HEALTHCARE OVERSIGHT AND COORDINATION PLAN

Addendum C

FY23

Illinois Department of Children and Family Services APSR

Healthcare Oversight and Coordination Plan

In 1993 the Illinois Department of Children and Family Services (DCFS) established a HealthWorks of Illinois Program as its plan for the ongoing oversight and coordination of health care services for children in foster care. This was in collaboration with the Illinois Department of Healthcare and Family Services (DHFS), the state's Title XIX/Medicaid agency, and the Illinois Department of Human Services (DHS), the state's Title V, Maternal and Child Health agency, at that time. As a result of this collaboration, all children taken into the legal custody of DCFS are provided coverage in the Illinois YouthCare Program from the first day of custody in order to ensure immediate access to medical care.

YouthCare is a specialized healthcare program for DCFS Youth in Care. DCFS youth in care are automatically enrolled in the YouthCare health plan. DCFS youth includes Youth in Care and Former Youth in Care. Former Youth in Care are youth under 21 years of age who were previously under the guardianship of DCFS prior to reunification, adoption, subsidized guardianship, or cases where Juvenile Court released the youth from the legal custody of DCFS.

Working with the youth's caseworker, YouthCare is designed to improve access to care through active coordination of each youth's healthcare needs, significantly expanded healthcare benefits, and a more robust provider network.

As a member of a managed care health plan, every DCFS youth has a care coordinator. Care coordination is when a primary care physician, specialists and other healthcare providers work together with a care coordinator whose mission is to help members one-on-one with their healthcare. Healthcare providers are kept informed of a member's needs and the services provided, and they assist in finding the right care.

The Department of Children and Family Services (DCFS) and the Department of Healthcare and Family Services (HFS) developed a transition plan for the provision of healthcare services to DCFS Youth prior to their enrollment into a Medicaid managed care plan.

The Contract Addendum between HFS and YouthCare for DCFS Youth managed care was originally signed on November 2, 2018 and was subsequently revised and executed on December 13, 2019. The Departments established the Child Welfare Managed Care Implementation Advisory Workgroup to promote transparency and accountability in the implementation of managed care for DCFS and to develop the final transition plan. The Workgroup started meeting regularly in September 2019 and continues to meet on a regular basis post-transition. The Department of Healthcare and Family Services (HFS) announced that youth in the care of the Department of Children and Family Services (DCFS) transitioned to the new YouthCare program on September 1, 2020.

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice,

In accordance with guidelines of the Child Welfare League of America, each child/youth whom the Department takes into protective custody receives an **Initial Health Screening within 24 hours of protective custody and prior to placement.** The purpose of the Initial Health Screening is to assess the child's immediate health care needs, to document any signs and symptoms of abuse or neglect, and to provide health information to the caseworker to make the most appropriate placement for the child's assessed needs.

For those children or youth who remain in the Department's custody and for whom the court awards temporary custody or guardianship to the Department, a **Comprehensive Health Evaluation is required within 21 days of temporary custody**. The Comprehensive Health Evaluation becomes a part of the comprehensive Integrated Assessment which identifies the developmental, physical and mental health, educational, and child welfare services needs for the

child and the family. The Comprehensive Health Evaluation is conducted according to the standards of the federal EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program and the state's Healthy Kids Program.

Children and youth continue to receive immunizations and preventive well child examinations and health screenings, including preventive dental examinations and prophylaxis, according to the recommended schedule of the American Academy of Pediatrics and the standards of the Medicaid/Healthy Kids Program. DCFS **further requires annual well child examinations for children and youth three years of age and older.**

The Health Services management information specialist position was filled in December 2020 after being vacant from January 2019 to December 2020. Health Services attempted to maintain production of as many reports as possible during that period, however, much of the data collection was impossible without the critical support of information services. Health Services is again able to complete data collection and reporting as it has historically.

