number of Coordinated Investigations: 120
- Total Number of Forensic Interviews: 102



## AMERICAN RESCUE PLAN ACT FUNDING

- Provide an update on the state's use to date and planned use of the supplemental funding provided through ARPA.
- Describe how the state has engaged with families, community-based agencies or other partners to plan for the use of funds and how issues of equity are informing the planned use of the funds.
- Describe any barriers or challenges the state has experienced in being able to access or use the supplemental funds.

On March 11, 2021, President Biden signed into law the American Rescue Plan. This law included \$100 million in supplemental funding for CAPTA, with Illinois receiving an estimated allotment of \$3,821,789 (to be obligated by September 30, 2025).

Based upon existing internal resources and practices that support and enhance issues of equity in program design, numerous projects are being reviewed that may utilize ARPA funds. Some of the suggested programming will include:

- **Plans of Safe Care:** DCFS will prioritize the development, implementation and monitoring of plans of safe care including collaboration with the Illinois Department of Human Services' Division of Substance Use Prevention & Recovery (IDHS SUPR), medical providers, and community stakeholders. DCFS is partnering with and utilizing the technical assistance offered through the Center for Children and Family Futures.
- **Improved Tracking for Dually Involved Youth:** DCFS will utilize funds to focus additional support and to enhance interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment (including continuity of treatment plan and services). DCFS will utilize funds to improve the current tracking and reporting system of dually involved youth.
- **Race Equity Training for the Department and POS Staff**
  - Race equity training has been mandated for the agency. Potential to expand the original audience of DCFS staff to also include POS staff for a total of 7,000 participants across the state.
  - There are potential facilitators (e.g., same university on-demand training as the mandatory LGBTQI+ but a module focused on race equity)
- **Permanency Enhancement Project**
  - Through university partners and Community Action Teams, funds would be used for permanency goals (reunification, timely placement, timely exit)
  - \$150k per Community Action Team will be considered for FY23.
- **DCFS Policy Review**
  - Securing an outside contractor to review all existing policies through an equity lens.
- **DEI Initiatives**
  - Asian American Services
    - Asian American populations for DCFS child abuse prevention and resource seminars
    - Stipend for data analyst intern to review and analyze demographic data of youth in care, mapping of high Asian language needs in Illinois to assist with bilingual hiring
  - African American Services
    - Budget to take diverse randomly selected staff, foster parents and youth to cultural experiences and activities throughout the State and utilize those experiences for workshop conversations.

- Budget to hire through grant funds 2 data analysis staff dedicated to DEI work.
- Budget for DEI to sponsor cultural days throughout the State at various field offices, administrative offices (all DCFS regions) at least once a year for each field office.
- **Indian Child Welfare Act Services (ICWA)**
  - DEI unit to host community wide events for Children’s Mental Health Awareness Week in May
  - Funds available for tribes who need assistance being able to motion to intervene in court
- **LGBTQI+ Services**
  - Secure Grant to protect homeless LGBTQI Youth (Homeless Prevention Services)
  - LGBTQI DCFS Expanded Gateway Services Youth in Care and Non-Youth in Care (Location for youth to have a safe space)
- **Latino Services**
  - Hotline support for Spanish-speaking youth-in-care to contact when they can’t get a hold of their caseworker
  - Bilingual resources in Spanish
  - Data collection

Through the forwarding of leads on the available funds to key Department divisions, as well as community-based partners through the state we are moving forward in utilizing the ARPA funds. We hope to support all the suggested activities above utilizing these funds. Two of the proposed initiatives are already works-in-progress with plans, proposals, and timelines being formulated:

- DCFS Policy Review, in conjunction with the office of Racial Equity Practice; and
- DEI Initiatives, in conjunction with the Division of Diversity, Equity, and Inclusion.

