

# ILLINOIS ANNUAL PROGRESS AND SERVICES REPORT (APSR)

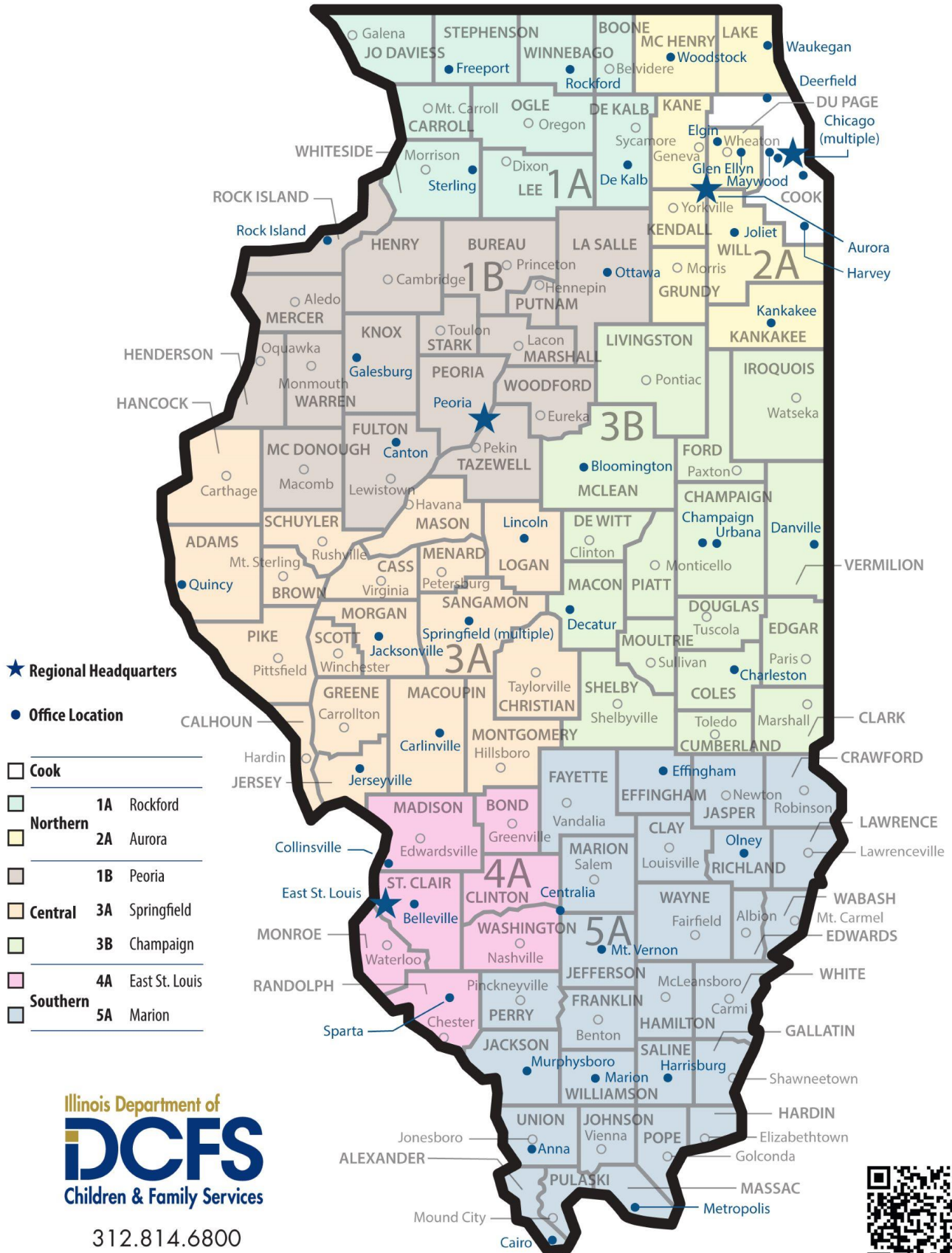
Illinois Department of Children and Family Services  
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FY23

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# STATE OF ILLINOIS DCFS OFFICES



## Chapter 1 - Collaborations

### **Introduction**

This is Illinois' third Annual Progress and Services Report (APSR) to update the 2020-2024 Child and Family Services Plan (CFSP). With this submission, Illinois introduced a new process for development of the APSR. The objective of the new process was to increase stakeholder involvement and collaboration in the process while also simplifying and streamlining the resulting document. As a result, this submission minimizes repetition of content from prior submissions and provides references to those documents for readers that are interested in the additional context.

### **Families, Children, Youth, Tribes, and Other Partners**

#### **Stakeholder Collaborative**

Illinois DCFS has a number of statutory and non-statutory advisory boards, councils, committees and groups. For easier reference, all will be referred to collectively as advisory groups. The general objective of advisory groups is to make recommendations to improve child welfare services in Illinois and each of the groups fulfills this role in unique ways depending on the perspectives of the members and their individual and collective knowledge and experiences with Illinois child welfare. To increase collaboration across the various advisory groups, a Stakeholder Collaborative Update process was created and the charters were approved in May of 2021. Since the creation of the Stakeholder Collaborative, the liaisons for all of the advisory groups meet together monthly to share information about the concerns, projects, and recommendations each group is working on. Some advisory groups have requested and received presentations from representatives of DCFS leadership to help them understand the Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSR), the Program Improvement Planning (PIP) process, and the Program Improvement Measurement reviews. The group liaisons were asked to offer to their respective group members opportunities to become more actively engaged in these processes than has been the practice in prior years. IL DCFS is currently working with a consultant from the Capacity Building Center for States to improve our process for the APSR submission with the goal of increasing meaningful engagement and collaboration in the process of evaluating the prior year and planning for the coming year within the context of the five-year CFSP. The advisory groups include stakeholders such as birth parents, youth in care, foster and adoptive parents, citizens of Illinois, child welfare professionals and providers, and the various court stakeholders.

The Birth Parent Council recently submitted a change management proposal through the Stakeholder Collaborative related to casework practices around respectful engagement with families and meaningful visitation opportunities for parents with their children. The proposal was aligned with work already starting. The work group in place agreed to reach out to the birth parent group to solicit their input for the implementation planning work group for improved quality casework practice. The group will be identifying the behavioral changes to be made and the outputs and outcomes to measure progress.

Illinois is working with a consultant from the Capacity Building Center for States (CBCS) to improve the process of drafting this annual report. With the 2023 submission, there was greater engagement with internal stakeholders across various divisions and at various levels in the hierarchy of roles. This was done by dividing the overall drafting into chapters with a work group focused on each chapter. The chapter drafts were each a collaborative effort and were shared around with all work groups to widen the audience that had the opportunity to provide input. The chapters with current performance and goals for improvement were also shared with some of our stakeholder advisory groups for their input. The CBCS consultant will be supporting IL with ongoing improvements to the drafting process to allow additional stakeholders to collaborate on future APSR's. Stakeholder diversity was a goal during the development of the APSR and was improved

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over prior submissions in recent years. There are multiple Advisory Boards (African American, Asian, Latino) with members from DCFS and Community Based Partner agencies (previously known as “POS”) that can be increasingly engaged in future APSR submissions. IL anticipates increased collaboration as the document becomes more streamlined and easier for external stakeholders to understand.

IL does not currently collect demographic information from participants in the APSR work group meetings and has not defined what level of input would be “sufficient.” These are areas where IL can continue to focus and grow.

### **2023 APSR Child Welfare Advisory Council (CWAC) Update**

The Illinois Child Welfare Advisory Council (CWAC) is a community-based provider advisory group of the Department of Children and Family Services. CWAC was created by Executive order #6 from the Governor in 1987 and amended by Executive Order #17 in 1999.

Private community-based child welfare agencies referred to as Community Based Partners (CBP), formerly Purchase of Services (POS), advocated for the creation of CWAC in order to establish a venue for discussion, analysis, negotiation, problem solving and goal setting between DCFS and community-based partners who provide the vast majority of direct service in Illinois.

In full collaboration, the CWAC and DCFS Leadership united together in the last reporting period to address a myriad of concerns that impacted both our community-based partners and the Department. Many of the recommendations initiated by the CWAC body that were provided to the Department were addressed and included the following:

- Developed a formal process for CWAC recommendations to be developed, tracked, and have timely resolutions, using a ‘Change Management Process’.
- Increase the Qualified Candidate Pool for Servicing Children and Families (Licensing)
  - Developed a formal review and approval process for the development of policy and procedural changes impacting credentials and qualifications waivers for potential employees who lack the stated educational and experience requirements.
  - Appointed Community Based Partner representation on the waiver committee.
  - Listed the waiver criteria transparently in the procedure/policy guides for autonomy in assessment for supervisor capacity.
  - Developed and submitted an emergency amendment to Rules 401, 403, and 404 to JCAR on December 27, 2021.
- Fair and Equitable Compensation (Budget)
  - Adjusted the rate structure to accommodate the increase in minimum wage and salary compression, where DCFS increased the Community Based Partner salaries to 80% for FY23 and to 90% in FY24.
  - Adjusted the rate structure to accommodate an increase in salary for congregate care workers at 18%.
  - The Department has initiated the revisions to R435 Audits, Reviews, and Investigations to allow actual fringe cost above 25% to be considered as an allowable cost within the excess revenue determination, addressing the CWAC recommendation to raise the fringe percent to 29.9% of wages.
- Racial Equity Call to Action Prioritization
  - Adopted and implemented The Kirwan Institute at Ohio State Implicit Bias training for all DCFS and Community Based Partner Staff. This training was held in August of 2021 and continues to be offered for workers. This is an individual insight-based training approach with positive changes reflected in to pre/post-test process.
  - Implicit bias module was recently included in the mandated reporter online training.

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Community Based Partners are engaged through CWAC (large group), CWAC Subcommittees and CWAC Workgroups. During the past year, CWAC assessed the diversity of committee membership and, specifically, committee leadership. Some leadership changes were made in the interest of increased diversity with a commitment to maintaining diverse membership and leadership as a CWAC value moving forward. CWAC members participate in planning, development, implementation and/or feedback. CWAC activities are documented through meeting minutes with member attendance identified.

**2023 APSR Statewide Youth Advisory Board Update**

The Illinois DCFS Statewide Youth Advisory Board (SYAB) provides information to youth in care about resources, opportunities, policies, and programs that effect all youth. There are four Regional Youth Advisory Boards throughout Illinois covering the Cook, northern, central and southern regions. The statewide and regional Youth Advisory Boards provide a wide range of opportunities for young people, including Regional Youth Advisory Board officer positions, internships, and the opportunity to use their journey to make a positive impact on the lives of other youth in care.

In February 2022 the DCFS Statewide Youth Advisory Board began building Youth Advisory Affinity Groups (YAAG) to give voice to the diversity, equity and inclusion issues that Illinois youth in care experience statewide through support, education, coaching and advocacy. Each affinity group meets monthly online and is composed of up to 10 youth in care selected through an application process and adult partners from the DCFS Division of Diversity, Equity and Inclusion. As an extension of the Youth Advisory Board, these affinity groups will identify the greatest issues and challenges for youth in care related to racial and gender bias, disparity and equity and will propose recommendations and produce a collaborative project that will help with system improvements that promote diversity, equity and inclusion. As of June 2022, there are three affinity groups: African American Youth Advisory Affinity Group, Latino Youth Advisory Affinity Group, and LGBTQI+ Youth Advisory Affinity Group.

The SYAB establishes priorities each year and then works on addressing those priorities in their work throughout the year. The priorities for 2021 included:

- Reduce homelessness of youth who age out of foster care.
- Reexamine use of restraints in residential placements.
- Strengthen higher education preparation.
- Grow job training opportunities.
- Improve support for pregnant and parenting teens.
- Strengthen youth contact with their guardian's ad litem.
- Increase contact between siblings, and
- Ensure proper educational supports in residential facilities

The priorities for 2022 included:

- Achieving permanency.
- Strengthening youth contact with caseworkers.
- Strengthening sibling contact.
- Family contact post permanency.
- Healthier food options and
- Ensuring implementation of S.B. 755 (GAL Bill).

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Some of the SYAB recommendations have become new legislation in Illinois, such as the recommendation in 2021 to strengthen youth contact with their guardian's ad litem (GAL), which resulted in S.B. 755 that passed both houses and was signed by the Governor. In May 2022 the SYAB gave a presentation to Timothy Snowden, Chief Deputy Director for Intact and Permanency. Across DCFS leadership there is an intentional focus on stakeholder input in the context of program improvement initiatives. The current initiatives for quality casework practice are aligned with several of the SYAB priorities listed above for 2021 and 2022.

SYAB has quarterly meetings with the Director to address concerns. SYAB partners with the specific divisions of DCFS that the concerns related to. For example, after the GAL law passed, the advocacy office was invited to the SYAB meeting to talk about implementation of the law, which requires the advocacy office to have a database and make all pertinent GAL info available to youth, foster parent, and/or caseworker. Additionally, this law required the department to provide a flyer to youth coming into care, describing the role of a GAL. SYAB worked in collaboration with DCFS communications office to create and finalize a GAL flyer that will be shared with youth. Department also incorporates youth voice by:

- Formatting to ensure surveys and feedback are 'youth friendly',
- Survey fundings shared with youth,
- Pathway for youth to provide feedback on surveys,
- Allow youth to review and to respond to administrative procedures that are up for review (when they are relevant to youth in care).

#### **Additional Collaboration with Providers**

The Erikson Institute DCFS Early Childhood Project flexibly engages with DCFS/POS case management and administrative and supervisory staff, as well as the institutions and systems that serve young children in the state of Illinois including, but not limited to: Illinois Department of Human Services (DHS) Early Intervention, Start Early (formerly the Ounce of Prevention), the Illinois State Board of Education Home Visiting Programs and Department of Diverse Abilities, MIECHV Home Visiting, the Illinois Governor's Office of Early Childhood, providers of Child Parent Psychotherapy, county health departments, WIC, Child Care Resource and Referral, and Illinois Action for Children.