The Department provides the following data to the Office of the Governor on a Quarterly basis for the Performance Metrics Report:

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home,

The child's or youth's health care needs identified at the Initial Health Screening, Comprehensive Health Evaluation, and subsequent health screenings are incorporated into the **Client Service Plan**. The HealthWorks lead agencies work with the children's caseworkers and caregivers to ensure that children receive any recommended follow-up health evaluations and services. When appropriate, children with special healthcare needs are referred to a DCFS nurse for follow up. The Service Plan, including documentation of ongoing medical care as well as identified health care needs of the child, is reviewed at the Administrative Case Review (ACR) every 6 months. The Integrated Assessment process details the steps to address emotional trauma associated with child's maltreatment and removal from the home. It is discussed in depth in Procedures 315.95(b).

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record,

Medical information about the child(ren) in their care is shared with foster parents and relative caregivers at a number of occasions:

- when the child is first placed in the foster home, from the health history which the worker has gathered from the biological parent(s) and from the Initial Health Screening,
- at the Comprehensive Health Evaluation in communication with the examining physician,
- at the Family Meeting within the first 45 days of the case through the Integrated Assessment.
- following the Comprehensive Health Evaluation, the foster parent receives a Health Passport for the child which summarizes all the known medical information for the child,
- at each well child/EPSDT examination with the child's primary care physician (PCP),
- at the 6-month Administrative Case Review (ACR), and
- at office visits with specialty care physicians, which are appropriate to the child's special health care needs.
- At any other time in which the caregiver wants or needs an update or copy of the child's record

Medical information about the child in DCFS custody is shared with the birth parents at various points in time in foster care:

- if present for the child's Comprehensive Health Evaluation, in communication with the examining physician,
- at the initial and subsequent Family Meetings, and

- during contacts with the child's caseworker during the foster care stay and upon the child's return home.
- At any point, the birth parent requests a copy or updated document

Child welfare caseworkers can produce directly from SACWIS, an electronic Health Passport as a summary of the child's identified health needs and health services received. The electronic Health Passport is continuously updated with information received from an electronic interface with the Medicaid agency as well as information directly entered by the HealthWorks lead agencies and by child welfare caseworkers. Enhancements to the electronic Health Passport have been made to include data from the DHS/Cornerstone system and the Illinois Department of Public Health databases. Communication continues to progress to enhance our data sharing capabilities.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care,

All children and youth in the Department's legal custody are required to have a **primary care physician (PCP) to serve as the child's "medical home"** responsible for conducting ongoing examinations and screenings, in accordance with the standards of Medicaid Healthy Kids/EPSDT Program. The benchmark for the number of children in foster care who are enrolled with a PCP is 95%. The development and implementation of the electronic Health Passport will continue to facilitate this continuity of health care services.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications,

The Department has implemented extensive and detailed rules and procedures to ensure oversight of medications for children in its custody prescribed by physicians, particularly psychotropic, and over-the-counter medications.

When children come into the custody of DCFS, the Child Protection Investigator requests the parents/available caregivers the child's current prescriptions and over-the-counter medications, emergency/rescue medications, e.g., inhaler, epinephrine, etc. (Procedures 301.120)

In assessing the child's individual needs for placement, the placing worker is to provide information about the child's current medications, including prescriptions, over-the-counter, and emergency/rescue medications. (Procedures 301.60)

In the initial, comprehensive, and ongoing assessments of the child, the caseworker is to ensure that the foster parent has received instructions on when and how to administer medications and, when appropriate, to ensure that there is authorization with the consensus of the caregiver, caseworker, and prescribing physician for the self-administration of medications. (Procedures 315.100)

Foster parents and relative caregivers are required to keep a log of all medications that the child is taking. This includes psychotropic medications as well as prescription and non-prescription medications. (Rules 402, CFS 534, 8/2002) Procedures 302, Appendix H, provides for extensive oversight for the administrations of medications in Transitional (TLP) and Independent (ILO) living arrangements.

Consent for psychotropic medications requires specific review and approval by the psychiatric consultant of the Office of Guardianship Administrator. (Rules 325, CFS 431-A, Rev. 8/2006) Prescription medications for psychiatric disorders are written by psychiatrists, with oversight by an Oversight Treatment Team appointed by the Agency Director: Medical Director, Chief Psychiatric Consultant, Chief Nurse, representatives of the Division of Guardian and Advocacy and the Division of Clinical Services. An initiative for children under 6 years of age on psychotropic medication requires they be evaluated by child psychiatrist when entering custody.