**CONTACTING DCFS**

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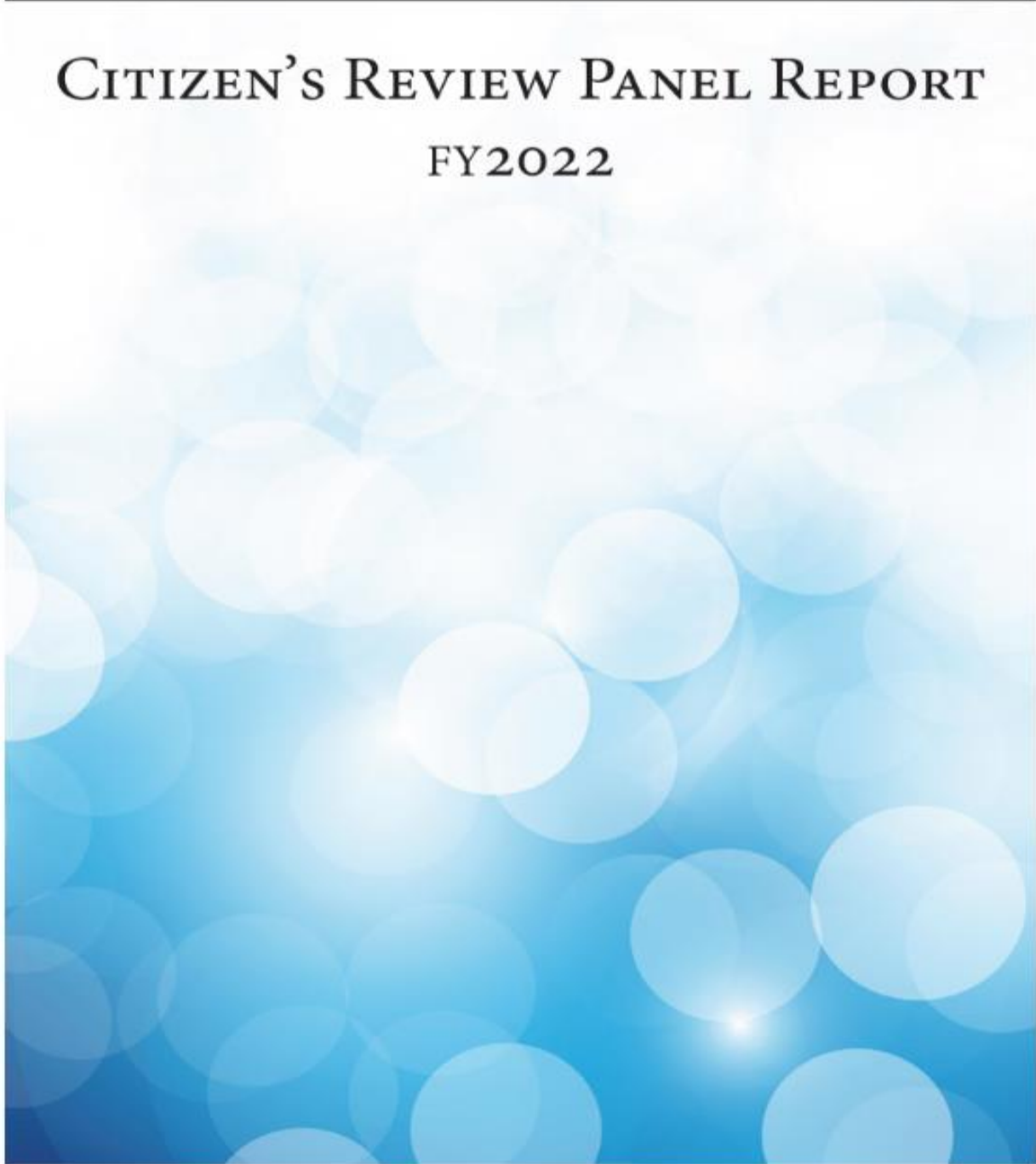
J B Pritzker, Governor



Marc D Smith, Director

# CITIZEN'S REVIEW PANEL REPORT

## FY2022



**STATE OF ILLINOIS**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**CITIZEN REVIEW PANELS REPORT**  
**FISCAL YEAR 2022**

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## **THE CHILD ABUSE PREVENTION AND TREATMENT ACT**

In 1974, The Child Abuse Prevention and Treatment Act (CAPTA) was signed into law. The CAPTA federal legislation guides child protection and is elaborated in U.S. Code (42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et. seq.). It was reauthorized with significant amendments and additions in 1978, 1984, 1988, 1992, 1996, 2003, and 2010. The Citizen Review Panels were first introduced in the CAPTA amendments of 1996, were further delineated in the Keeping Children and Families Safe Act of 2003 and were modified by some additions in the CAPTA Reauthorization Act of 2010, P.L. 111-320.

The Illinois Department of Children and Family Services (IDCFS) is the agency designated in Illinois to implement the provisions of CAPTA and meet requirements set out in federal law. Currently within IDCFS, the Bureau of Operations and the Division of Policy and Advocacy administer many of the programs and grants required under CAPTA, including the Citizen Review Panels. CAPTA funds programs providing community-based prevention, adoption opportunities, and assistance to abandoned infants.

### **Purpose of the Citizen Review Panels**

The Illinois Citizen Review Panel was established in 1974 pursuant to Section 106 (c) of the federal Child Abuse Prevention and Treatment Act (CAPTA). The function of the panel is to examine the policies, procedures, and practices of State and local agencies to evaluate whether State and local child protection agencies are effectively discharging their child protection responsibilities.

The Citizen Review Panel duties are to evaluate:

- The Illinois state CAPTA Plan and the specific areas of the child protective system which are addressed therein;
- The state's compliance with federal child protection standards and assurances set forth in the CAPTA law;
- Any other criteria that the panels consider important to ensure the protection of children, including:
  1. Review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs
  2. Review of child fatalities and near fatalities.

### **The Development of Citizen Review Panels in Illinois**

The Illinois Department of Children and Family Services (IDCFS) established Citizen Review Panels to examine the policies and procedures of state and local child protective service agencies. Authorizing legislation for the Illinois Citizen Review Panels amended the Illinois Children and Family Services Act (20 ILCS 505/5) effective June 1999. According to the provisions of CAPTA, the individual states may: 1) designate one or more existing entities to satisfy the citizen review requirements; and 2) appoint volunteer members who are broadly representative of the community, including members who have expertise in the prevention and treatment of child abuse and neglect.

In forming the panels, IDCFS invited existing advisory committees to take on citizen review activities in addition to their other interests and statutory responsibilities. Currently, there are three panels operating within the Citizen Review Panels of Illinois: Child Death Review Executive Team, Children's Justice Task Force and Statewide Committee on Child Abuse and Neglect.

The current panels are comprised of a variety of members who have experience working with children and families. The SCAN Committee has members who represent professional organizations, child welfare agencies, volunteer associations, and concerned citizens. The Children's Justice Task Force and Child Death Review Team Executive Council's membership is inclusive of members from numerous disciplines including medicine, medical examiners and coroners, mental health, law, criminal justice, public health, education, social work, child abuse prevention, parent and child advocacy as result of previous foster care involvement.