Erikson Institute DCFS Early Childhood Project collaboration activities with stakeholders include:

- Monitoring of Early Childhood Services: The Erikson Institute DCFS Early Childhood Project is focused on identifying available early childhood services for young children in care, and on developing a variety of collaborations with public and private human service and early intervention organizations to maximize early childhood service opportunities. The Project also seeks to leverage its connections with these different stakeholders to work through systemic barriers to family engagement that the Project becomes aware of or identifies.
- City of Chicago Pre-school Services Coordination: In collaboration with the Chicago Public Schools, the Developmental/Infant Mental Health Specialist responsible for preschool coordination reviews developmental assessments for young children ages 3 to 5 in Cook County and makes referrals for case study evaluations. This Developmental/Infant Mental Health Specialist also advises private partner agency and DCFS sites of assessment opportunities, provides training regarding program procedures, reviews assessments, and facilitates referrals to the appropriate program.
- Home Visiting Services Referral and Linkage: Home Visiting Supervisor and Home Visiting Specialists participate in state level committees relative to work in the MIECHV grant,

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coordinate with DCFS, Governor's Office of Early Childhood, Ounce of Prevention, DHS and other state-wide efforts on community systems building. HV Supervisor and HV Specialists engage in cross-collaboration meetings with DCFS and private partner agency representatives in Cook County and statewide to explain home visiting as well as the array of early childhood supports. For 2021, the Erikson Institute DCFS Early Childhood Project referred or consulted with 94 home visiting agencies and DCFS collaborators across the state of Illinois to promote this service and to engage stakeholders.

- Early Childhood Training: Training is a resource available statewide to caseworkers, supervisors, clinical screeners and clinical supervisors in several key areas which include, though are not limited to, the following: proper administration, interpretation, and referral determination for the standardized assessment tools used with children birth to 5; knowledge of specific evaluation and/or observation techniques with special populations such as medically fragile infants; knowledge of child development and behavior; knowledge of early child health and growth; and special issues in infants and young children such as failure to thrive or the effects of prenatal substance exposure on early development. The Project provides training on assessment for DCFS Integrated Assessment Screeners as well as Child Parent Psychotherapy providers contracting with DCFS for their services to children in Intact services statewide and in placement services in Cook County.
- DCFS Early Childhood Court Team (ECCT): The Erikson Institute DCFS Early Childhood Project has been involved as content experts and advisors since the beginning of the DCFS Early Childhood Court Team. The ECCT's goal is to reduce the time it takes for children to reach permanency. The Erikson Institute DCFS Early Childhood Project participates in ongoing ECCT Implementation Committee meetings, and provides workshops and trainings as requested on early childhood development and mental health to the Core Court Team and direct service providers such as case aides. In FY22, a once-monthly training was provided to facilitators of parent/child visitation for 10 months in order to support their work with children and parents.
- Voices of Children and Families with lived experience: The voices of children and families with lived experiences participate in goal setting from multiple areas that include SYAB, YAAG, CWAC, Birth Council, etc. IL has focused on alignment across the system, which is evident in this APSR submission. The APSR is consistent with the CFSR PIP, which is consistent with CQI work and strategic planning at all levels of the agency. The leadership team that worked on the Director's Strategic Plan conducted surveys and focus groups with a wide array of stakeholders to inform the planning process. As IL implements systemic changes to improve service delivery, every implementation planning process now includes decisions on how progress toward goals will be measured. Increasingly, measurement of success includes seeking input from those impacted by the change through surveys or other opportunities to offer feedback. As new technology becomes available, IL seeks new and improved ways to communicate and collaborate with a wide array of stakeholders.

The Project collaborates with Illinois Action for Children to support foster parents in using daycare and removing barriers to childcare for families in Intact Family Services. Parents and caseworkers are directly connected to resource and referral services that are dedicated to this population.

### **Limited English-Speaking Stakeholders**

The state serves individuals that are non-English speaking (including sign language) and addresses barriers to stakeholder involvement through the following:

- The Department of Children and Family Services has notices (posters) placed in all lobbies in its offices notifying individuals that are non-English speaking on services and reasonable



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accommodations: ASL and or deaf interpreters; tactile signing, printed materials in large print, FM systems or personal amplifier; Communication Access RealTime Translation (CART)

- Interpreters free of charge, documents, and correspondence in your language of preference and a 24/7 Language Line.
- There are more than 250 documents translated into Spanish and one dozen in Polish.
- DCFS has a workforce of Spanish Speaking caseworkers and state central registry hotline call takers 24 hours per day, 7 days a week. DCFS contracts with over 35 agencies with a workforce of over 130 Spanish Speaking caseworkers that serve families with open placement and intact cases.
- DCFS is in the process of adding technology to translate its public website into numerous languages. DCFS is in compliance with Presidential Executive Order 13166 in developing language services for non -English speakers and is developing a Language Access Plan, and Language Access Steering Committee.
- DCFS contracts with the State of Illinois Central Management Services to provide written translation of documents, language line interpretation and face to face interpretation services.
- DCFS has an eight-hour Advocacy hotline that is manned by Spanish language staff and available language line interpreters that take complaints.
- DCFS has a Language Access Coordinator and A Deaf and Sign Services Coordinator to assist DCFS and private agency staff.

### **Stakeholder Collaboration in FFPSA Services**

Illinois' prevention services approach relies heavily on inter-agency collaborations to enhance service provision. DCFS continues to participate in ongoing dialogues with its sister human service agencies to coordinate these efforts, particularly for home visiting programming. Since August 2018, more than 300 stakeholders have participated in Family First committees to learn about the implications of the legislation and contribute to the design of programming in Illinois. The list of participants includes community-based providers, DCFS leadership and staff, researchers, and policy advocates.

Supporting the FFPSA Leadership team is a FFPSA Steering Committee which meets bi-monthly and consists of over 40 DCFS leadership and staff, public sister agency representatives, community provider executives, university partners, and other stakeholders. This body serves as a forum to share and align the activities of its related workgroups and subgroups.

- **Selection of Evidence-Based Interventions (EBI):** To ensure a rigorous selection process, the State engaged approximately 30 community providers, DCFS administrators, university partners, and other stakeholders in ongoing work sessions. Several important factors were considered to develop the proposed list of EBIs, including 1) needs of the target populations (Section 2); 2) evidence ratings from the Title IV-E Prevention Services Clearinghouse (IV-E Clearinghouse) and California Evidence-Based Clearinghouse (CEBC); 3) Illinois' existing capacity of providers to deliver relevant, evidence-based programs; 4) cost and feasibility of implementing various evidence-based programs relative to population needs and anticipated cost-benefit expectation associated with program implementation; and 5) DCFS and sister agencies' previous experience in implementing and evaluating these interventions.
- **Home Visiting:** Illinois has invested heavily in evidence-based home visiting programs to improve the life trajectory of expectant and new families who are at risk for poor health, educational, economic and social outcomes. Home visiting under Family First seeks to expand the delivery of home visiting services to young pregnant and parenting women in care, aged 13-21, and pregnant and new parents of children aged 0-3 years who are receiving prevention child welfare services, with a priority focus on parents of children less than 6 months old. DCFS

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is implementing evidence-based in-home parenting interventions through existing early childhood home visiting capacity within Illinois.

- An important cross-sector and public-private partnership involves the Department's participation in the Early Learning Council (ELC) in serving the 0-5-year-old population. Among the many charges of the ELC is improving the quality of and access to evidence-based home visiting programs for all at-risk families and increasing coordination between home visiting programs at the state and local levels. DCFS will continue to work with the ELC, particularly its Home Visiting Taskforce, to coordinate management, policy, and practice needs for the Family First expansion of home visiting services to a larger segment of at-risk families and pregnant and parenting youth in care.

As the Single State Agency for the federal Title IV-E program, DCFS processes all eligible IV-E claiming for reimbursement. DCFS currently maintains a state appropriation for the purpose of allowing the pass through of funds from the Title IV-E program to public entities for eligible services. An Interagency Agreement will need to be developed with each public agency interested in participating in the Title IV-E Prevention claiming. This agreement will outline each entity's responsibility and liability. Since IV-E operates as an open-ended entitlement grant, claiming requires that qualifying services as outlined in the State's IV-E plan and provided to a qualified individual within the defined prevention candidacy population may be partially reimbursed at approximately 50% (less administrative processing fees).

These agreements will be particularly important for provisioning home visiting services (i.e., Healthy Families America and Parents as Teachers). DCFS will administer these home visiting programs through existing early childhood programming. The DCFS Early Childhood team currently links families to established networks within the Department of Human Services and the Illinois State Board of Education.

DCFS and sister agencies have monthly ongoing discussions to plan and prepare the State's information systems to be able to reliably accommodate the Plan's candidacy tracking, child-level plan development, referral processes, service utilization, and claiming. Executive leadership from the Department's information technology, finance, and contracting offices are represented on the Steering Committee and other supporting workgroups to direct the operationalization of these areas. As of April 2022, draft Data Sharing Agreements are in place with the Department of Human Services and the Illinois State Board of Education.

### **Administrative Office of the Illinois Courts (AOIC) - Court Improvement Program**

The Administrative Office of the Illinois Courts assists the Supreme Court with its general administrative and supervisory authority over all Illinois courts. The AOIC's Courts, Children and Families Division (CCFD) administers the federally funded State Court Improvement Program (CIP). The purpose of CIP is to: "1) promote the continuous quality improvement of: (1) child welfare court hearings and reviews; (2) legal representation for parents, children, youth and the state child welfare agency responsible for administering titles IV-B and IV-E of the Act; and (3) collaboration between the judicial branch of state government, the title IV-B/IV-E agency and tribes to improve child welfare outcomes" (ACYF-CB-PI-20-12). The mission, vision, and core values of Illinois' CIP is ensuring safety and stability for children and families involved in the juvenile abuse and neglect court system and to improve timely permanency in Illinois.

Illinois CIP (ICIP) works with statewide and local court partners, such as: judges and attorneys assigned to juvenile court (GALs, parent attorneys, prosecutors and DCFS attorneys), educational institutions, governmental agencies, nonprofit organizations, CASA and other child welfare stakeholders to initiate statewide and local interagency collaboration to support child welfare court improvement efforts. These efforts focus on improving the quality of legal representation for children and parents, promoting coordination between local courts and child welfare stakeholders,

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ongoing judicial and attorney trainings, building capacity to collect local child protection court data, and ongoing collaboration with IDCFS partners.

During 2021, the CCFD expanded by creating two new staff positions, the Child Welfare Attorney and Dually Involved Youth Specialist. The Division now includes six staff positions and one shared position: CCFD Assistant Director, CIP Coordinator, CIP Grants Program Developer, Child Welfare Attorney, Dually Involved Youth Specialist, Court Statistical and Research Analyst, and CCFD Administrative Assistant.

**Current initiatives continuing into FY23:**

The ICIP and IDCFS Collaborate on several initiatives and projects. Some initiatives also align with the CIP Program Instruction requirements (included below).

- ***Illinois CFSR Round 3 Program Improvement Plan***
  - Intact Family Services Project: CIP/DCFS Joint Project (ACYF-CB-PI-20-12 and ACYF-CBPI-21-02)
  - Quality Hearing Project: CIP Quality Hearing Project (ACYF-CB-PI-20-12 and ACYF-CBPI-21-02)
- Family First Prevention Services Act
  - Steering Committee and Integration and Communications Workgroup
  - Continued communication with court stakeholders
- Court Improvement Program Advisory Committee
- Child Protection Data Courts (CPDC) Project
- Title IV-E Legal Reimbursement Pilot
- Training for DCFS Attorneys
  - Illinois Custom, National Association for Counsel for Children Red Book Training for DCFS Attorneys
  - Illinois Judicial College, Guardian *ad Litem* Education Committee trainings
  - Illinois Judicial Education Conference
- Child Welfare Advisory Committee (CWAC) Racial Equity Committee

***Illinois CFSR Round 3 Program Improvement Plan:*** The ICIP contributed to Illinois' current PIP as it relates to Goal 1: Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate and Goal 2: Ensuring stability, family connections, and timely permanency for children. Please refer to Chapter 3 and the corresponding addendum for court PIP Strategies 1.2 and 2.4 updates for this reporting period.

***Family First Prevention Services Act:*** ICIP is required to provide continued training for judges and attorneys on the FFPSA and the QRTP requirements.

ICIP continues to be actively involved in the implementation of the Illinois FFPSA plan and are members of the Steering Committee and Intergration and Communications Workgroup.

Building on the four virtual regional FFPSA trainings held on Feb. 26 (Southern), March 5 (Central), March 12 (Northern) and March 19, 2021 (Cook County) the ICIP continues to provide resources and training to judges and attorneys on FFPSA. In April 2022 and again in June 2022, FFPSA and the Qualified Residential Treatment Program provisions, were included in the *Anatomy of a Juvenile Abuse and Neglect Case* training session at the Judicial Education Conference (Ed Con). Ed Con is held every two years with all judges attending one of two sessions. Judges self select attendance among concurrent session offerings. Additionally, ICIP staff will send out updated information on the Juvenile Court Judges listserv.