The Care Oversight Committee is chaired by a child and adolescent psychiatry specialist. The committee reviews the data on youth in residential treatment, youth in residential beyond medical necessity, and the age and diagnosis of youth prescribed multiple psychotropic medications.

The University of Illinois/Chicago (UIC) developed and maintains a program related to the oversight of psychotropic medications for DCFS youth, including providing the DCFS Centralized Psychotropic Medication Consent Program with requested administrative data. The Consent Unit is also able to run general reports related to numbers of psychotropic medications completed during different time periods. UIC has also contracted to draft materials and review and comment on DCFS developed casework best practice guidelines, administrative rules and procedures which govern management of psychotropic drugs and develop training materials, curricula and arrange or conduct training for DCFS identified staff in protocols for psychotropic medication management.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children,

The Illinois Department of Children and Family Services actively consults with and involves physicians and other appropriate medical professionals throughout the entire life of the child case, from the investigation phase to placement, as well as assessment, permanency, and service planning.

Child Protection Investigators can consult with a statewide network of health care professionals with expertise in child abuse and neglect to provide medical evaluations assessing children for sexual abuse, physical abuse and/or neglect. The network was developed as a joint venture by DCFS and the Pediatric Resource Center, a program of the University of Illinois, College of Medicine, in Peoria IL and now involves other physician consultant services in the northern and southern parts of the state.

This network of expert physicians and nurses is closely associated with the Children's Advocacy Centers available for multi-disciplinary consultations and assessments of sexual abuse and serious physical abuses cases. The multi-disciplinary teams consist of representatives from law enforcement, DCFS child protection services, county state's attorney prosecutors, and medical and mental health professionals.

Further, Child Protection Investigators in Cook County can consult with physicians and child abuse medical experts who participate in the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC). MPEEC was established in 2001 to ensure that every child reported for serious abuse or neglect receives a timely medical evaluation by a child abuse medical expert. MPEEC providers conduct expert medical review for all cases of head trauma, fractures, internal injuries, and burns in children aged 3 and under who live in Cook County and are reported to DCFS as alleged abuse cases. This review includes the consultation for second opinions of possible cases of serious physical abuse or neglect.

At the point that DCFS has taken protective custody of a child, the Child Protection Investigator or assigned caseworker arranges for an Initial Health Screening of the child with a medical provider in the networks developed by the HealthWorks lead agencies covering all counties in the state. The range of IHS providers includes hospital emergency departments to ensure 24/7 availability, urgent care centers and community health centers, which are the preferred settings for the screening of the child, and physicians in private practice who may have been the children's primary care providers.

DCFS follows a model for Comprehensive Health Evaluations which utilizes a limited network of qualified medical providers to conduct this evaluation. This was to ensure that a comprehensive assessment utilizing standardized health care documentation was completed for each child within the first 21 days of temporary custody. These are community-based physicians who have an interest in and experience with, serving children in foster care.

A central responsibility of the HealthWorks lead agencies is to develop and maintain networks of qualified primary care providers to serve as the medical home for children placed in foster care. Over and above their participation in the Medicaid program, these physicians are ideally Board-certified in Pediatrics, Family Practice, Internal Medicine, Obstetrics-Gynecology or have completed an accredited residency in one of these primary care specialties and have active hospital privileges for admission and patient care of pediatric patients. Due to a lack of resources in some areas of the State, Nurse Practitioners and/or Advanced Practice Nurses are utilized for the exams. There is a network of approximately 2000 Primary Care Physicians (PCPs) organized by the HealthWorks Lead Agencies to serve children in foster care. From the start of the HealthWorks Program, DCFS adopted the model of using community health resources, rather than hiring medical professionals directly or using a closed panel/HMO model to provide for the ongoing health care of children in its custody.

DHFS/Medicaid contracts with DentaQuest to refer all Medicaid recipients to dentists who accept Medicaid. Caseworkers and foster parents contact DentaQuest directly to request information about participating dentists. DHFS/Medicaid has established a contract with DentaQuest for all dental services. DentaQuest refers all Medicaid recipients to dentists who accept Medicaid payments as payment in full. DentaQuest representatives provide the caller with information on enrolled providers within geographic proximity. DentaQuest provides the same service to locate specialty dental providers. The same provider locator function is available via DentaQuest's website.