Citizen Review Panel Steering Committee met to begin to explore options for collaboration and panel development. One of the goals of the CRP steering committee is to meet at least twice a year to share information, set goals, and assess the progress of the recommendations of the Panels to the DCFS Director. Initial meeting participants included Coordinators and Officers from each panel. The Steering committee will meet on January/July cycle. The Steering committee seeks participation from various divisions within the department such as Office of Policy, Child Protection and the Division of Quality Assurance to gain knowledge and real time information regarding into current policies and practices guiding child welfare and child protection. Children's Justice Task Force and Statewide Citizen's Committee has been diligently recruiting to fill its membership needs. Over the past 2 years many councils and boards within Illinois Department of Children and Family Services experienced unprecedented decreases in membership due to life events such as illness, retirement and increased employment demands.

### **Citizen Review Panel Conference**

The Annual National Citizen Review Panel Conference convened May 23-25, 2022 at the Asilomar Retreat Center in Pacific Grove California. Representatives from Child Death Review Executive Council and Children's Justice Task force participated in this year's conference. The annual conference provides educational and networking opportunities for CRP members, State Coordinators, Child Welfare Staff, and Child Welfare Partners that enable them to better understand Citizen Review Panels and the vital role and contribution of each panel collectively and individually. During July 2022 Steering Committee meeting, Conference Participates will have opportunity to share knowledge and conference experience with the board members that comprise Illinois Citizen Review Panel. CRP members continue to engage in local training opportunities via videoconferencing platforms to increase their knowledge and understanding of current issues within Child Welfare.

### **Collaboration and Strategic Planning Implementation**

The CRP represents one of many advisory boards, committees and councils that have been given charge of making recommendations to the Illinois Department of Children and Family Services to aid in systematic practice improvement. To help eliminate silo work efforts, improve and increase communication and collaboration across all the various entities, DCFS has recently form a Stakeholders Collaborative Team. The Stakeholders Team has established six areas to focus its attention on during fiscal year 2022. The primary objectives of this group are: 1. Improve communication and increase awareness about initiatives across divisions. 2. Achieve consistent messaging of efforts and improve communication of stakeholder groups. 3. Achieve consistent messaging of efforts and initiatives. 4. Decrease duplication of efforts through strategic planning and communication, 5. Ensure stakeholders are engaged in collaboration on recommendations for system and/or practice changes. 6. Ensure stakeholders are informed timely of recommendation dispositions and track and archive responses to recommendations to keep a historical record for reference. The CRP Coordinator and Committee Liaison represents the Citizen Review Panel in monthly Stakeholder Collaborative Team Development, Planning and Implementation Meetings. The overall objective of Stakeholders collaborative is to support IDCFS efforts to achieve data-driven decision-making and to improve the agency's continuous quality improvement and strategic planning through intentional solicitation of internal and external stakeholder input.

**RESPONSE OF THE  
ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
TO THE  
ILLINOIS CITIZEN REVIEW PANELS  
COMBINED RECOMMENDATIONS 2021**

**To:** The Illinois Citizen Review Panels  
**From:** Marc D. Smith, Director  
**Date:** January 25, 2022

The Illinois Department of Children and Family Services (DCFS) appreciates your dedicated service and we thank you for your efforts on behalf of Illinois children. We have reviewed the 2020 recommendations from each of your respective panels and our responses are provided as follows (recommendation in **bold**, followed by non-bolded response):

**Children’s Justice Task Force Recommendations for FY 2022**

- 1. DCFS to continue to develop and support a statewide system for investigators to have timely access to expert medical opinions in Child Abuse/Neglect when investigating certain allegations of child abuse (sexual abuse, serious harms, children under 3, medically complex children).**

The Department is currently developing (along with our CAP physicians, Lurie Children’s and a software company) a Child Abuse Telemedicine platform that will provide assignment concurrently to the CPSW and the Child Abuse Pediatrician on all reports of serious harm to children 3 and under, to ensure the alleged maltreatment of the children brought to our attention receive this expert medical opinion on their injuries.

- 2. DCFS will work to secure solutions to ensure that MDT members who are jointly working on child abuse investigations (e.g. CACs, medical partners, LE, DCFS, mental health providers) can and must share any and all information regarding cases that are being investigated. They will work to create systems that allow for, and require, timely communication and consultation of information amongst MDT members to make decisions.**

The Department is committed to sharing all information on an investigation with our valuable MDT members.

- 3. DCFS will form a work group, to ensure collaboration across all State Agency partners in this important work, supported by collaboration within the Governor’s office, to advance the recommendations of regionally based specialization of DCFS investigators and improve DCFS’ role in the MDT partnership. This would include high-level leadership within DCFS in the child protection division.**

The Department is eager to participate in a work group to ensure collaboration across all State Agency partners.

- 4. Experts, such as the Kirwin Institute for the Study of Race and Ethnicity, have documented the impact that unconscious bias in the investigative process has on the outcomes of child protection cases and, most importantly, the child involved. Therefore, to ensure that**

**everyone involved in the investigative process is treated in a fair, just, and equitable manner, it is recommended that MDT members undergo annual bias training.**

The Department initiated an annual on demand Implicit Bias Module series training in partnership with the Kirwan Institute for the Study of race and Ethnicity at the Ohio State University. The main objective for the training is to promote both a more equitable and inclusive work environment for employees of color and improve outcomes for all children, including reducing racially disparate outcomes for children and families of color. The mandatory DCFS & Community Based Partners (CBP) Training became available virtually for all staff as of June 14, 2021

- 5. In conjunction with bias training (see rec. #4), conduct an independent or outside agency assessment to identify the current state and to clearly define the desired state of the investigative process. Once the gaps in the current state and the desired state are determined, the most effective steps to close those gaps should be established and ongoing bias training should target addressing the gaps.**

Once gaps are determined by DCP lead assessment, appropriate bias training will be determined if current annual implicit bias training is determined not to address identified gaps.