***Court Improvement Program Advisory Committee (CIPAC):*** CIPs are required to establish and operate a statewide multi-disciplinary task force to guide and contribute to CIP activities and to

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create opportunity to promote and enhance "meaningful and on-going collaboration" between the courts and DCFS. Several representatives of IDCFS are members of the Court Improvement Program Advisory Committee, as well as judges, state's attorneys, parent and child attorneys, trial court administrators, CASA, etc. The CIPAC convenes on a quarterly basis and on an as needed basis. CIPAC meetings include an update and assessment of progress made on collaborative projects with IDCFS. Currently, IDCFS is assisting the ICIP in identifying a parent and youth with lived experience to become members of the CIPAC. IDCFS positions included on the CIPAC:

- Executive Deputy Director
- Deputy Chief of Staff
- Chief Learning Officer
- Chief Deputy Director, Strategy and Performance Execution
- Deputy Director, Quality Enhancement
- DCFS Guardian
- General Counsel
- Family First Prevention Services Program Manager
- DCFS Statewide Administrator, Federal Financial Participation Unit
- Associate Deputy Director, Office of Delinquency Prevention and Restorative Justice

### **Training for IDCFS Attorneys**

*Illinois Custom, National Association for Counsel for Children "Red Book" Training for DCFS Attorneys*

*Child Welfare Law and Practice: Representing Children, Parents, and State Agencies in Abuse, Neglect, and Dependency Cases, 3rd Edition*, more commonly known as the Red Book, is the flagship legal treatise in this field. The ICIP funded a custom training for IDCFS attorneys. A group of IDCFS attorneys met with NACC to help tailor the curriculum to their needs and Illinois law.

The Illinois Custom NACC Red Book training included three 90-minute virtual training sessions. The three sessions were recorded, and ICIP/IDCFS is provided access to the recorded sessions until July 1, 2023, in order for new attorney or those that couldn't attend the live sessions to participate. To date, a total of 65 IDCFS attorneys attended at least one session either live or recorded. At the time of planning the total number of IDCFS Legal attorney positions was 85, but some of those positions were vacant or in the process of being filled. Surveys were provided to attorneys by NACC after each live session attendance and NACC will be providing evaluation results to the ICIP.

*Illinois Judicial College, Guardian ad Litem Education Committee trainings*

The following trainings were held by the Illinois Judicial College's Guardian ad Litem Education Committee, during the reporting period and included IDCFS attorneys among the target audience:

- 2022 Biennial Juvenile Conference: *Race and the Juvenile Court System: Past, Present and Future* February 10, 16, 17 and 24, 2022.
- *Illinois Judicial Education Conference*

Every two years the AOIC holds the Judicial Education Conference (Ed Con). Judges attend one of two sessions. In 2022, Ed Con was held April 4-8, 2022 and will be held again June 13-17, 2022. In 2018, Ed Con was expanded to include attendance by justice partners to select sessions. Therefore, seven DCFS attorneys were invited to attend each session of Ed Con 2022.

## Chapter 2- Assessment of Performance

### Child and Family Outcomes

#### NOTES:

- *Between June – November 2019, DCFS conducted its CFSR 3 PIP Baseline, which was approved and finalized in May 2020.*
- *Between June – November 2020, DCFS conducted its Year 1 PIP Monitoring Reviews, which was approved and finalized in February 2021.*
- *Between June – November 2021, DCFS conducted its Year 2 PIP Monitoring Reviews.*
- *Between June – November 2022, DCFS will conduct its year 3 PIP Monitoring Reviews.*

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

The data from the PIP Baseline, Year 1, and Year 2 Monitoring Reviews are included in this section. Additional data included in this section includes data collected from targeted reviews of Intact Family Services cases, Quality Service Reviews (QSR), and CFSR National Indicators (updates from received data profiles).

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

The CFSR 3 PIP goals, strategies, and key activities, along with any data/metrics, have been updated and evaluated, and are located in the 2023 APSR submission, Chapter 3.

Illinois' performance in the Year 2 is quite different than previous years (often below even our Baseline data), and not where the state wants to be. **It is noted that during the entire PUR for Year 2 (June 2020 - November 2021), the COVID-19 pandemic and severe workforce crisis both played a significant role in the quality of Caseworker visits, assessments, engagement and service delivery, and are reflected in the data across the outcomes and items. The COVID-19 pandemic complicated accessibility and availability of staff, clients and services/resources, and there were changing procedures for in-person versus virtual contact throughout the PUR. The severe workforce crisis impacted all direct service modalities, DCFS and Community Based Partners alike, and was observed statewide and nationwide.** These two primary factors impacted performance in every item discussed here in this Chapter; the reader is asked to remember that to avoid repetition in the Chapter.

Statewide data specific to direct service staffing, vacancies and caseload ratios continues to be difficult to obtain and analyze. Data for DCFS staff is more readily available, whereas staffing data for our Community Based Partners is more challenging due to the number of agencies contracted by the Department and variations in reporting.

Below is Point-In-Time data, pre-pandemic (or just at the start of the pandemic lockdown, where everyone moved to remote work; this is 03/20 data for DCFS and 04/20 data for Community Based Partners), vs. now (08/22 for both DCFS and Community Based Partners).

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### Point In Time DCFS Vacancy by Specialty and Region

#### Vacancies for March 2020

Source: Caseload & Vacancy Lists (DCFS: Permanency, Intact, Investigations) - 3-9-20

	Permanency		Intact		Investigations		Row Totals
	Caseworkers Needed, for 15:1 Ratio	Supervisors Needed, for 5:1 Ratio	Caseworkers Needed, for 10:1 Ratio	Supervisors Needed, for 5:1 Ratio	Investigators Needed, for 10:1 Ratio	Supervisors Needed, for 5:1 Ratio	
<b>Central</b>	23	10	2	0	5	4	<b>44</b>
<b>Cook</b>	26	0	0	0	3	7	<b>36</b>
<b>Northern</b>	12	3	1	0	17	2	<b>35</b>
<b>Southern</b>	26	4	1	0	1	6	<b>38</b>
<b>STATE</b>	<b>87</b>	<b>17</b>	<b>4</b>	<b>0</b>	<b>26</b>	<b>19</b>	<b>153</b>

Numbers equal net negative minus net positive

\*Worker Headcount Includes  
DAP, Interns & Floaters

\*Investigator Headcount  
Includes DAI & Floaters; does  
not include After Hours staff

### Point In Time DCFS Vacancy by Specialty and Region

#### Vacancies for August 2022

Source: Synopsis of Caseload & Headcount (DCFS) - 8-4-22

	Permanency		Intact		Investigations		Row Totals
	Caseworkers Needed, for 15:1 Ratio	Supervisors Needed, for 5:1 Ratio	Caseworkers Needed, for 10:1 Ratio	Supervisors Needed, for 5:1 Ratio	Investigators Needed, for 10:1 Ratio	Supervisors Needed, for 5:1 Ratio	
<b>Central</b>	37	1	2	0	34	7	<b>81</b>
<b>Cook</b>	12	4	2	0	38	6	<b>62</b>
<b>Northern</b>	13	6	0	0	82	6	<b>107</b>
<b>Southern</b>	21	2	1	0	10	4	<b>38</b>
<b>STATE</b>	<b>83</b>	<b>13</b>	<b>5</b>	<b>0</b>	<b>164</b>	<b>23</b>	<b>288</b>

Numbers equal net negative minus net positive

\*Worker Headcount Includes  
DAP, Interns & Floaters

\*Worker Headcount Includes  
DAI & Floaters, Ratio based on  
all workers taking  
investigations

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Staffing at DCFS remains relatively stable for permanency staff (those tasked with managing cases where children are in foster care), as does the staffing for Intact Family Services staff, in March 2020 versus August 2022. There has been a significant change at DCFS within the investigations staff vacancies, particularly among investigators: Investigator vacancies in March 2020 were 26 (mostly in the Northern region), and in August 2022 there were 164 investigator vacancies (again, mostly in the Northern Region). There was an increase in the number of Supervisor vacancies as well, but by a much smaller amount:

**A. Safety**

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

CFSR 3 PIP Baseline and measurement data for Outcome S1 and S2 indicate the following results:

IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)		
		COMBINED DATA			COMBINED DATA			COMBINED DATA		
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
93%	Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	81.3%	26	32	90.0%	36	40	70.3%	26	37
51%	Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	63.1%	41	65	49.2%	32	65	44.6%	29	65

**Outcome S1: Children are First and Foremost Protected from Abuse and Neglect**

**DATA:**

IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			IL CFSR 3 PIP Goals	PIP GOAL MET?	Date PIP Goal Met
		COMBINED DATA			COMBINED DATA			COMBINED DATA					
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable			
93%	Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	81.3%	26	32	90.0%	36	40	70.3%	26	37			
93%	Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	81.3%	26	32	90.0%	36	40	70.3%	26	37	90%	✓	2/11/2021

**DISCUSSION:**

**ITEM 1:**

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

1. Investigator must meet face-to-face with alleged victim(s)
2. Investigator must make a good faith attempt to meet with the alleged victim(s)

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

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

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

Item 1 performance declined quite a bit, to 70%, in Year 2. As can be observed in the Ratings by Region table below, performance declined from Year 1 in three (3) regions, and particularly in the Cook and Central regions. Interestingly, despite severe staffing issues and the quality of investigations noted in Items 2 & 3, Item 1 was rated a Strength in all 9 applicable Southern Region cases. In all cases rated Area Needing Improvement (ANI), the reason was due to the lack of ongoing (daily) Good Faith Attempts to see the child victims (when they were not all seen at initiation).

The underlying reason for this practice/performance in investigations is not entirely known. There was noted to be an increase in family stressors during the reporting period. Pandemic and other stressors appear to have resulted in financial and housing instability. An increase in the occurrence of domestic violence was additionally noted. It is well understood that there have been serious staffing issues during Year 2. DCFS is, and has been, actively and continuously recruiting and hiring new investigators, as well as providing opportunities and incentives for other non-investigative DCFS staff to volunteer to assist with investigations backlogs around the state. DCFS has also implemented a new training/mentoring program post-foundations training for new investigators, including the establishment of a new title for new investigators, "trainee": after completing their foundations training, investigators are paired with a seasoned investigator on their team and are mentored through a 16-week on the job training to support their learning, skill-development, and confidence. The 16-week training is very intentional and structured to acclimate new staff to the work and ensure they are as well prepared as they can be. Successful onboarding of newly hired investigators is a top priority for DCFS, especially considering the high number of investigator vacancies around the state.

The state will make additional efforts to better understand performance issues around making ongoing Good Faith Attempts until all alleged child victims are seen or there is a supervisory waiver, as this directly relates to assessing and ensuring child safety.

Recent efforts with seasoned workers 'mentoring' newer workers is reportedly going well. Workers appear to be and report they are better prepared, sooner, for the responsibilities of their positions. The mentoring of new investigators as supervisors observe them assessing safety, as described in PIP KA 1.1.3. is showing promise.

Regional variation in the Year 2 data is observed in the table on the next page:

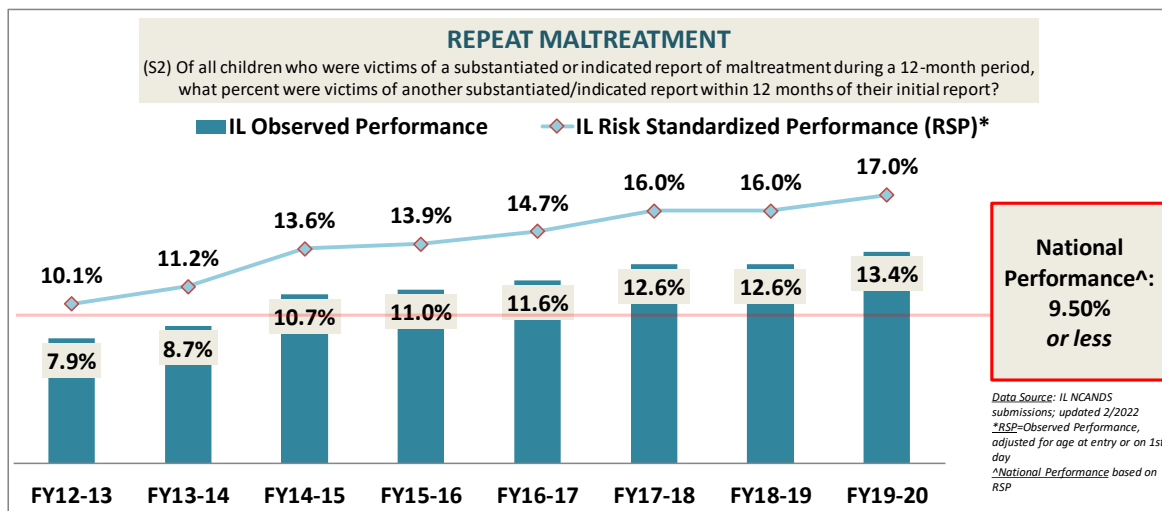


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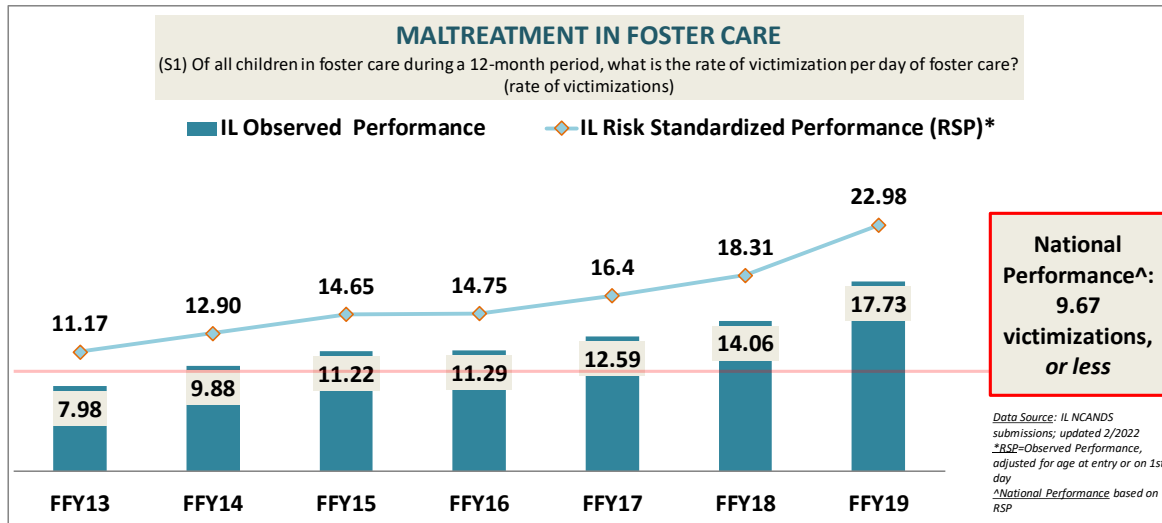
Item Strength Rating, By Region (Year 2)	Total	#S	%S	Item Strength Rating (Year 1)	%S
<b>Cook Region</b>	<b>9</b>	<b>6</b>	<b>67%</b>	<b>Cook Region</b>	<b>92%</b>
<b>Northern Region</b>	<b>8</b>	<b>5</b>	<b>63%</b>	<b>Northern Region</b>	<b>86%</b>
<i>Aurora Sub (Northern)</i>	5	3	60%	<i>Aurora Sub</i>	100%
<i>Rockford Sub (Northern)</i>	3	2	67%	<i>Rockford Sub</i>	67%
<b>Central Region</b>	<b>11</b>	<b>6</b>	<b>55%</b>	<b>Central Region</b>	<b>92%</b>
<i>Peoria Sub (Central)</i>	4	1	25%	<i>Peoria Sub</i>	100%
<i>Springfield Sub (Central)</i>	4	3	75%	<i>Springfield Sub</i>	100%
<i>Champaign Sub (Central)</i>	3	2	67%	<i>Champaign Sub</i>	75%
<b>Southern Region</b>	<b>9</b>	<b>9</b>	<b>100%</b>	<b>Southern Region</b>	<b>100%</b>
<i>ESL Sub (Southern)</i>	3	3	100%	<i>ESL Sub</i>	100%
<i>Marion Sub (Southern)</i>	6	6	100%	<i>Marion Sub</i>	100%