A shortage of Medicaid enrolled dental providers throughout the state, especially in central and southern regions, is an on-going concern. Specialists are the biggest concern and many times, children must travel to the Chicago area to get their wisdom teeth removed. Identifying providers who offer sedation remains an issue as there are few providers who offer this service and will accept the Medicaid rate. Services for special needs children are/always have been an issue as this goes along with sedation. Finding a provider to treat a special needs child is difficult in itself, but when sedation is needed, that presents a double issue (sedation and special needs).

The Department also contracts with a pediatrician from Rush University Children's Hospital who is board-certified in General Pediatrics and Child Abuse Pediatrics who serves as Medical Director. In addition to consulting with the Department on DCFS policy and procedures related to children's health needs, the Medical Director is also available for consultation on difficult cases including Medical Child Abuse (formerly known as Munchausen syndrome by proxy), organ transplant, terminal illness and children with medically complex conditions.

The Department employs a Chief Nurse and child welfare nurse consultants who are co-located in DCFS Field Offices in each of the Department's six regions in the state. The nurses provide consultation services to child welfare caseworkers, both DCFS and POS, particularly for children with special health care needs for the assessment of risk and safety issues and for enhanced continuity of intervention and oversight of children's health care. The past several years has seen an increased presence of the Child Welfare Nurse Specialist in the field. This is due to the Health Services initiative to become more engaged and proactive with the child and family team.

Foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses,

The Department utilizes a staffing process in which clinical professionals review and staff youth with significant emotional, behavioral, developmental and medical diagnoses to ensure that they are appropriately matched with the appropriate level of care based on diagnoses. This clinical staffing includes significant adults and professionals who are involved in the care and treatment of the youth and also includes subject matter experts from the Department's Specialty Services Unit and DCFS Nursing. Clinical assessments are reviewed and if there is need for diagnostic clarification, this is information is clarified and/or additional assessments are recommended for completion. DCFS Policy Guide 2012.03, Division of Clinical Practice Consultation by Specialty Services Specialists reflects these guidelines.

Licensed clinical psychologists participate in the priority clinical staffings for youth 12 & under. They also review requests for psychological and neuropsychological evaluations and parenting assessments for appropriateness and review the completed reports to provide feedback to the casework staff concerning results and recommendations.

A Care Oversight Committee composed of the Medical Director, Child Psychiatry, Child Psychology, DCFS Chief RN and DCFS guardian meets monthly to review complex behavior/psychiatric cases and makes recommendations regarding evaluation, treatment and placement for these youth.

The Health Integration Committee - multidisciplinary group meets monthly to discuss current issues regarding Healthcare for DCFS Youth as well as reviews cases of youth in care with complex medical and/or behavioral issues. This committee is also utilized to evaluate the decision to pursue or not pursue, service appeals when in-home nursing hours are being reduced.

Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

- The Department provides monthly reports that identify youth aging out of the foster care system. These reports are shared with Medicaid. This prompts Medicaid to ensure these children are enrolled in Medicaid at the time the legal relationship ends with DCFS and there is no lapse in coverage.
- Per DCFS Policy, at the time of case closure, youth shall also be provided, at no cost, a copy of their health and education records. The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:
    - Identification card.
    - Social Security card.
    - Driver's license and/or state ID.
    - Medical records and documentation to include. but not be limited to:
        - Dental Reports.
        - Immunization Records.

    - Name and contact information for Primary Care Physician. and any Specialists working with the youth.
  - Name and contact information for OB/GYN. when applicable.
  - Education on Healthcare Power of Attorney. including signed certification on having received information and education regarding health care options.
  - Certified copy of birth certificate.
  - Documents and information on the youth's religious background.
  - U.S. documentation of immigration. citizenship. or naturalization.
  - Death certificate(s) of parent(s). ifs deceased.
  - Medicaid card or other health eligibility documentation.
  - Life book or compilation of personal history and photographs
  - List of known relatives. with relationships. addresses and telephone numbers. with the permission of the involved parties.
  - Copy of Court Order for Case Closure.
  - Resume.
  - List of schools attended. previous placements. clinics used.
  - Educational records. such as high school diploma or general equivalency diploma. and
  - List of community resources with self-referral information. including The Midwest Adoption Center. Phone: 1-847-298-9096 or info@macadopt.org.