- 6. Beginning immediately, when approving potential members referred for the Children's Justice Task Force, the Office of the Director pays attention to and prioritizes diversity in race, ethnicity, sexual orientation, gender identity, and geographical representation, to ensure that the Task Force is comprised of members who, while fulfilling the mandated minimum number of populations and professions required by Statute, also represent the diversity of individuals impacted by and participating in the investigative process across the State of Illinois. In conjunction, the Task Force will establish an internal goal to prioritize diversity in the same manner through its recruitment process.**

The Department is committed to prioritizing diversity in all aspects during board member appointments. We have made recruitment and appointment of diverse candidates a top priority and will continue to do so. We believe in the importance of representing all children and families throughout the state of Illinois and encourage every board/council to prioritize this as well.

- 7. The usefulness and benefits of technology to carry out portions of the investigative and judicial process related to child abuse cases (including the use of tele-mental health services, mental health services, Zoom for social-distanced forensic interviews and MDT case reviews) during the pandemic, is well documented in the mandated 2021 Needs Assessment commissioned by the Task Force. It is recommended that the use of such technology be allowed to continue and promoted to increase access and participation, as Illinois emerges from the pandemic and continues the journey toward "normalization."**

We have seen the positive impacts of utilizing these technologies and we continue to utilize technology to increase access and participation as well as resuming some in person services to best serve our children and families.

- 8. As recommended in the mandated 2021 Needs Assessment Commissioned by the Task Force, require that providers of all types of early childhood programs be trained on and have access to laminated information sheets on the types of bruises that raise suspicion for**



**physical abuse of young children at different ages and stages of mobility, and on parent attributions that may flag abuse (Pierce et al, 2014).**

The Department will ensure that the TEN-4 FACES information is provided throughout our divisions, as well all types of early childhood programs.

- 9. The Task Force and DCFS are committed to a data informed way to improve the work and service of the Multi-Disciplinary Team including medical and mental health providers collaborating with the CAC and recommends continued commitment to timely and thorough sharing of select informative data. Data elements should also include data on racial and underrepresented group or diversity information.**

The Department is committed to continued collaboration with the CAC. We are happy to work collaboratively to find best solutions to collect requested data. The other thing to think about would be types of outputs or outcomes we may want to examine. Adding race/ethnicity is easy if we know what we are examining. We want to improve and then figure out where the data may come from. It may need to be newly collected.

- 10. By the end of fiscal year 22, quarterly meetings between CACs and DCFS regional administrators be established to support and model both the collaboration and multidisciplinary approach to this important work.**

This is completed, the Department is currently meeting quarterly with our CACs at the Regional and Deputy level.

## **Child Death Review Team**

- 1. DCFS needs to resume the Death Investigation statewide training as soon as possible, and to record the same so that training will be available remotely now, and for incoming staff at in any tie in the future.**

A workgroup comprised of DCFS Staff, OIG Staff and Executive Council Members are in the process of developing the training.

- 2. Complex cases with chronic medical issues should require a referral to DCFS nurse**

As of August 2020, all reports of Medical Neglect require a referral to a DCFS nurse.

- 3. Many of our recommendations this fiscal year were commendations for the workers excellent presentation and work on these difficult cases.**

### **SCAN Recommendations for FY 2022**

- 1. Committee recommends that SCAN be made aware of changes to Procedure 300 and the reasoning for the update. It further suggests that SCAN members be notified and allowed to participate in annual DCFS/POS training enabling the Committee to stay informed of child abuse and neglect investigative allegations.**

Procedure 300 is in the process of being reviewed/revise (nearly a complete rewrite) with a workgroup consisting of Legal, OCFP and DCP staff. When final changes have been implemented, the committee will be notified.

- 2. SCAN understands the gravity of the Family First Federal Initiative, its potential impact on prevention and family preservation services in Illinois and recommends that a SCAN member be appointed to the Statewide Family First Steering Committee.**

SCAN has been allotted two spots on the Family First Steering Committee and has been invited to attend the virtual meetings.

- 3. SCAN is aware that prevention and family preservation programs (i.e., Family Advocacy Centers, Intact Services) exist to keep families together. The Committee recommends that it be informed of all existing programs in these two categories and the policies that guide the service delivery. It is further recommended that DCFS personnel responsible for these programs annually provide a written report and meet with the Committee.**

FAC (Family Advocacy Center) programs are beneficial not only for our existing clients but for those families within the community to be used as preventative measures. The community partners along with the partnership of DCFS provides an out sourcing to help bridge with reunification as well. This is one of the resources often used when YIC are returned home as a support to parents. This program is used also during Intact Family Services to help with the maintaining of family structure and to provide supportive measures to prevent them coming into care. Now that Cook Region and other Regions are undergoing the COA, it is in the self-study to reflect the ongoing efforts of how well or not so well some of the programs are addressing the reunification and Intact services. Resources are being developed and are actively engaging the families as our reunification numbers begin to take an increase in some counties. We will coordinate with the Committee and appropriate staff for annual meetings.

**4. SCAN recommends that the Department institute and support quarterly meetings for all Citizen Review Committees, thus providing a platform for shared issue area collaborations .**

The Department agrees that quarterly Citizen Review Panel meetings can be beneficial and support the idea of coordinating these moving forward.

**5. The information contained within the Sunshine Report, while essential, must be easy to access and understand by an ordinary person. SCAN recommends modifying the Sunshine Report, making it more user-friendly and reflecting information in real-time.**

The Department will look in to how to help make the Sunshine Report more accessible and user friendly. We encourage specific recommendations from the committee on how to improve accessibility.