**CFSR 3 Indicators:** In the 3<sup>rd</sup> round of the CFSRs, Repeat Maltreatment was removed from the evaluation of Outcome S1 in the case review portion of the process, and is evaluated for each state via performance on two (2) national safety indicators. The charts below reflect Illinois' updated performance for CSFR 3 national indicator safety measures according to February 2022 Data Profiles provided to the state by the Children's Bureau. These charts indicate an increase of Illinois children experiencing repeat maltreatment and an increase in Illinois children experiencing maltreatment in foster care.

**Federal Safety Indicators: Repeat Maltreatment and Maltreatment in Foster Care**  
**CFSR 3 Safety Indicator: Repeat Maltreatment, Illinois performance**  
**(as of 2/22 Data Profile)**



**CFSR 3 Safety Indicator: Maltreatment in Foster Care, Illinois performance (as of 2/22 Data Profile)**



*\*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the CFSS Portal: <https://www.cfsportal.acf.hhs.gov/resources/cfsr-round-3-statewide-data-indicators>*

Illinois has not met the federal national performance for either of the above indicators. A review of the contextual data provided to the state by the Children’s Bureau for both of these indicators reveals no significant change from what was reported in the 2022 APSR:

A dive into the contextual data provided to the state by the Children’s Bureau for both of these indicators suggests that while Cook County represents the largest piece of the overall pie of results (generally somewhere around 25% of the total), by comparison there are many, many counties in the state that are disproportionately represented.

DCFS has developed internal CSFR Indicator dashboards in Power BI (using data from SACWIS and CYCIS) that track very closely with the data profiles received semi-annually by the Children’s Bureau. It remains a bit challenging to get them to line up exactly, however they are much closer than ever before and therefore more accurate and comparable. The data on these dashboards are frequently used by DCFS leadership staff and suggest that the rate of maltreatment in foster care per 100,000 days of care is currently showing improvement. For the period of June 1, 2020 to May 31, 2021, the rate was 18.5 compared 16.3 per 100,000 days for the 12-month period ending January 31, 2022. Power BI data as of 8/14/22 indicate a rate of 15.3 for the 12-month period ending April 30, 2022, although this might rise a bit with possible data lags.

**Repeat Maltreatment:** DCFS continues to implement recommendations from the Chapin Hall report completed in 2019 (“*Systemic Review of Critical Incidents in Intact Family Services*”), which identified systemic factors that influenced outcomes in individual cases of child deaths and critical incidents, as well as opportunities for improvement that could fortify and deepen the potential of Intact Family Services. During FFY22, DCFS:

- Continued Unsuccessful Case Closures reviews (765 SFY to-date, July 2021 – March 2022).
- Began implementing the Child Welfare Services Referral program to ensure that families experiencing multiple hotline calls have needs identified and addressed through linkage and referral. Historically, CWS referrals have been approximately 2% of the total number of intakes created by the hotline. In FY20 this increased to 3% and in FYI 21 this increased to 6% due to HB 1551 and change in practice/policy. (Call Floor staff now automatically complete a CWS

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referral for any assessment completed with a Mandated Reporter, where any member of the home has been previously involved in a retained indicated investigation or a child or family service case, and the current information provided by the mandated reporter does not meet criteria for any allegation of abuse or neglect, there are no current pending investigations or open service cases. If hotline volume rises and/or mandated reporter calls increase, an increase in CWS referrals is expected due to this change.

- Implemented improvements to the Intact Family Services program, designed to deliver evidence-based interventions to address parenting deficits, substance abuse treatment needs, and mental health needs.

Maltreatment in Foster Care: Since the last APSR, a SACWIS release (5.34) was implemented on 12/12/2021, and several changes were made to improve how investigations are handled if a child in care is involved:

1. Youth in care involved in an investigation will no longer depend on a worker to check a checkbox for the child to show they are in care of DCFS. SACWIS will determine the youth's status based on Legal information received from CYCIS. This will be accurate up to the previous business day's processing of CM13 (Legal Status) data in CYCIS. This will require all persons in an investigation to be properly linked to the correct person record. The 'Confirm Subject' process is very important in making sure this is correct from the beginning of the investigation
2. New 'prompt' messages when a youth in DCFS care is involved in an investigation. These messages will be displayed at Submit for Approval
3. New prompt message for when a youth is identified as being a youth in care that requires that an actual or approximate Incident Date be entered (and the 'Unknown' checkbox for Incident Date being disabled)

The intention of these changes is to support improved data quality as it relates to maltreatment in care and to ensure better handling of investigations involving children alleged to be maltreated in care.

#### *UIUC/CFRC Maltreatment in Foster Care Dashboard*

As described in the 2022 APSR, DCFS worked with UIUC/CFRC to develop a dashboard to examine detailed data underlying the CFSR 3 Maltreatment in Foster Care measure. The dashboard is complete, and was made available on June 9, 2022, on the internal website (Dnet). The dashboard includes charts that are based on findings from previous qualitative case record reviews completed by UIUC/FCURP and important research conducted by UIUC/CFRC (including most recently in March 2020, "Predicting Maltreatment in Substitute Care"). In addition to the Data Profiles that Illinois receives from its federal partners twice a year and the Power BI CFSR Dashboards, the CFRC also reports on the CFSR Indicators on their online Data Center (<https://www.cfrc.illinois.edu/data-center>). The data for state fiscal year (SFY) 2020 (July 1, 2019 - June 30, 2020) indicates that Illinois' observed performance continues to worsen since the 2/22 Data Profile we received (at a rate of 19.5 as of 4/11/2022; 9.67 or less is the national performance). A look at the CFRC Maltreatment in Foster Care Dashboard indicates:

- The use of the Incident Date is improving (68.3% in SFY2019 versus 76.4 in SFY2020)
- The percentage of parents and other relatives (non-foster parents) as perpetrators continues to increase
- An increasing number of indicated reports of maltreatment in substitute care involved children who had already experienced a prior indicated report of maltreatment (while in substitute care)
- Children aged 6-8 remain most likely to be victims of maltreatment in care
- Most maltreatment in care continues to occur within 0-6 months of entry into care

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- An increasing number of reports occur when caseworkers have 16-25 and 26+ child cases; more reports involving White children occur with caseloads of 16-25 than 1-15
- An increasing number of reports are occurring while a case is assigned to a caseworker with a Master’s degree
- Indicated maltreatment in foster care is:
  - Lowest in Cook County for White children; highest for Black children
  - Most frequently reported in Marion County (sub-region 5A) for White children, in Cook Central for Black children
- There is an increase in the # of reports involving lack of supervision (perhaps correlating to COVID)
- Social Services staff are the largest group of reporters, and they report far more maltreatment of Black children than White children

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

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 3-4.

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

**DATA & DISCUSSION:**

Illinois’ performance in Outcome S2 and related Items highlights the need for improvements in the areas of engagement, assessment, ongoing monitoring, and adequate service provision generally (here specific to safety, but also elsewhere as will be noted further along in this document):

IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65Total)			IL CFSR 3 PIP Goals	PIP GOAL MET?
		COMBINED DATA			COMBINED DATA			COMBINED DATA				
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable		
51%	Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	63.1%	41	65	49.2%	32	65	44.6%	29	65		
31%	Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	76.9%	10	13	83.3%	20	24	73.7%	14	19	86%	✗
51%	Item 3: Risk and Safety Assessment and Management	63.1%	41	65	49.2%	32	65	44.6%	29	65	67%	✗

**ITEM 2:** performance is noted to have declined in the Year 2 data, to 73.7% Strength (our PIP Goal is 86% Strength). Most of the cases reviewed during Year 2 were not applicable for assessment of this item (see footnote<sup>1</sup> for reasons for NA). A small number of cases were

<sup>1</sup> For Foster Care cases, performance depended on when the case opened, whether a reunification of the target child occurred during the PUR, and whether there were any children at home. With In-Home cases, performance depended on whether the issues of concern could be mitigated by only a Safety Plan. If so, then the Item didn't

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assessed in this item (n=19), and the foster care data is better than the in-home data (see [visuals](#) below). Regardless of case type, the 5 cases rated Area Needing Improvement (ANI) reflected the quality of investigations during the PUR, and lack of concerted efforts by assigned investigators to provide or arrange for appropriate services for the family to protect the children and prevent their entry into foster care.

Domestic violence (in 2 cases, severe) was the predominant underlying reason and threat to the safety of the children for the cases rated ANI. In 4 of the 5 cases rated ANI, substance abuse was noted as a safety threat; in 2 cases a paramour was also involved who was not included comprehensively in the investigation.

**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

Practice is particularly concerning in the Southern Region, followed by the Northern Region. DCFS is, and has been, actively and continuously recruiting and hiring new investigators. In addition, DCFS is providing opportunities and incentives (such as approved overtime and travel-related expenses) for other non-investigative DCFS staff to volunteer to assist with investigations backlogs around the state. Statewide and especially in the Southern Region, approval of overtime and 'Blitzes' have been organized. (A 'blitz' is where staff are deployed from other sections of the state to converge upon a region to resolve case overload. Travel and overtime are approved for all responding workers and supervisors).

The target ratio triggers headcount-driven hiring, so the chart is showing the actual vs the target ratio. The target for child protection was set at 10:1 with the intention of achieving an actual ratio of 12:1, allowing for turnover and the time required to fill vacancies.

In examining data on permanency staffing and quality practice ACR ratings, it was found that the teams that maintained high quality practice despite staffing issues tended to have strong

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apply. Generally, safety services tended to not be appropriate to keep children out of foster care, due to the severity of case circumstances that resulted in the investigation that led to a foster care opening. If Investigative services determined that it was safe for children to remain at home, it was usually ensured through the implementation of a safety plan. If a safety plan was not appropriate, then the child was usually in need of immediate removal. For context, caseworker visits and referral to Intact Family Services are not considered services in the assessment of this Item.

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supervisors. The same type of analysis has not yet been conducted with investigations or intact teams.

*Regional variation is observed in the table below:*

Item Strength Rating, By Region (Year 2)				Item Strength Rating (Year 1)	
	Total	#S	%S		%S
<b>Cook Region</b>	<b>4</b>	<b>4</b>	<b>100%</b>	<b>Cook Region</b>	<b>89%</b>
<b>Northern Region</b>	<b>4</b>	<b>2</b>	<b>50%</b>	<b>Northern Region</b>	<b>80%</b>
Aurora Sub (Northern)	3	1	33%	Aurora Sub	67%
Rockford Sub (Northern)	1	1	100%	Rockford Sub	100%
<b>Central Region</b>	<b>7</b>	<b>6</b>	<b>86%</b>	<b>Central Region</b>	<b>80%</b>
Peoria Sub (Central)	3	3	100%	Peoria Sub	100%
Springfield Sub (Central)	3	3	100%	Springfield Sub	0%
Champaign Sub (Central)	1	0	0%	Champaign Sub	100%
<b>Southern Region</b>	<b>4</b>	<b>1</b>	<b>25%</b>	<b>Southern Region</b>	<b>80%</b>
ESL Sub (Southern)	1	0	0%	ESL Sub	50%
Marion Sub (Southern)	3	1	33%	Marion Sub	100%

Performance by case type for Item 2 is represented below:

ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> Foster Care ONLY (40)			IL CFSR 3 Official Results - FC ONLY	2020 CFSR 3 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> Foster Care ONLY (40)			2021 CFSR 3 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> Foster Care ONLY (40)		
	%SA/S	#Substantially Achieved/ Strength	#Applicable		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	70.0%	7	10	100%	100.0%	13	13	83.3%	10	12

ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> In-Home ONLY (25)			IL CFSR 3 Official Results - IN-HOME ONLY	2020 CFSR 3 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> In-Home ONLY (25)			2021 CFSR 3 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> In-Home ONLY (25)		
	%SA/S	#Substantially Achieved/ Strength	#Applicable		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	100.0%	3	3	0%	63.6%	7	11	57.1%	4	7

**ITEM 3:** performance continued to decline in the Year 2 data, to 45% Strength (our PIP Goal is 67% Strength). 36 cases were rated ANI. Unlike Year 1, the data is not dramatically different when observing it by case type (see [visuals](#) [Ctrl+right click] below). This year, 47.5% of foster care cases were rated a strength; in in-home cases, 40% of the cases were rated a strength.