Activities for Quality Improvement FY2020

In addition to continuing the services described in this section of the report which are intended to ensure that children in foster care receive the health services necessary to meet their Well-Being needs, the Department is engaged in the following quality improvement initiatives:

- DCFS is in development of a secured Web Portal for the use by primary care and other physicians caring for children in foster care so that these healthcare professionals have on-line access to health information to ensure continuity of care and to eliminate duplication of services provided to the child. The secured Web Portal would also serve the needs of foster parents and relative caregivers to ensure easy access to health information for the child in their care. The same access would be extended to youth ages 16 years and over who are taking over responsibility for their own health care and transitioning to independence. The secured Web Portal access would be to an on-line version of the Health Passport. This project continues.

  Update and 2020-2024 activities: The Department continues to pursue this goal. Some work has been done and Health works lead agencies now have access to a web portal. An enterprise service request was completed for the portal and is pending. In addition, a work group is evaluating the development or purchase, of a system that will allow foster parents to have access to medical information regarding the child/youth in their care up to age 12. The system will be time sensitive to ensure that access to this personal health information is only available to the foster parent during the time the child/youth is in their care.

- Utilization of health care services for children in foster care will continue to be monitored in FY 22 and enhanced with the adoption of nationally recognized quality health care measures for children -- CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009) Core Measures:
  - ✓ Childhood and Adolescent Immunization Status

- ✓ Well Child/EPSDT Examinations for Children and Adolescents
- ✓ Dental Care – Preventive and Treatment Services
- ✓ Emergency Department Visits
- ✓ Children with Asthma with More Than One ED Visit
- ✓ Follow-up Care for Children Prescribed ADHD Medications
- ✓ Follow-up Care After Hospitalization for Mental Health Conditions

Update and 2020-2024 activities: The Department continues to track and report CHIPRA data to the federal government. These measures are used to identify and act on areas needing improvement. While child and adolescent access to primary care physicians, well child exams (age 3-6), and some adolescent immunizations continue to do well (most over 90%), adolescent well child visits, preventive dental services and immunization, especially HPV vaccines, are areas needing improvement. Health Services provides reports to Health works lead agencies and congregate care facilities, sharing areas needing improvement. The responsibility of program improvement plans has moved to the YouthCare Managed Care organization. Health Services continues to work with the MCO to support the transition and the changes in process

- A Screening program for in utero Alcohol Exposure for youth entering care in Cook County was implemented in early 2018. This project helped to ensure those identified children receive the services and programming necessary to help them reach their full potential. The program continues to be on hold due to activities in transitioning YC. These can be re-implemented when resource levels are restored.
  Update and 2020-2024 activities: The Fetal Alcohol Spectrum Disorder project was interrupted by several personnel changes, specifically the loss of the DCFS medical director and the university partner set to analyze that data. The number of cases identified and screened for the project was lower than anticipated which has let to questionable data analysis. Health services continues to work with our university partner to determine next steps for this project. Health Services goal is to resume data collection and analysis and extend past year one and into at least, a 2nd year to ensure significant data. This goal continues.

- A Committee continues to meet monthly to identify and discuss markers for well-being in children
  Update and 2020-2024 activities: The Child Well-being committee continues to meet monthly. Indicators for well-being are discussed.
- Since January 2015, Quarterly Congregate Care health compliance reports are sent to CEO's of agencies identifying deficient healthcare for our youth in their settings.
  Update and 2020-2024 activities: Congregate Care reports continue to be sent to the agencies providing care for DCFS children and youth. These reports identify areas of compliance for yearly EPSDT, yearly preventive dental, yearly seasonal flu shot, Tdap, meningococcal and HPV compliance. Dissemination of these reports was sidelined during the calendar year 2020 due to lack of staffing but resumed in April 2021.