# CHILDREN’S JUSTICE TASK FORCE

The *Children’s Justice Task Force (CJTF)* is a multidisciplinary, legislatively-mandated advisory group that makes recommendations to the Illinois Department of Children and Family Services (IDCFS) for improving the investigative, administrative, and judicial handling of child abuse cases, particularly cases of child sexual abuse/exploitation and cases involving a combination of jurisdictions. The Task Force was organized in 1989 according to guidelines in the federal Child Abuse Prevention and Treatment Act (CAPTA), and it became one of the Illinois Citizen Review Panels in 1999. Recommendations from this panel are focused on reducing child trauma, enhancing the effectiveness of judicial and administrative actions in child abuse cases, and reforming state laws and regulations for child protection and child welfare while ensuring fairness to all affected persons.

The CJTF members represent professionals in the fields of child protection, law enforcement, medical and mental health, attorneys for the prosecution and defense, criminal and civil court judges, education, children with disabilities, child advocates, and parent advocates. The Task Force currently includes 25 members appointed by IDCFS to staggered 4-year terms. In FY22, one new member was added to the Task Force. Normally, the task force meets four times per year at various locations throughout the state for general meetings and in subcommittees as needed. Due to the Covid pandemic and the shelter-at-home order mandated by the Illinois Governor, all meetings this year have been virtual.

The Task Force continued this year with the two-subcommittee structure: the MDT Subcommittee and the committee that explored enhancements to the task force based upon diversity, equity, and inclusion. Outcomes of that latter committee included: (1) revising the CJTF By-Laws and operating procedures; (2) implementing a staggered recruitment strategy to maintain expertise of various disciplines on the task force, and (3) creating of a demographic worksheet that provides a snapshot of age, gender, ethnicity, expertise, and state geographical location. It is the hope through the implementation of these outcomes that the task force will remain on the edge and a leading force in recommendations concerning child protection services in the state of Illinois, while remaining transparent, diverse, and engaged with all Illinois communities.

## **Meeting Dates for FY22**<sup>11</sup>

August 11, 2021  
November 10, 2021  
February 9, 2022  
March 4, 2022<sup>13</sup>  
May 11, 2022

## **Meeting Dates for FY23**<sup>12</sup>

August 12, 2022  
November 11, 2022  
February 10, 2023  
May 12, 2023

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<sup>11</sup> Until further notice, and due to the current pandemic, the shelter-at-home order currently in place by the Governor’s Office and the non-essential travel ban in place by DCFS, the quarterly meetings will be conducted via video teleconference.

<sup>12</sup> Until further notice, and due to the current pandemic, the shelter-at-home order currently in place by the Governor’s Office and the non-essential travel ban in place by DCFS, the quarterly meetings will be conducted via video teleconference.

<sup>13</sup> Special Call meeting to continue work on the FY22 recommendations to DCFS.

### **CRP Annual Meeting**

The CRP Annual Conference was cancelled in 2021 due to the Covid pandemic. There are current plans to attend a virtual CRP conference in May of 2022. Details are forthcoming from the National CRP Committee.

### **Grantees Annual Meeting**

Due to the pandemic, the Children's Justice Act Grantees & State Liaison Officers Annual Meeting will be held virtually on May 4-5, 2022. Members will participate in workshops and panel discussions including updates and resources from the Capacity Building Center for States, and discussions with the Children's Bureau Leadership.

### **Child Protection and Legislative Education Impacting Task Force Decision Making**

***IDCFS Child Protection Updates:*** The Task Force continues to receive updates and reports from IDCFS, including standard presentations from the General Counsel/Ethics Officer, the Deputy Director for External Communications and Advisory Groups, and the Deputy Director of Child Protection Services.

## **Children's Justice Recommendations for Fiscal Year 2022**

- A. The Children's Justice Task Force joins the Department of Children and Family Services in its concern for the safety of those involved in the investigatory process and the direct link that it has to the safety of children and families. To increase safety, it is imperative to first identify those critical inflection points in the process (from initial report to disposition) where decisions are made, the impact of which could expose workers or children to harm.
1. The Task Force fully supports DCFS's current review of worker safety recommendations and training. We recommend that this review continues.
  2. The Department and the Task Force should collaborate further to identify critical decision points where potentially unsafe conditions exist during the investigation or family support phases of serving the families and children of Illinois.
  3. The Task Force would like to see data related to those investigations that result in harm during the investigations, case worker visits, or during critical incidents to identify themes and trends for cases that may result in harm to any person or child present at the time of the interaction.
  4. As a long-term goal, the Task Force would like to see law enforcement, as part of the MDT, receive supportive training for mental health and in order to respond in a trauma informed way to families in crisis. We believe there may be "partner programs" with law enforcement and social workers that may be informative to balance the safety of the DCFS staff and agents and the families we serve.<sup>14</sup>

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<sup>14</sup> Links to examples of such programs:

- [Reference Sources for Police-Based Embedded Mental Health Co-Responder Programs \(mn.gov\);](#)
- [Improving Law Enforcement and Mental Health Sector Collaborations - National Policing Institute;](#)
- [SW Logic Models.pdf \(villagegreennj.com\)](#)
- [ICJIA | Illinois Criminal Justice Information Authority](#)
- [https://www.researchgate.net/publication/7760976\\_Police\\_Involvement\\_in\\_Child\\_Protective\\_Services\\_Investigations\\_Literature\\_Review\\_and\\_Secondary\\_Data\\_Analysis](https://www.researchgate.net/publication/7760976_Police_Involvement_in_Child_Protective_Services_Investigations_Literature_Review_and_Secondary_Data_Analysis)