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Whereas with the Year 1 data, our discussion of the data focused on the In-home cases, we observed that the following practices were present in both foster care and in-home cases in the Year 2 data:

- The lack of comprehensive ongoing assessments of fathers/paramours/other primary caregivers who had ongoing contact with the children in the family or in foster care. Particularly for direct service staff, there appears to be a tendency for them to keep their focus narrowly on who lives in the home/family being served and on the reported allegations, versus a more comprehensive assessment of who might frequent the home or where else the children might spend time with a parent. Even if fathers are living in the family home, they are often not comprehensively assessed on an ongoing basis.
- Unprecedented staff turnover impacts the accuracy, comprehensiveness, and consistency of ongoing assessments of risk and safety. (DCFS is, and has been, actively and continuously recruiting and hiring new investigators and caseworkers.)
- Investigative practices were very frequently observed as contributing to inadequate assessing and addressing critical underlying issues that are relevant to the risk and safety of the children, particularly in cases involving parental mental health, domestic violence, and parental substance abuse.
- As with many other states, DCFS' approach to investigations practice is that it is intended to be somewhat surgical - get in, make a determination about the allegations, and move the case either to closure or to a different level of service. However, investigation cases often include a Safety Plan to ensure the safety of the children, and are often open longer than 45 days, and their work is included in the assessment of this item. Commonly, investigation cases included for review tend to follow this pattern: the investigation is initiated, and immediate risk/safety is assessed, and a Safety Plan is implemented. The investigation case then sits without much, if any, work activity until it approaches the 60-day mark. The case is eligible for a PIP Measurement review, but no work has been happening, and so most, if not all, items are rated ANI.
- Efforts being made to address the issue of investigation cases "lagging" in activity include ensuring a close review of such investigations and attention provided by supervisory staff of caseloads. Additionally, the Department has Approved of overtime and 'Blitzes' where staff are deployed from other sections of the state to converge upon an area to resolve investigations overload. Travel and overtime are approved for responding workers and supervisors.

Regional performance is observed in the table below:

Item Strength Rating, Year 2, By Region	Total	#S	%S	Item Strength Rating (Year 1)	%S
<b>Cook Region</b>	<b>24</b>	<b>14</b>	<b>58%</b>	<b>Cook Region</b>	<b>42%</b>
<b>Northern Region</b>	<b>10</b>	<b>3</b>	<b>30%</b>	<b>Northern Region</b>	<b>50%</b>
<i>Aurora Sub (Northern)</i>	6	2	33%	<i>Aurora Sub</i>	33%
<i>Rockford Sub (Northern)</i>	4	1	25%	<i>Rockford Sub</i>	75%
<b>Central Region</b>	<b>19</b>	<b>7</b>	<b>37%</b>	<b>Central Region</b>	<b>63%</b>
<i>Peoria Sub (Central)</i>	8	2	25%	<i>Peoria Sub</i>	63%
<i>Springfield Sub (Central)</i>	5	2	40%	<i>Springfield Sub</i>	60%
<i>Champaign Sub (Central)</i>	6	3	50%	<i>Champaign Sub</i>	67%
<b>Southern Region</b>	<b>12</b>	<b>5</b>	<b>42%</b>	<b>Southern Region</b>	<b>42%</b>
<i>ESL Sub (Southern)</i>	5	2	40%	<i>ESL Sub</i>	80%
<i>Marion Sub (Southern)</i>	7	3	43%	<i>Marion Sub</i>	14%

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Performance by case type for Item 3 is presented below:

ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> Foster Care ONLY (40)			IL CFSR 3 Official Results - FC ONLY	2020 CFSR 3 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> Foster Care ONLY (40)			2021 CFSR 3 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> Foster Care ONLY (40)		
	%SA/S	#Substantially Achieved/ Strength	#Applicable		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Item 3: Risk and Safety Assessment and Management	65.0%	26	40	70%	60.0%	24	40	47.5%	19	40

ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> In-Home ONLY (25)			IL CFSR 3 Official Results - IN-HOME ONLY	2020 CFSR 3 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> In-Home ONLY (25)			2021 CFSR 3 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> In-Home ONLY (25)		
	%SA/S	#Substantially Achieved/ Strength	#Applicable		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Item 3: Risk and Safety Assessment and Management	60.0%	15	25	20%	32.0%	8	25	40.0%	10	25

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

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



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INTACT CASE REVIEWS	State FY2018 Q2-4	State FY2019	State FY2020	State FY2021 Q1-3	TREND
	%Yes	%Yes	%Yes	%Yes	
<i>Total # Cases Reviewed</i>	3713	5575	2212	704	
<b>Are contacts with the parent(s)/caretaker(s)/child(ren) of sufficient frequency to:</b>					
Conduct ongoing assessment of safety and identification of safety threats?	86%	79%	87%	90%	
Ensure no significant gaps in contact?	84%	75%	76%	82%	
Reflect concerted efforts by the worker to assist and support the family with achievement of case goals?	86%	79%	88%	91%	
<b>Are contacts, observations, and discussion with the parent(s)/caretaker(s)/child(ren) sufficient to assess:</b>					
Quality of relationships/current functioning of the family?	84%	78%	85%	89%	
Parental protective factors?	81%	77%	87%	91%	
Child vulnerabilities?	82%	79%	88%	91%	
Desired changes in behavior?	80%	76%	86%	90%	
Current family stressors or challenges?	85%	80%	91%	94%	
<b>Are observations of the environment sufficient and utilized in decision-making regarding the impact on safety to all children in the home?</b>	83%	78%	81%	78%	
<b>Does the intact worker adequately address with the family:</b>					
Safe sleep with children under 1 year old and as developmentally appropriate (if child is older)?	70%	74%	31%	31%	
Assuring smoke detectors are present and working?	66%	70%	67%	62%	
<b>Is information from current/prior service providers obtained and utilized in the:</b>					
Ongoing assessment of service needs?	72%	65%	57%	58%	
Progress towards case goals?	67%	60%	55%	56%	
<b>Do all safety assessments:</b>					
Support the safety decision based on relevant information gathered?	84%	79%	82%	83%	
Identify and control safety threats?	76%	71%	44%	50%	
Document safety interventions that are adequate and time limited?	74%	66%	18%	16%	
Provide appropriate monitoring of the safety threats and interventions?	75%	67%	19%	17%	
<b>Is there sufficient discussion/communication between the intact worker and investigator on any pending investigation (including initial case handoff in first 45 days (assess only for 45 day review) and any SORs after case opening) regarding:</b>					
Observations?	68%	66%	43%	39%	
Behaviors?	68%	66%	43%	40%	
Identified needs?	74%	67%	43%	40%	
Presence of safety issues?	71%	65%	41%	38%	
Parental protective factors?	64%	63%	42%	39%	
Child vulnerabilities?	66%	64%	42%	38%	
Need for Court referral?	47%	46%	13%	14%	
Responsibilities for the Intact Worker and Investigator?	65%	61%	34%	33%	
<b>Have all non-custodial parents been:</b>					
Identified?	80%	76%	59%	63%	
Assessed by the Worker?	44%	45%	24%	25%	
<b>Have all individuals living or frequenting the home been:</b>					
Identified?	87%	81%	85%	85%	
Sufficiently assessed by the worker?	67%	65%	62%	64%	
<b>Are services in place that address:</b>					
The reason for case opening?	80%	72%	68%	62%	
Other needs identified through the assessment process?	76%	72%	66%	59%	
Services identified or requested by the family?	76%	74%	75%	66%	
<b>Is the intact worker actively engaging the child(ren)/family in discussions around:</b>					
Service needs?	88%	80%	86%	89%	
Safety needs?	82%	78%	78%	84%	
Safety planning?	78%	75%	47%	49%	
Court involvement?	66%	57%	22%	26%	
Progress towards case goals?	77%	74%	76%	75%	
<b>Does this family have an open court case?</b>	20%	18%	12%	16%	
<b>Has the family been screened with the State's Attorney for court involvement as appropriate based on the dynamics of the case?</b>	39%	39%	14%	14%	
<b>Is the worker actively identifying and working to overcome barriers to service provision and safe case closure?</b>	84%	78%	57%	49%	
<b>Does supervision provide the following sufficiently?</b>					
Identify and address key practices (contacts, safety, service identification/needs, barriers, etc.)?	74%	73%	68%	74%	
Follow-up of direction provided during prior supervisions?	62%	64%	64%	74%	
Documentation of critical decisions and sufficient rationale to support the decision that meets the needs of the family?	68%	66%	60%	60%	
<b>Based on the information reviewed, are there any current safety concerns for the child(ren)?</b>	34%	30%	23%	19%	

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

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 3– 4.

**B. Permanency**

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

Assessment of the permanency outcomes is restricted to foster/substitute care cases. CFSR 3 Year 2 data for the two permanency outcomes indicates that Illinois’ performance in P1 rebounded to its’ Baseline level (i.e., more timely achievement of permanency since Year 1), and continues to decline in P2 (fewer family relationships and connections being preserved for children in foster care):

IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65Total)						
		COMBINED DATA			COMBINED DATA			COMBINED DATA		
		%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable	%SAS	#Substantially Achieved/ Strength	#Applicable
3%	Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS (FC ONLY)	12.5%	5	40	7.5%	3	40	12.5%	5	40
63%	Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN (FC ONLY)	60.0%	24	40	55.0%	22	40	52.5%	21	40

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

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

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

**DATA:**

Illinois' performance in Outcome P1 and related Items during Year 2 continues to highlight the need for improvements in the areas of:

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

IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)	IL CFSR 3 PIP Goals	PIP GOAL MET?						
		COMBINED DATA					COMBINED DATA			COMBINED DATA		
		%S/AS	#Substantially Achieved/ Strength	#Applicable			%S/AS	#Substantially Achieved/ Strength	#Applicable	%S/AS	#Substantially Achieved/ Strength	#Applicable
3%	Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS (FC ONLY)	12.5%	5	40	7.5%	3	40	12.5%	5	40		
75%	Item 4: Stability of Foster Care Placement	72.5%	29	40	75.0%	30	40	70.0%	28	40	78%	X
25%	Item 5: Permanency Goal for Child	32.5%	13	40	27.5%	11	40	23.1%	9	39	38%	X
15%	Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	20.0%	8	40	10.0%	4	40	15.0%	6	40	25%	X

**ITEM 4:** A decline in performance is observed in the Year 2 data (from 75% strength in Year 1 to 70% strength in Year 2) (However, our performance on the CFSR Data Indicator for Rate of Placement Stability continues to improve – see below). When cases were rated ANI, there were 3 main reasons: 1) Placements were poor fit and the agency lacked appropriate placement resources (for example: in some cases, there were multiple children in the home and the relative discovered they couldn't do it all plus work, and so gave notice; in several other cases, the provider could not deal with the child's behavioral needs and so gave notice or there were reports of maltreatment which prompted a removal); Relatedly, 2) Agencies did not support or make efforts to stabilize disrupting placements; and 3) Youth was placed in a residential, which by design is temporary, and step-down resources were not available. A look at the above data by race suggests that Item 4 is generally rated a Strength at a similar frequency for African American youth and Caucasian youth.

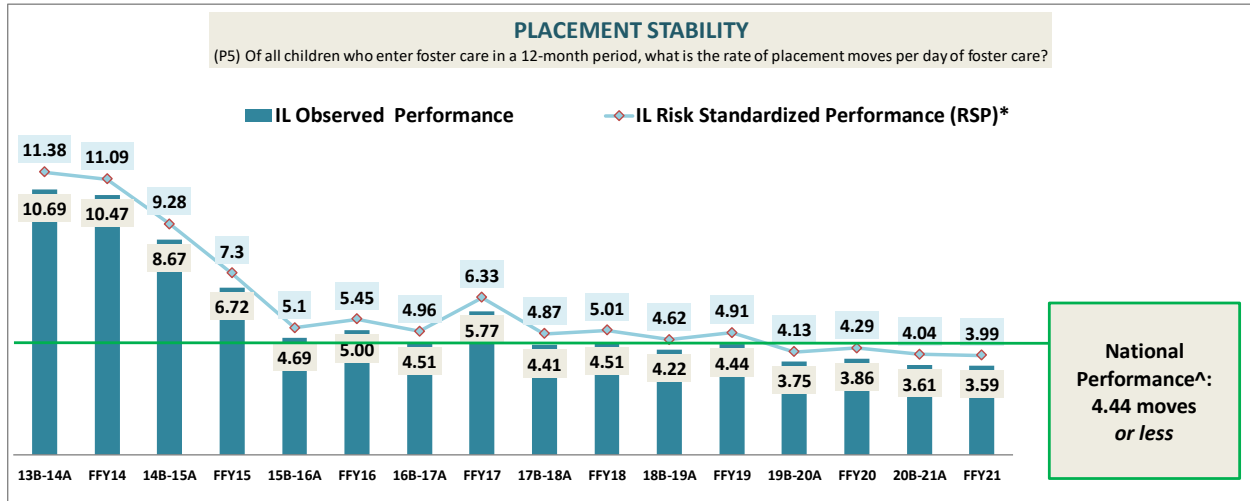
Regional variation is observed in the table below:

Item Strength Rating, By Region (Year 2)	Total	#S	%S	Item Strength Rating (Year 1)	%S
<b>Cook Region</b>	<b>15</b>	<b>11</b>	<b>73%</b>	<b>Cook Region</b>	<b>87%</b>
<b>Northern Region</b>	<b>6</b>	<b>4</b>	<b>67%</b>	<b>Northern Region</b>	<b>67%</b>
Aurora Sub (Northern)	3	2	67%	Aurora Sub	75%
Rockford Sub (Northern)	3	2	67%	Rockford Sub	50%
<b>Central Region</b>	<b>12</b>	<b>11</b>	<b>92%</b>	<b>Central Region</b>	<b>67%</b>
Peoria Sub (Central)	5	5	100%	Peoria Sub	60%
Springfield Sub (Central)	4	3	75%	Springfield Sub	67%
Champaign Sub (Central)	3	3	100%	Champaign Sub	75%
<b>Southern Region</b>	<b>7</b>	<b>2</b>	<b>29%</b>	<b>Southern Region</b>	<b>71%</b>
ESL Sub (Southern)	3	1	33%	ESL Sub	100%
Marion Sub (Southern)	4	1	25%	Marion Sub	50%

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**CFSR 3 Indicators:** In addition to the PIP Baseline, Year 1 and Year 2 data, the state also evaluates its performance regarding stability with data from the CFSR national indicator:

**CFSR 3 Permanency Indicator: Placement Stability, Illinois performance (as of 2/22 Data Profile)**



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

The data in the above chart suggests that the state rate of placement moves has continued to improve, and the state meets this measure (less than 4.44 moves, based on our RSP). The contextual data provided with the overall performance for this measure identifies that, not surprisingly, as children get older, they experience more moves. The contextual data further highlight that children of color experience the highest rate of placement moves per days in care than do their white counterparts.