- Since February 2016, quarterly teen health compliance reports that identify deficient immunizations and basic preventive health care for our youth are sent to agencies and the field. Health Services staff assist agencies with the follow up and recording of updated information and completing any immunizations out of compliance for the youth. Again, production of these reports resumed in April 2021. The Health Services Information Management position was filled in December 2020 and the Health Services Coordinator position was filled in October 2020.

Update and 2020-2024 activities: Reports continue to be sent to the agencies providing care for DCFS. Health Services implemented planning for a program improvement plan for those agencies needing improvement. Efforts to standardize program improvement activities continue during bi-weekly conversations with the Health Works Lead Agencies and YouthCare.

- A Health Services Sharepoint Dashboard has been developed which contains cumulative aggregate health compliance stats for youth placed in Congregate Care facilities, as well as teens being monitored by DCFS and Community Based Partner (CBP) child welfare agencies. This dashboard continues to provide current, accurate congregate care data.
  Update and 2020-2024 activities: This project remains partially complete. Some aspects are developed but there are remaining updates to be completed. Health Services continues to work with Information Technology to enhance the Sharepoint site.

- An Asthma Project has been implemented which identifies youth age 6 and over, with hospitalization or emergency room visits in the last 6 months and provides a DCFS Nurse to do a home visit for education and training to the caregiver and child. A follow up is conducted 3 months following the initial home visit.
  Update and 2020-2024 activities: This project is currently in full swing. DCFS has partnered with Northwestern to enhance the scope. The Health Services Coordinator continues to be a part the Asthma Project. Consultation with university partners, the DCFS Medical Director and DCFS Nursing services surrounding this project are on-going.

- The Department continues to engage other State agencies in expanded data sharing agreements to insure the accuracy and timeliness of critical information for our children and youth.
  Update and 2020-2024 activities: Continue Objective. The Cornerstone system is being replaced at the end of this fiscal year. (FY22). DCFS Health Services is working with other agencies to ensure the needs of the Department are included in this new data sharing, as well as identifying any "glitches" in the process. Critical work occurred with HFS and DHS surrounding the transition to Youth Care.

- The Department has put a hold on the project to identify Failure to Thrive among children under the legal custody of DCFS. This project is designed to identify and implement interventions to those identified children to ensure issues are addressed and the child thrives while in the care of the Department. The hiring of a Health Services Coordinator will support this project.
  Update and 2020-2024 activities: The Health Services Coordinator position was filled October 2020. This project remains in the queue.

- The Department conducted a survey of foster parents designed to identify strengths and areas needing improvement in regard to accessibility and quality of health services for our children/youth. It should be noted that the overall response of the survey is that children do have primary care physicians and they are generally available. A second survey will be conducted following the implementation of managed care.
  Update and 2020-2024 activities: DCFS and Northwestern have taken over this project. Continue Objective.

- Managed Care was implemented September 1, 2020 for DCFS Youth.