- B. Additionally, as part of the Task Force's ongoing recommendation of better data sharing between MDT members, additional consideration of sharing of information related to prior criminal history, police reports, additional family information, and incident information (that is not redacted) would be helpful in identifying increased risks related to safety in the home. Current challenges for DCFS workforce related to the LEADS history include, data only related to the child, incomplete or incorrect information at intake.
- C. The Task Force is concerned that the CACs are not being utilized to the full benefit of an MDT for child investigations. DCFS and law enforcement should continue to use and expand the MDT process for coordination of child abuse investigations. Cases, including serious harms, and serious physical abuse, in addition to sexual abuse should be referred to a CAC. The Task Force also recommends that DCFS and other MDTs continue to share allegation data with CACs on a quarterly and annual basis, to determine gaps in services.
- D. Invite community partners (elected officials, schools, law enforcement, etc.) to ensure the safety of DCFS staff and agents while they are serving the families and children of Illinois.
- E. Given the continued pandemic, and challenges related to caring for and serving our families, the Task Force is aware that the impact of vicarious trauma, compassion fatigue and burnout is significant. The Task Force would like to know how DCFS is currently addressing these issues and provide systems to support workers.

# Child Death Review Teams Executive Council

Illinois established multidisciplinary and multi-agency child death review teams throughout the state with the Illinois Child Death Review Team Act (P.A. 88-614), which was signed into law on September 7, 1994. The Child Death Review Team Act has been amended several times since 1994 including August 2001, June and August 2008, August 2009, June and July 2010 and November 2018. The primary goals of the Child Death Review Team (CDRT) are: 1) to review the circumstances of child fatalities in order to gain a better understanding of their causes; and 2) to recommend changes in practice and policy that will prevent future injuries and deaths. The Child Death Review Team Executive Council is the coordinating and oversight body for the child death review teams' activities in Illinois.

Pursuant to the Act child death review teams are to be made up of at least one member from the following disciplines:

- Pediatrician or other physician knowledgeable about child abuse and neglect;
- Representative of the IDCFS;
- State's Attorney or State's Attorney's representative;
- Representative of a local law enforcement agency;
- Psychologist or psychiatrist;
- Representative of a local health department;
- Representative of a school district or other education or child care interests;
- Coroner or forensic pathologist;
- Representative of a child welfare agency or child advocacy organization;
- Representative of a local hospital, trauma center, or provider of emergency medical services; and
- Representative of the Department of State Police.

Each child death review team elects a chairperson and vice chairperson to represent the team on the CDRT Executive Council. The CDRT Executive Council includes these eighteen members and the Inspector General of IDCFS as an Ex-Officio member for a total of nineteen members.

The CDRT Executive Council operates according to the following objectives: 1) to serve as the voice of child death review teams in Illinois; 2) to oversee the regional teams in order to ensure that the teams' work is coordinated and in compliance with the statutes and operating protocol and best practices; 3) to ensure that the data, results, findings, and recommendations of the teams are adequately used to make changes in policies, procedures, and statutes to protect children in a timely manner; 4) to collaborate with the General Assembly, IDCFS, and others to develop legislation needed to prevent child fatalities and to protect children; 5) to ensure that the review process for the regional teams is standardized in order to convey data, findings, and recommendations in a usable format; 6) to serve as a link with CDRTs throughout the country and participate in the National Child Death Review Team activities; 7) to develop an annual statewide training symposium to update knowledge and skills of CDRT members and promote the exchange of information between teams; 8) to provide the teams with the most current information and practices concerning child death review and related topics; and 9) to perform any other functions necessary to enhance the capability of CDRT to reduce and prevent child injuries and fatalities. Daniel Cuneo from the East St. Louis team is the CDRT Executive Council Chairperson. Joanna Deuth is the CDRT Executive Council Vice Chairperson. John Schweitzer is the IDCFS CDRT Manager, and Tamara Skube is the CDRT Executive Director contracted through IDCFS.

## **Meeting Dates for FY 22**

The Child Death Review Team Executive Council met on

### **(Videoconference Meetings):**

July 16, 2021  
August 20, 2021  
September 17, 2021  
October 17, 2021  
November 19, 2021  
December 17, 2021  
January 21, 2022  
February 18, 2022  
March 18, 2022  
April 15, 2022

### **Meetings with the Director of DCFS**

July 28, 2021  
October 6, 2021  
December 2, 2021  
February 3, 2022  
April 7, 2022

## **Focus Areas of Interest**

### **Annual Symposium Training and Annual Report**

- The 25th Annual Child Death Review Teams Symposium is currently being planned for October 27<sup>th</sup> and 28<sup>th</sup>.
- Tamara Skube is currently working on the *Illinois Child Death Review Teams Annual Report 2020*. This report provides detailed information and statistics on numerous categories of child death. It also presents charts of CDRT recommendations and IDCFS responses regarding:
  - primary prevention;
  - IDCFS systems; and
  - other systems.

### **Recommendations for FY 2022**

1. DCFS should use their existing “undetermined” category in situations when a family or necessary witness cannot be located, when needed records are unavailable, when the passage of time would have allowed injuries to heal or witness coaching to occur, or when the investigator otherwise cannot gather enough evidence to truly make an “unfounded” determination. DCFS has previously indicated that they cannot keep an investigation open indefinitely. Therefore, they should utilize the “Undetermined” category in a 2nd manner which would be used in situations like this where there is unverified information. This would be an Undetermined/Closed rather than the current Undetermined category where extensions are granted, and the case is kept open to gather additional information.
2. Many of our recommendations were case specific in that DCFS should review the case and how it was handled with the involved staff.
3. Many of our recommendations this fiscal year were commendations for the workers excellent presentation and work on these difficult cases.