**ITEM 5:** Performance continued to decline from 33% Strength in the Baseline to 23% Strength in the Year 2 data. (Our PIP Goal is 38% Strength.) 1 case rated N/A due to length of case opening at the time of review.

In 16 of the 30 cases rated ANI for this item, the primary reason was that the permanency goal of Return Home was not the appropriate goal to meet the child's need for permanency, followed by 11 cases in which the goal was Adoption which was the appropriate goal but had not been achieved. There were case-specific reasons for this determination (lack of agency efforts to provide the appropriate services to parents, court delays, assessment concerns, staff turnover, impacting continuity of care), but in all cases the goal had been in place for far too long without concurrent planning (and a general lack of urgency). (See Item 6 for Length of Stay data.)

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Performance by region is noted in the table below:

Item Strength Rating, By Region (Year 2)	Total	#S	%S	Item Strength Rating (Year 1)	%S
<b>Cook Region</b>	<b>15</b>	<b>4</b>	<b>27%</b>	<b>Cook Region</b>	<b>33%</b>
<b>Northern Region</b>	<b>6</b>	<b>1</b>	<b>17%</b>	<b>Northern Region</b>	<b>17%</b>
Aurora Sub (Northern)	3	0	0%	Aurora Sub	0%
Rockford Sub (Northern)	3	1	33%	Rockford Sub	50%
<b>Central Region</b>	<b>11</b>	<b>2</b>	<b>18%</b>	<b>Central Region</b>	<b>42%</b>
Peoria Sub (Central)	5	1	20%	Peoria Sub	60%
Springfield Sub (Central)	3	1	33%	Springfield Sub	0%
Champaign Sub (Central)	3	0	0%	Champaign Sub	50%
<b>Southern Region</b>	<b>7</b>	<b>2</b>	<b>29%</b>	<b>Southern Region</b>	<b>0%</b>
ESL Sub (Southern)	3	0	0%	ESL Sub	0%
Marion Sub (Southern)	4	2	50%	Marion Sub	0%

- Of the 30 cases rated ANI in Item 5 (Year 2 data), 29 were also rated ANI in Item 6. This is related to the length of time a permanency goal has been in place, and therefore there is correlation between the two items as length of time in care is a common consideration.

Of these 29 cases:

- 16 had a permanency goal of Reunification;
- 11 had a permanency goal of Adoption (in Illinois we have a goal called Substitute Care pending TPR, which is used as a pre-adoption goal; our Adoption goal is only assigned once rights are terminated and the child is in a pre-adoptive home); and
- 2 cases had a goal of Guardianship.

Average length of time in care:

- Reunification cases (n=16): 25 months;
- Adoption cases (n=11): 42 months;
- Guardianship (n=2): 41 months.

**ITEM 6:** Performance improved slightly from the Year 1 data, from 10% to 15% Strength in the Year 2 data. (Our PIP Goal is 25% Strength.) In all cases rated ANI, there was a complete lack of urgency to achieve permanency, both in court and through the work of the agency. Court delays related to COVID (closures, continuances, etc.) were very common (*Note: Court delays do not appear to be related to COVID as we enter our Year 3 reviews, for which the PUR begins in mid-2021*). In all cases, length of stay in care was a contributor for ANI ratings. Lack of agency efforts generally (from providing services to locating parents), lack of concurrent planning, adoption delays of varying reasons (agency-, caregiver-, court-related) were also frequent contributors in the 34 cases rated ANI. It is interesting to note that in the Year 2 cases, the median length of stay is shorter than was observed in the Year 1 data. See below for additional rating information by permanency goal, race, length of stay (at time of review), and region.

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Item Strength Rating, by PG (Year 2):				Length of Stay Y2 (LOS) (# by group)	Length of Stay Y1 (LOS) (# by group)
	Total	#S	%S		
Return Home	27	6	22%	0-12 months: 11	0-12 months: 10
Adoption	11	0	0%	13-24 months: 13	13-24 months: 9
Guardianship	2	0	0%	25-36 months: 5	25-36 months: 8
OPPLA (IL)	0	0	N/A	37+ months: 12	37+ months: 13
	40			Median LOS (at time of review) = 20 mos	Median LOS (at time of review) = 26 mos

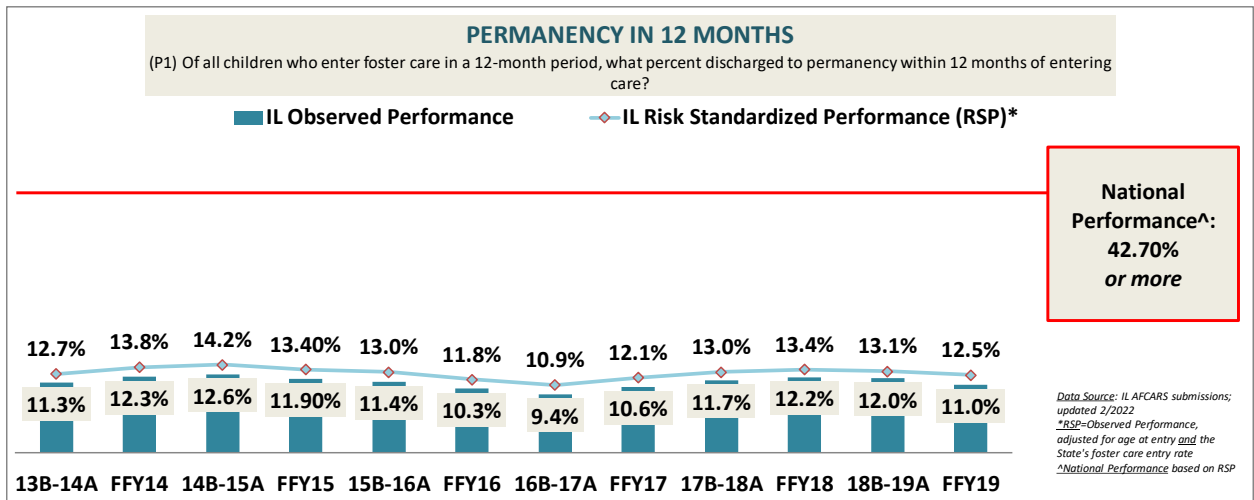
Item Strength Rating, by Race (Year 2):			
	Total	#S	%S
African American	10	1	10%
White	29	4	14%
Asian	1	1	100%

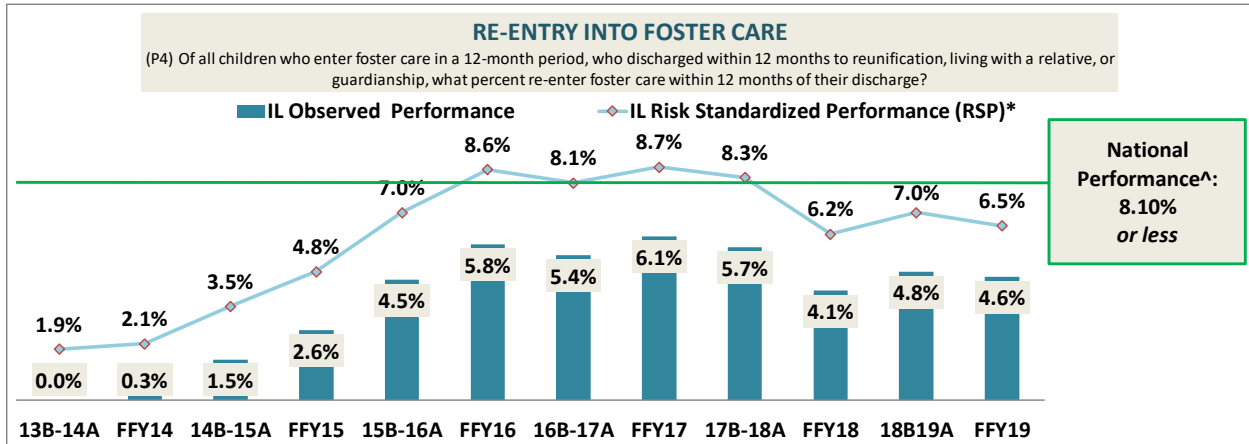
Item Strength Rating, By Region (Year 2)				Item Strength Rating (Year 1)	
	Total	#S	%S		%S
<b>Cook Region</b>	<b>15</b>	<b>1</b>	<b>7%</b>	<b>Cook Region</b>	<b>7%</b>
<b>Northern Region</b>	<b>6</b>	<b>2</b>	<b>33%</b>	<b>Northern Region</b>	<b>0%</b>
Aurora Sub (Northern)	3	1	33%	Aurora Sub	0%
Rockford Sub (Northern)	3	1	33%	Rockford Sub	0%
<b>Central Region</b>	<b>12</b>	<b>3</b>	<b>25%</b>	<b>Central Region</b>	<b>25%</b>
Peoria Sub (Central)	5	1	20%	Peoria Sub	20%
Springfield Sub (Central)	4	2	50%	Springfield Sub	0%
Champaign Sub (Central)	3	0	0%	Champaign Sub	50%
<b>Southern Region</b>	<b>7</b>	<b>0</b>	<b>0%</b>	<b>Southern Region</b>	<b>0%</b>
ESL Sub (Southern)	3	0	0%	ESL Sub	0%
Marion Sub (Southern)	4	0	0%	Marion Sub	0%

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

**CFSR 3 Permanency Indicator: Permanency in 12 Months & companion measure Re-Entry into Foster Care (as of 2/22 Data Profile)**



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

The contextual data provided with the overall performance for the Permanency in 12 Months measure identifies that children who enter foster care before the age of 10 are more likely to achieve permanency within 12 months of entry (typically, reunification; children age 1-5 represent 31.3% of the children achieving permanency within 12 months, and children 6-10 represent 23.0%). Children of color are less than half as likely to achieve permanency within 12 months than white children.

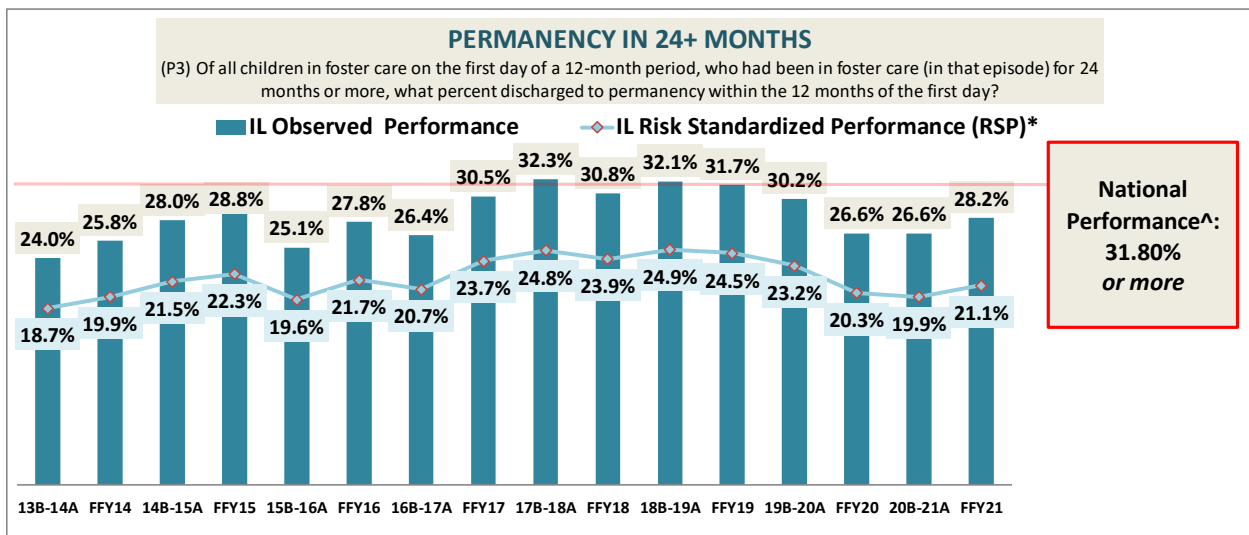
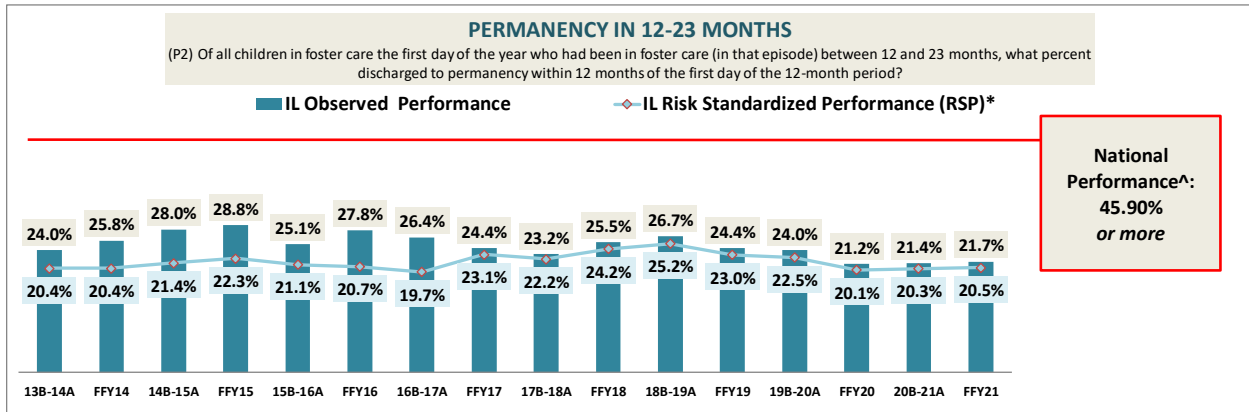
Re-Entry rates are improved in the most current data (see chart above). Contextual data indicate that children 0-10 years old are most likely to re-enter within one year of exit from foster care (a total of 64.4%). Re-entries by race mirror the percent achieving permanency within 12 months, although more children of color are likely to re-enter than their white peers.