Activities related to the Covid 19 pandemic

- **Communication and Information Sharing:** As information became available in the early days of the pandemic, communication and cooperation within the various divisions of DCFS was crucial in protecting youth, families and staff. The DCFS Chief of Staff established daily virtual meetings of DCFS leadership that facilitated the Department's rapid response in distributing education, guidance and policy updates to staff, POS agencies, foster parents and families. This daily collaboration allowed each division to transition to virtual work wherever possible while ensuring continuity of all essential DCFS services. A COVID information site was created on the DCFS website which posted the frequent action transmittals and other guidance regarding the pandemic provided to staff, agencies, families and daycare providers. The link to this information is here:
  https://www2.illinois.gov/dcfs/brighterfutures/healthy/Pages/Coronavirus.aspx
- **Visitation:** Visitation for both parents and case workers was one of the greatest challenges at the onset of the pandemic. In Action Transmittal 2020.02 issued on March 25, 2020, due to health concerns associated with the COVID-19 public health crisis, DCFS suspended in-person parent-child and sibling visitation and established a virtual visiting system to limit the spread of the virus while ensuring family visitation and caseworker support. As knowledge about the virus spread and control measures grew, DCFS provided an updated Action Transmittal 2020.07 on June 15, 2020 that provided guidance to DCFS and Purchase of Service (POS) caseworkers to support in-person parent-child visitation, sibling visitation, and caseworker in-person contact with youth in care, while promoting the safety and well-being of children, parents, and staff. In-person visitation was restored with strict guidance regarding screening questions for COVID symptoms/exposure, masking and social distancing.
- **Placements:** COVID-19 created barriers to placement of youth due to refusal of foster parents and congregate care facilities to accept youth with potential COVID exposure or infection. DCFS quickly partnered with Aunt Martha's to create COVID Quarantine Centers (CQCs) to specifically care for youth under COVID quarantine or isolation. These facilities include upgraded ventilation systems, on site nursing availability and appropriate PPE. Foster parents willing to accept youth with COVID exposure or infection were identified and provided the necessary guidance and PPE. A team including the DCFS medical director, guardian's office, nursing and placement resources worked with the local and state health departments to support congregate care facilities in accepting placements and in maintaining youth safely in their programs during COVID outbreaks in their centers.
- **PPE and Testing:** In the first weeks and months of the pandemic, the DCFS procurement officer worked closely with DCFS leadership and the medical director to purchase an ample supply of personal protective equipment (PPE) and cleaning supplies that were rapidly distributed to DCFS offices, POS agencies and foster care providers. Systems were quickly established to communicate with offices and facilities regarding need and availability of these supplies. The office of procurement and DCFS chief nurse joined with the Illinois Department of Public Health to provide rapid COVID-19 testing within DCFS offices across the state.

- **IHS and CHE:** Early in the pandemic IL-DCFS faced challenges in completing Initial Health Screen (IHS) and Comprehensive Health Evaluation (CHE) due to closure and/or limitation of visits at Healthworks provider offices and IHS sites. These barriers to access resulted in decreased compliance data related to completion of medical visits within the required timeframes and vaccine rates for youth in care. Health Services worked with Operations to develop alternative sites, hours, and systems to ensure health exams were completed as required. Health Works Lead Agencies (HWLA) communicated directly with field offices to keep them abreast of any changes and/or alterations in service provision. Health Services also identified alternative resources for completing CHE's including specific office hours with providers for "well" children, identification of alternative providers such as advance practice nurses, use of telehealth, and expansion of the Initial Health Screen to address issues normally evaluated in a CHE. As COVID rates have decreased and providers have resumed full operations, we expect compliance data regarding IHSs, CHEs and vaccination will return to pre-pandemic levels.
- **DCFS Guardian Consent:** To address limitations to healthcare access due to COVID-19, the DCFS Guardian's Office worked with the Office of Legal Services, and the Division of Clinical & Child Services to develop a temporary process to allow medical and mental health services to be provided via telehealth platforms. The DCFS guardian administrator also spearheaded the reporting and data collection process for COVID infections in youth, foster parents and DCFS staff/providers. This confidential reporting system allowed supervisors to support staff in quarantining, testing and contact tracing. Data on COVID outbreaks in congregate care facilities and foster homes was used to engage resources such as DCFS nursing and local health department agents to support youth, caregivers and residential programs. Finally, the DCFS guardian administrator has instituted a quick and simple consent process for COVID-19 vaccination for youth in care. Consent for COVID vaccination is covered in the general consent for routine and ordinary care provided to the child's primary care provider, however, a separate COVID-19 consent is required if the youth obtains the vaccine outside of their provider's office (pharmacy, mass vaccination site etc.).
- **Vaccinations:** IL-DCFS strongly encourages all eligible staff and caregivers to receive their primary COVID vaccine series as well as booster vaccine(s). Along with all other vaccines recommended by the Centers for Disease Control and the American Academy of Pediatrics, DCFS requires all eligible youth in their custody to receive COVID vaccination. Birth parents may submit written request for refusal of the COVID vaccine only for religious reasons or if medically contraindicated. Written requests are evaluated by the DCFS guardian administrator who determines whether the vaccine will be given. DCFS has partnered with the Illinois Chapter of the American Academy of Pediatrics and the Illinois Department of Public Health on a COVID-19 education campaign to encourage parents and care givers to obtain the vaccine for youth in their care and to prepare for the anticipated emergency use authorization of a COVID-19 vaccine for young children age 6 months to 4 years.