# STATEWIDE CITIZEN’S COMMITTEE ON CHILD ABUSE AND NEGLECT (SCAN)

The Statewide Advisory Committee on Child Abuse and Neglect (SCAN) of the Illinois Department of Children and Family Services “is created with the object of advising and consulting with the Director of the Department on setting priorities for the administration of child abuse prevention, shelter and service programs in Illinois.”

## **Purpose**

The Statewide Citizen’s Committee on Child Abuse and Neglect (SCAN) is a legislative statutory advisory group established under the Abuse and Neglect Child Reporting Act (ANCRA, 325 ILCS 5/11.7). Their responsibilities as a committee have not changed since its conception in 1998. SCAN advises the Department on child abuse and neglect prevention services that promote the health, safety, and well-being of the children throughout the state. The SCAN members are approved by the Director for three-year terms. The SCAN member’s experience varies across all disciplines impacting child welfare. Their expertise in the following areas of law, social work, mental health, law enforcement, education, criminal and juvenile court, family assessments, well-being of children and families, etc., brings focused and direct recommendations to ensure the Department is operating as statute requires. They are also seeking committee members without career background, yet who can provide highlighted opinions around the issues above.

The SCAN committee continues to meet bi-monthly via video-conferences, and teleconference.

## **Meeting Dates for FY 22**

### Videoconference Meetings

August 18, 2021  
October 20, 2021  
December 15, 2021  
February 16, 2022  
April 20, 2022  
June 22, 2022

## **Meeting Dates for FY 23**

August 17, 2022  
October 19, 2022  
December 15, 2022  
February 15, 2023  
April 19, 2023  
June 14, 2023

## **Focus Areas in Fiscal Year 2022**

This fiscal year was full of transitions for the SCAN Committee. Effective July 1, 2021, the Committee nominated a new chair and co-chair to serve for a three-year term. SCAN onboarded a new DCFS Liaison because the previous Liaison was reassigned. During the onboarding period, the SCAN Liaison began learning about SCAN activities, practices, and issues of concern with Departmental and Committee support.

Meetings remain converted to an all-virtual platform through WebEx in compliance with the Open Meetings Act changes in response to the COVID pandemic.

**File Review:** SCAN's traditional work processes have evolved to remote protocols. While the Committee could not meet in person for the second year to review case files and make recommendations, SCAN completed its first virtual file review this year.

**Build Membership Capacity:** The Director appointed two new members and updated appointments for all current members. Two previous members are no longer on the roster. The Committee has been working tirelessly to bring on a board-certified neonatal specialist to gain expertise in this area and has identified an excellent candidate. SCAN is looking forward to having its first neonatal physician as a member.

**Citizen's Review Panel Engagement:** The SCAN Committee acknowledges the importance of collaboration and partnership among Citizen Review Panels, CRP. SCAN supports collaborative CRP efforts that lead to:

- Integrated and systemic changes within the Department
- Development of complementary goals for the Department
- Sharing ideas
- Committees working as a coalition to bring about Departmental change

**Legislative Update:** The SCAN Committee has been kept apprised of legislation that impacts child welfare issues through oral and written presentations by DCFS legal staff. The SCAN Committee remains informed of Illinois House and Senate bills and any other recommended bills changing the directions of the Department. The Committee requested that the Department update the report format provided to include:

- A brief bill synopsis
- Bill sponsors
- Committee status
- Pertinent information that would allow a proactive approach
- Impact on the Department, inclusive of resources required to implement legislation

### **Accomplishments**

- All SCAN Committee members completed Ethics and Discrimination and Sexual Harassment training. Due to System Updates Open Meetings Act, Training was not available until 2022; the Chair has currently completed the Open Meetings Act Training.
- The Director renewed four (4) membership appointments to SCAN until 2024.
- Committee members were kept informed of legislation that impacts policy and practices of DCFS and child welfare in general.
- Two members attended the virtual National Black Child Institute Conference and gave a verbal report to the Committee.
- SCAN's Bylaw subcommittee revised and finalized its recommendations for the By-laws. The subcommittee focused on determining the language required for the SCAN Bylaws to reflect authorizing statutes, DEI language, and succession plan.
- SCAN created an official onboard packet for new members.
- The SCAN Chair and Co-Chair attended the Quarterly Meeting of the Illinois DCFS Citizens Review Panels, CRP. The panel discussed:
  - Membership – Neonatal Specialist
  - Progress on synchronizing state, federal statutes with Committee By-laws
  - Committee actions to become more inclusive in membership selection

- SCAN continues its collaboration with the other CRP advisory groups and councils. The Committee has reached out to the chairs of several other taskforces and review panels to foster increased cooperation between SCAN and other recommending committees to work in partnership and join forces to provide effective and productive recommendations. SCAN members have joined the Family First Task Force, and the Chair attended several quarterly Juvenile Justice Task Force meetings.
- SCAN held its annual meeting with the Director to discuss
  - The Department's responses to the 2021 Annual CPR Panel Recommendations, and the 2022 DCFS priorities,
  - The expansion of Family First Project efforts to prevent children from coming into care.
  - Incorporate racial equity and inclusion focus when evaluating cases, considering committee appointments, and developing training.
  - Identification of funding streams to create new strategies that address the complex needs of children and families.
  - Development of new run-away guidelines and programs.

### **Annual File Review Process.**

SCAN continues to meet its goal of annually conducting a virtual file review by selecting cases based on the allegation or current placement for a specific period. The Committee conducted its first virtual file review on Emergency Placements in Welcome Centers.

The advisory group was aware that placements and program services might be subject to Federal guidelines/requirements or consent decrees, and any recommendations for procedures change may not be actionable. SCAN's file review objective was to examine Emergency Placements in Welcome Center and monitor for compliance.