Race	Permanency in 12 Months		Re-Entry	
	% of total (in care) (FFY21)	% of total (exits) (FFY21)	% of total (in care) (FFY21)	% of total (exits) (FFY21)
African American	20.3	19.6	19.7	21.0
Caucasian	46.0	47.9	47.6	47.3
Hispanic (any race)	21.4	20.3	20.4	18.3
Two or More	7.6	7.1	7.1	8.1

**CFSR 3 Indicators:** The charts on the next page illustrate Illinois' performance on the remaining two data indicators for the CFSR, Permanency in 12-23 Months, and Permanency in 24+ Months. Current performance in both measures is has remained relatively stable

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**CFSR 3 Permanency in 12-23 Months, and in 24+ Months (2/22 Data Profile)**



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

Contextual data for both measures indicates that children age 1-5 are most likely to be among the children achieving permanency in the two timeframes measured (57% of the 12-23 months group, and 43.8% of the 24+ months group).

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

Race	Permanency in 12-23 Months		Permanency in 24+ Months	
	% of total (in care) (FFY21)	% of total (exits) (FFY21)	% of total (in care) (FFY21)	% of total (exits) (FFY21)
African American	21.2	18.2	27.4	23.5
Caucasian	44.6	48.2	38.3	43.1
Hispanic (any race)	21.6	21.1	21.7	20.4
Two or More	8.2	8.3	8.2	8.8



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

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 3– 4.

**Outcome P2: The Continuity of Family Relationships/Connections is Preserved for Children DATA:**

In Outcome P2, the evaluation of five (5) items supports the overall outcome achievement rating:

IL CFR 3 Official Results - COMBINED FC + IH	ILLINOIS CFRS 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)			IL CFR 3 PIP Goals
		COMBINED DATA			COMBINED DATA			COMBINED DATA			
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	
63%	Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN (FC ONLY)	60.0%	24	40	55.0%	22	40	52.5%	21	40	
87%	Item 7: Placement With Siblings	100.0%	25	25	88.2%	30	34	77.8%	21	27	n/a
62%	Item 8: Visiting With Parents and Siblings in Foster Care	55.9%	19	34	47.2%	17	36	50.0%	17	34	n/a
69%	Item 9: Preserving Connections	75.0%	30	40	67.5%	27	40	70.0%	28	40	n/a
65%	Item 10: Relative Placement	81.6%	31	38	84.2%	32	38	71.8%	28	39	n/a
52%	Item 11: Relationship of Child in Care with Parent(s)	45.2%	14	31	48.5%	16	33	42.4%	14	33	n/a

Illinois’ performance declined during the Year 1 reviews, and highlights the need for improvements

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

**ITEM 7:** Illinois continued to see performance declines. Placement with Siblings. In 21/27 cases, the child was either placed with siblings in foster care or their separation was justified and necessary to meet the needs of the child or the sibling(s). Performance by race is reflected below:

Race	Item 7 by Race		
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)
African American	100% (10 of 10)	80% (n=15)	87.5% (n=8)
Caucasian	100% (14 of 14)	94.1% (n=17)	72.2% (n=18)
Hispanic (any race)	100% (3 of 3)	100% (n=3)	50% (n=4)
<b>TOTAL (any race)</b>	<b>100%</b> <b>(n=25<sup>2</sup>)</b>	<b>88.2%</b> <b>(30 of 34<sup>2</sup>)</b>	<b>77.8%</b> <b>(21 of 27<sup>2</sup>)</b>

<sup>2</sup>Permanency Items only apply to Foster Care cases, of which there are 40 in every annual sample. However, the “n” varies by item because it is possible for an item to be rated “Not Applicable” depending on case circumstances and

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**ITEM 8:** The overall item performance rebounded slightly from the Year 1 data (from 47.2% Strength in the Year 1 reviews, to 50% in year 2), due to the number of cases in which there were concerted efforts to ensure the frequency and quality of visitation between either the mother and child, father and child, siblings, or a combination of the three types. If concerted efforts were not made for any of the applicable types of visitations, then the item is rated an Area Needing Improvement.

The data below reflect the concerted efforts of the agency to ensure that parent-child visitation was of sufficient frequency to maintain or promote the continuity of the relationship, and the concerted efforts made to ensure that the quality of visitation was sufficient to maintain or promote the continuity of the relationship. The data for Year 2 mirrors the data above, in that the effort for mothers is better than for fathers:

Frequency of visitation/contact			
CF SR 3 PIP Baseline			
		#	%
Mother	YES	22	71%
	TOTAL	31	
Father	YES	15	65.2%
	TOTAL	23	

Frequency of visitation/contact			
CF SR 3 PIP Year 1			
		#	%
Mother	YES	22	67%
	TOTAL	33	
Father	YES	13	76.5%
	TOTAL	17	

Frequency of visitation/contact			
CF SR 3 PIP Year 2			
		#	%
Mother	YES	21	66%
	TOTAL	32	
Father	YES	14	56.0%
	TOTAL	25	

Quality of visitation/contact			
CF SR 3 PIP Baseline			
		#	%
Mother	YES	23	74%
	TOTAL	31	
Father	YES	13	56.5%
	TOTAL	23	

Quality of visitation/contact			
CF SR 3 PIP Year 1			
		#	%
Mother	YES	22	69%
	TOTAL	32	
Father	YES	12	75.0%
	TOTAL	16	

Quality of visitation/contact			
CF SR 3 PIP Year 2			
		#	%
Mother	YES	19	66%
	TOTAL	29	
Father	YES	10	47.6%
	TOTAL	21	

tool instructions. Only 3 ethnic groups are presented because of extremely small numbers for other racial groups (e.g., n=1 or 2) every year. Additionally, in some years 2 races were selected for an extremely small number of cases, so those are also not reflected in the tables.

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When looking at the concerted efforts made for each individual type of visitation in isolation from the other types of visitations, the Year 2 data is better for mothers than for fathers:

Performance related to the frequency and quality of sibling visits declined in the Year 2 reviews,

	What was the usual frequency of visits between the parent and the child during the PUR?	CFSR 3 PIP Baseline		
		#	%	
Mother	More than once per week	10	32.3%	67.7%
	Once per week	6	19.4%	
	Less than once per week but at least twice per month	3	9.7%	
	Less than twice per month but at least once per month	2	6.5%	
	Less than once per month	10	32.3%	
	Never	0	0.0%	
	TOTAL	31		
Father	More than once per week	6	26.1%	60.9%
	Once per week	5	21.7%	
	Less than once per week but at least twice per month	2	8.7%	
	Less than twice per month but at least once per month	1	4.3%	
	Less than once per month	8	34.8%	
	Never	1	4.3%	
	TOTAL	23		

	What was the usual frequency of visits between the parent and the child during the PUR?	CFSR 3 PIP Year 1		
		#	%	
Mother	More than once per week	5	15.2%	78.8%
	Once per week	8	24.2%	
	Less than once per week but at least twice per month	7	21.2%	
	Less than twice per month but at least once per month	6	18.2%	
	Less than once per month	6	18.2%	
	Never	1	3.0%	
	TOTAL	33		
Father	More than once per week	4	23.5%	88.2%
	Once per week	7	41.2%	
	Less than once per week but at least twice per month	2	11.8%	
	Less than twice per month but at least once per month	2	11.8%	
	Less than once per month	1	5.9%	
	Never	1	5.9%	
	TOTAL	17		

	What was the usual frequency of visits between the parent and the child during the PUR?	CFSR 3 PIP Year 2		
		#	%	
Mother	More than once per week	9	28.1%	75.0%
	Once per week	9	28.1%	
	Less than once per week but at least twice per month	3	9.4%	
	Less than twice per month but at least once per month	3	9.4%	
	Less than once per month	5	15.6%	
	Never	3	9.4%	
	TOTAL	32		
Father	More than once per week	3	12.0%	52.0%
	Once per week	5	20.0%	
	Less than once per week but at least twice per month	4	16.0%	
	Less than twice per month but at least once per month	1	4.0%	
	Less than once per month	8	32.0%	
	Never	4	16.0%	
	TOTAL	25		

consistently in the mid-70% range:

	What was the usual frequency of visits between the child and his/her siblings during the PUR?	CFSR 3 PIP Baseline		
		#	%	
Siblings	More than once per week	2	14.3%	93%
	Once per week	4	28.6%	
	Less than once per week but at least twice per month	4	28.6%	
	Less than twice per month but at least once per month	3	21.4%	
	Less than once per month	1	7.1%	
	Never	0	0.0%	
	TOTAL	14		

	What was the usual frequency of visits between the child and his/her siblings during the PUR?	CFSR 3 PIP Year 1		
		#	%	
Siblings	More than once per week	7	35.0%	90%
	Once per week	0	0.0%	
	Less than once per week but at least twice per month	9	45.0%	
	Less than twice per month but at least once per month	2	10.0%	
	Less than once per month	2	10.0%	
	Never	0	0.0%	
	TOTAL	20		

Item 8 Sibling Visits Data				
	What was the usual frequency of visits between the child and his/her siblings during the PUR?	CFSR 3 PIP Year 2		
		#	%	
Siblings	More than once per week	2	15.4%	77%
	Once per week	5	38.5%	
	Less than once per week but at least twice per month	3	23.1%	
	Less than twice per month but at least once per month	0	N/A	
	Less than once per month	2	15.4%	
	Never	1	7.7%	
	TOTAL	13		

Siblings	Frequency of visitation/contact		
	CFSR 3 PIP Baseline		
	YES	#	%
	13	92.9%	
TOTAL	14		

Siblings	Frequency of visitation/contact		
	CFSR 3 PIP Year 1		
	YES	#	%
	18	81.8%	
TOTAL	22		

Siblings	Frequency of visitation/contact		
	CFSR 3 PIP Year 2		
	YES	#	%
	10	76.9%	
TOTAL	13		

Siblings	Quality of visitation/contact		
	CFSR 3 PIP Baseline		
	YES	#	%
	12	85.7%	
TOTAL	14		

Siblings	Quality of visitation/contact		
	CFSR 3 PIP Year 1		
	YES	#	%
	18	85.7%	
TOTAL	21		

Siblings	Quality of visitation/contact		
	CFSR 3 PIP Year 2		
	YES	#	%
	9	75.0%	
TOTAL	12		

Performance by race is reflected below:

Race

Item 8 by Race

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	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)
<b>African American</b>	60% (6 of 10)	42.9% (6 of 14)	75% (6 of 8)
<b>Caucasian</b>	60% (12 of 20)	52.6% (10 of 19)	40% (10 of 25)
<b>Hispanic (any race)</b>	60% (3 of 5)	100% (3 of 3)	33.3% (2 of 6)
<b>TOTAL (any race)</b>	<b>55.9%</b> <b>(19 of 34<sup>2</sup>)</b>	<b>47.2%</b> <b>(17 of 36)</b>	<b>50%</b> <b>(17 of 34)</b>

Data from the [new ACR model](#) [Ctrl+right click], which collects data on the quality of key practices that impact timely permanency for every child in foster care, supports that agency efforts to ensure quality visitation with parents and siblings needs improvement:

ACR DATA | OVERALL RATING: QUALITY FAMILY VISITATION PRIORITY AREA

REGION	FY21Q4		FY22Q1		FY22Q2		FY22Q3	
	% Outstanding / Good	% Concerning / Unsatisfactory	% Outstanding / Good	% Concerning / Unsatisfactory	% Outstanding / Good	% Concerning / Unsatisfactory	% Outstanding / Good	% Concerning / Unsatisfactory
Central	74%	26%	78%	22%	75%	25%	76%	24%
Cook	65%	35%	65%	35%	59%	41%	57%	43%
Northern	66%	34%	68%	32%	63%	37%	61%	39%
Southern	60%	40%	73%	27%	72%	28%	73%	27%
<b>Statewide</b>	<b>67%</b>	<b>33%</b>	<b>72%</b>	<b>28%</b>	<b>67%</b>	<b>33%</b>	<b>67%</b>	<b>33%</b>

**ITEM 9:** In 70% of the Year 2 cases, connections that were important to the child were preserved (Item 9). This represents a slight improvement in performance from Year 1 (67.5%), but still below the 75% Strength observed in the Baseline reviews. In the cases that were not rated a strength, the reasons were one or more of the following:

- Important connections were not preserved or maintained (these included siblings not in care, half-siblings, and extended relatives with whom the child/youth had relationships prior to entering foster care)
- For the children/youth who were either a member of, or eligible for membership in, a federally recognized Indian Tribe, other ICWA requirements were not followed (2 cases)

Performance by race is reflected below:

Race	Item 9 by Race		
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)
<b>African American</b>	91.7% (11 of 12)	60% (9 of 15)	60% (6 of 10)
<b>Caucasian</b>	66.7% (16 of 24)	72.7% (16 of 22)	72.4% (21 of 29)
<b>Hispanic (any race)</b>	60% (3 of 5)	66.7% (2 of 3)	100% (6 of 6)
<b>TOTAL (any race)</b>	<b>75%</b> <b>(30 of 40<sup>2</sup>)</b>	<b>67.5%</b> <b>(27 of 40)</b>	<b>70%</b> <b>(28 of 40)</b>

Data from the [new ACR model](#) [Ctrl+right click], which collects data on the quality of key practices that impact timely permanency for every child in foster care, supports that agency efforts to ensure the connection of the child with other important connections needs improvement:

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**SUB-SECTION RATING: OTHER-CHILD CONNECTIONS**

REGION	AREA NEEDING IMPROVEMENT			
	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Central	12%	8%	10%	11%
Cook	15%	10%	12%	10%
Northern	15%	14%	15%	15%
Southern	11%	5%	8%	6%
<b>Statewide</b>	<b>13%</b>	<b>9%</b>	<b>11%</b>	<b>10%</b>

The new ACR model has an interviewing component, typically ACR reviews rely on documentation for this sub-section. As a result, the data does not closely align with the PIP Measurement data.)