Selection Criteria: All individuals placed in a Welcome Center between 01/01/2021 and 12/31/2021 statewide were selected. The case sample included investigations (indicated and unfounded) in need of emergency shelter and placement case disruption. Twelve (12) files were chosen randomly for review. Departmental Staff navigated the team through the file documentation and answered questions.

Welcome Center Placements Policies chosen for review directly impact intact investigation services relative to -- Procedure 301.55 Temporary Placement in the DCFS Statewide Emergency Shelter System, Emergency Shelter Process/Schedules, and the Emergency Bed Usage Guide. Follow-up questions have been asked, and SCAN is waiting for the Departmental response.

DCFS Cook County Associate Regional Administrator for Permanency, and DCFS Regional Administrator -Cook North, presented the following topics:

- The use and reason for creating Welcome Centers,
- Locations (Cook has UCAN (dormitory style), Threshold, Lawrence Hall, Aunt Martha's; Northern has Allendale; Southern has STAC) with none located in Central Illinois.
- Review of Welcome Center operational protocols.

A set of questions were created, and conclusions were tabulated from each case studied after group discussion. The committee reviewed and made recommendations based on their findings.

### **SCAN Recommendations for Fiscal Year 2022**

Based on Section 11.7 of "The Abused and Neglected Child Reporting Act," SCAN is tasked to advise and consult with the DCFS Director on child abuse prevention, shelter, and service programs. SCAN is composed of citizens and professionals appointed by the DCFS Director with experience and expertise in all levels of prevention of child abuse and neglect.

- File Documentation Quality Improvement Recommendations - Continual improvement and assessment of information collected and reported often impacts the quality of services delivered. It can inform practice decisions to improve outcomes for children and families.
  - 1.) DCFS will more intentionally monitor and improve the thoroughness and timeliness of needs, supporting placement, and services documentation.
- Welcome Centers File Review Recommendations - DCFS must be responsive, creative, and intentional when addressing the needs of children placed in Welcome Centers. Viable placement options for children with high service needs have been difficult to secure. Children with high needs require intensive services to stabilize and maintain appropriate care and improve their quality of life. As a result of completing our Welcome Center virtual file review, the Committee submits these recommendations.
  - 2.) Research shows that historically LGBTQ youth experience varying degrees of family rejection, exploitation, and hostility. Every child in child welfare should be supported and affirmed, inclusive of LGBTQ and those having non-conforming gender expression or identity.
    - DCFS shall continue developing and or enhancing programs for LGBTQ children using an equity lens.
    - DCFS will work with the families of LGBTQ children to resolve family conflicts related to gender identity and sexual orientation.
  - 3.) Welcome Centers currently receive high-need youth. Appropriate housing, continued education, and access to clinical care must be readily available during placement disruption. SCAN supports
    - that a child's first placement should be the best regardless of the need,
    - DCFS' continued outreach across systems to find solutions for the best stability placement.

In the interim,

- DCFS shall ensure high-need youth and their caretakers have access to a rapid-service team providing care coordination and warm linkages to needed resources and support services, including mental health services. The initial rapid-services team meeting is 24 hours after arrival at the Welcome Center and every 72 hours until departure.
- DCFS will increase the availability of family-based placement options by contacting family or fictive kinship when considering placements for high-need children. Four (4) denials from family or fictive kinship contacts must be received before placing a child in a Welcome Center.
- DCFS will look for family and fictive kinship outside the state if placement cannot be secured within the state.
- DCFS shall improve data collection and analyses to inform practices, ensure better outcomes, and plan for future needs.
- DCFS shall raise public awareness about placement stabilization for high-needs youth and the vital role of fictive and relative care.
- DCFS shall have two (2) designated Welcome Centers in each region and increase therapeutic foster care statewide.
- DCFS shall improve its capacity to expand services to avoid removal and

support the safe return to home.

(Technology increases an organization's capacity and can be used to document a process. This form of documentation provides consistency, simplifies training, and improves engagement.)

- 4.) SCAN encourages DCFS to produce a short video educational series about Welcome Centers that explains the policy, processes, and procedures for staff, families, and the community.

(SCAN Communication Recommendations-SCAN recommends and requests the following to provide equity across committees and access to knowledge and information).

- 5.) DCFS shall notify and seek input from SCAN when proposing changes to Procedures 300-Reports of Child Abuse and Neglect and all child abuse and neglect prevention policies and procedures.
- 6.) DCFS shall design an accessible, user-friendly process for SCAN virtual file reviews with written documentation. Documentation provides continuity for new SCAN Liaisons, and Committee work continues uninterrupted.

(Social Determinants of Health Recommendations-Social determinants of health directly impact families, especially those involved in DCFS).

- 7.) DCFS will continue to expand collaboration with its system partner, Federally Qualified Health Centers (FQHC). This ally proactively supports children and families with its current infrastructure.
- 8.) DCFS will encourage local area networks and Purchase of Service Organizations to build partnerships with FQHCs.

Implicit Bias Training Recommendation - National studies have shown that disproportionality in child welfare can occur due to ineffective service delivery, cultural misunderstanding, workforce issues, and systemic racism. Currently, the Department requires staff and purchase service organization staff to complete Implicit Bias training.

- 9.) DCFS shall intensify its efforts of building a culture of inclusion by requiring all DCFS Committees to complete the Implicit Bias Training Module Series.

De-escalation Training Recommendation - De-escalation techniques are crucial to address violent, aggressive, or violent behaviors. Since workers can't control what happens in the workplace, it is essential to maintain control when responding to a situation. Respond to challenging behavior most safely and effectively possible. De-escalation tactics create a supportive environment.

- 10.) DCFS shall ensure that all non-therapeutic staff who encounter high-needs youth have the training to remediate problematic behaviors.

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