**ITEM 10:** In Item 10, performance declined in Year 2 to 71.8% of the cases rated a Strength, a ten percent drop from the Baseline. Cases are rated a Strength because either the child was placed with a relative and stable in that placement, or because while the child was not placed with a relative, efforts had been made to identify, locate, inform, and evaluate maternal and paternal relatives. Performance by race is reflected below:

Race	Item 10 by Race		
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)
<b>African American</b>	91.7% (11 of 12)	80% (12 of 15)	60% (6 of 10)
<b>Caucasian</b>	73.9% (17 of 23)	85% (17 of 20)	75% (21 of 28)
<b>Hispanic (any race)</b>	60% (3 of 5)	66.7% (2 of 3)	83.3% (5 of 6)
<b>TOTAL (any race)</b>	<b>81.6%</b> <b>(31 of 38<sup>2</sup>)</b>	<b>84.2%</b> <b>(32 of 38)</b>	<b>71.8%</b> <b>(28 of 39)</b>

**ITEM 11:** Year 2 data dropped to 42.4% (from 45.2% in the Baseline) of cases rated a Strength. Cases are rated a Strength because concerted efforts were made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother and father (ANIs were because these efforts were not made). Performance by race is reflected below (please see how Illinois is addressing disparity in Item 12, at the end of that discussion and before Item 13):

Race	Item 11 by Race		
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)
<b>African American</b>	62.5% (5 of 8)	50% (7 of 14)	62.5% (5 of 8)
<b>Caucasian</b>	42.1% (8 of 19)	43.7% (7 of 16)	33.3% (8 of 24)
<b>Hispanic (any race)</b>	33.3% (1 of 3)	33.3% (1 of 3)	16.7% (1 of 6)
<b>TOTAL (any race)</b>	<b>45.2%</b> <b>(14 of 31<sup>2</sup>)</b>	<b>48.5%</b> <b>(16 of 33)</b>	<b>42.4%</b> <b>(14 of 33)</b>

The Governor's Office has created a statewide Office of Equity and DCFS now has an Office of Race Equity Practice. The DCFS Office of Affirmative Action has transitioned into the Division of

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Diversity, Equity, and Inclusion. All of these entities are working together and each state agency has developed a Diversity, Equity, and Inclusion (DEI) plan. IL DCFS is doing foundational work on addressing data quality as it relates to how demographic information is collected, entered, and reported to ensure that people are able to self-identify their race and ethnicity. IL has also implemented a mandatory Implicit Bias training and training on working with clients who identify as LGBTQ. The IL Child Welfare Core Practice Model includes cultural competence as critical in engaging families.

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

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 3– 4.

**C. Well-Being**

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

PIP Baseline data and the Year 2 data for the three well-being outcomes indicates the following results:

IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> 40 FC/ 25 IH (65Total)		
		COMBINED DATA			COMBINED DATA			COMBINED DATA		
		%SAYS	#Substantially Achieved/ Strength	#Applicable	%SAYS	#Substantially Achieved/ Strength	#Applicable	%SAYS	#Substantially Achieved/ Strength	#Applicable
28%	Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS	40.0%	26	65	38.5%	25	65	33.8%	22	65
83%	Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS	96.8%	30	31	92.1%	35	38	91.4%	32	35
56%	Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	64.8%	35	54	63.2%	36	57	57.9%	33	57

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

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WB1, associated Items	WB2, associated Item	WB3, associated Items
Item 12: Needs and Services of Child, Parents, and Foster Parents <i>12a: Needs Assessment and Services to Children</i> <i>12b: Needs Assessment and Services to Parents</i> <i>12c: Needs Assessment and Services to Foster Parents</i>	Item 16: Educational/ Developmental Needs of the Child	Item 17: Physical Health of the Child  Item 18: Mental/Behavioral Health of the Child
Item 13: Child and Family Involvement in Case Planning		
Item 14: Caseworker Visits with Child(ren)		
Item 15: Caseworker Visits with Parents		

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

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

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

IL CFR 3 Official Results - COMBINED FC + IH	ILLINOIS CF SR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> 40 FC/ 25 IH (65 Total)			2020 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> 40 FC/ 25 IH (65 Total)			2021 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> 40 FC/ 25 IH (65 Total)			IL CFR 3 PIP Goals	PIP GOAL MET?	Date PIP Goal Met
		COMBINED DATA			COMBINED DATA			COMBINED DATA					
		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable			
28%	Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS	40.0%	26	65	38.5%	25	65	33.8%	22	65			
32%	Item 12: Needs and Services of Child, Parents, and Foster Parents	49.2%	32	65	41.5%	27	65	33.8%	22	65	54%	✗	
63%	Item 12a: Needs Assessment and Services to Children	84.6%	55	65	80.0%	52	65	80.0%	52	65	n/a		
29%	Item 12b: Needs Assessment and Services to Parents	47.4%	27	57	41.4%	24	58	34.5%	20	58	n/a		
72%	Item 12c: Needs Assessment and Services to Foster Parents	83.3%	30	36	83.3%	30	36	70.3%	26	37	n/a		
35%	Item 13: Child and Family Involvement in Case Planning	46.7%	28	60	44.4%	28	63	46.0%	29	63	51%	✗	
55%	Item 14: Caseworker Visits with Child	73.8%	48	65	78.5%	51	65	76.9%	50	65	78%	✓	2/11/2021
29%	Item 15: Caseworker Visits with Parents	39.3%	22	56	32.8%	19	58	36.8%	21	57	44%	✗	

Throughout Items 12 – 15, the impact of the workforce crisis played a significant role in the quality of: caseworker visits, assessments, engagement, service delivery, and continuity of care, regardless of case type. The disruptive nature of staff turnover in child welfare creates inevitable service gaps and permanency delays, mistrust by case stakeholders of the system and of positive outcomes for their case, and trauma to children in care.

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**ITEM 12** has 3 sub-items: 12A, Needs Assessment and Services to Children; 12B, Needs Assessment and Services to Parents; and 12C, Needs Assessment and Services to Foster Parents.

Performance continued to decline from 49% Strength in the Baseline to 34% Strength in the Year 2 data. (Our PIP Goal is 54% Strength.) This Item is comprised of 3 sub-items: 12A, Needs Assessment & Services to Children; 12B, Needs Assessment & Services to Parents; and 12C, Needs Assessment & Services to Foster Parents. Overall, for Item 12, there is not a significant difference in performance between case types. Differences in performance reside in the sub-items: Foster Care data is much better for 12A (Children) than In-Home; 12B (Parents) is slightly better in the In-Home data versus the Foster Care data, and the Foster Care data declined in Year 2 for this sub-item. Only Foster Care cases apply to 12C, and in Year 2 the performance declined quite a bit.

In the whole, families presented with one or more of the following complicated service needs that were not always comprehensively assessed or addressed through appropriate service provision: parental substance abuse, domestic violence and/or parental mental health. This impacted Item 12 ratings, regardless of case type.

Contributing factors to In-Home cases rated ANI were: assessments were not comprehensive or ongoing (this was primarily because they did not include all children in the family, paramours, or fathers; and/or because families were not seen by the agency as needed, which impacted comprehensiveness of the assessments). Investigation cases impacted performance in this Item (reasons noted in Item 3), and the EFSP case was also rated ANI due to lack of ongoing assessments.

Needs and Services of Child, Parents, and Foster Parents is a target of priority focus in implementation of CFTM and enhanced service array. There has been a renewed emphasis on availability of Flex Funding and Intensive Placement Stabilization services as ways to fill gaps in resources available.

ILLINOIS CFSTR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSTR 3 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> In-Home ONLY (25)			IL CFSTR 3 Official Results - IN-HOME ONLY	2020 CFSTR 3 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> In-Home ONLY (25)			2021 CFSTR 3 PIP YEAR 2 <i>(PRELIM as of 12/21/21)</i> In-Home ONLY (25)		
	%SA/S	#Substantially Achieved/ Strength	#Applicable		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Item 12: Needs and Services of Child, Parents, and Foster Parents	64.0%	16	25	20%	40.0%	10	25	32.0%	8	25
Item 12a: Needs Assessment and Services to Children	76.0%	19	25	48%	68.0%	17	25	60.0%	15	25
Item 12b: Needs Assessment and Services to Parents	64.0%	16	25	24%	40.0%	10	25	40.0%	10	25
Item 12c: Needs Assessment and Services to Foster Parents	NA	0	0		NA	0	0	NA	0	0

As it relates to FC cases, the primary contributor to Item 12B ANI ratings had to do with how the agency was assessing parents. In 23 of the 33 applicable FC cases, Item 12B was rated an ANI because the agency did not conduct comprehensive, ongoing assessments of parents (mothers, fathers, and/or paramours). This often included no diligent searches for parents whose whereabouts were unknown during the PUR. In several cases, needed services were not provided to the parent(s) - this was sometimes due to the caseworker not making a referral, sometimes due to a lack of resources, and sometimes due to lack of parent engagement in the service(s).



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For both Item 12A and 12B, the following are being implemented to address concerns around our performance in these items:

Assessments

Strong family engagement of both parents/children are the backbone of strong child welfare services. The following key practice areas throughout Permanency remain the focus of attention: Quality Child and Family Team Meetings and Quality Supervision. Ensuring all service needs are identified early on is a key part of this process.

There continues to be a focus on the following critical engagement skills at the Department, when working with families:

1. Use of respectful language that values the right, values, beliefs of the family.
2. Use of family centered practice to strengthen, enable, and empower the family
3. Voice and choice of the family versus those of professionals,
4. Collaborative spirit with the parents/youth

Services

The Department continues to increase services available to offer support to both children and parents. These include specialty counseling and mental health services, including IPS (Intensive Placement Stabilization). The utilization of Flex Funds to access services which best meet the needs of the families and youth in care and are not available through traditional funding sources. Community-based services are also a priority which include: tutoring, recreation and respite support for youth and families.

Quality engagement for parents/children during the assessment and service process is integral. The following areas are key engagement skills being highlighted to better engage families/children:

1. Language that is easy for the parents/children to understand
2. Assessments and plans that implement measurable change for children/families
3. Identification of services/interventions that are intentional and appropriate to the family's needs and effective at resulting in improved outcomes
4. Determination if the family feels services are effective
5. Family's level of engagement in the services

Additionally, APME, in discussions with community-based partner agencies, encourages engagement of fathers in their assessment, visitation, and service planning on a consistent basis. There are advocacy centers available to provide advocacy for fathers. Through the Family Advocacy Centers, the Be Strong Families program offers training, fatherhood cafés and support for fathers and agencies are encouraged to utilize this resource.

Work APME is doing with Quality Indicator and Case record reviews (QIR, to begin October 2022) may address some of the assessment and requirements we are seeking to correct (engagement, trauma services to youth in care (YIC), connection to YouthCare, CFTM CWG training and future support as it relates to family engagement and support to supervisors in the CFTM process).

APME continues to offer support and guidance to DCFS and CBP agencies through QIR reviews with both SACWIS and on-site record reviews. While feedback is generated to the agencies regarding deficiencies found, it should be noted that these reviews tend to be more compliance oriented rather than quality oriented. In its current format, the QIR reviews are simply looking for evidence of completion and offer no qualitative feedback on the service/document being reviewed. Continued deficiencies (such as missing Home Safety Checklists) are addressed with the agency in written feedback and mentioned in performance review meetings. Completion of CFTMs by each

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provider (or lack thereof) has been noted through the review and is being addressed within the feedback given during performance review meetings. CWG has been working with APME in evaluating strengths and areas for improvement for the feedback process of each monitor. CWG has recently begun discussions with APME regarding CFTM compliance and training opportunities. Due to the number of cases requiring review in Cook County, the support of DCFS Quality Assurance may be needed to assure each case is reviewed, or an adequate sample from each RSF is completed.

Item 12C was commonly rated a Strength (70% of the cases) as the agency made concerted efforts to assess all foster parents during the PUR and provide needed services in those cases. In all the cases rated ANI, the child experienced placement changes during the PUR (either at the request of the foster parent, or due to maltreatment in care), and one or more of the foster parent-identified service needs either preceding the placement change or in response to the placement change. The agency failed to respond to foster parent concerns about their ability to care for the child (predominantly child behavior and trauma-related concerns) or failed to respond to requests for services to meet needs of the child.

The Assessment of and Services for foster parents are supported in a variety of ways. The Foster Parent Support Specialist (FPSS) program is available for foster parents during regular hours and 24/7 for emergency support. The FPSS assist workers in identifying suitable placements, they carry a caseload of foster parents talking to them regularly to find out how things are going, what their needs are, and giving ideas and direction to families regarding community resources and training options that may be helpful. The FPSS can inform workers and the management teams in the field whenever they encounter situations in the foster homes that could be risky and/or in need of caseworker attention.

The FPSS program offers crisis support by in-home visits or by phone, including:

- Assist in identifying training needs to maintain licensure
- Brainstorm strategies to support children in the home
- Attend school meetings, court hearings, ACRs, or Child and Family Team meetings as needed
- Facilitate foster parent support groups
- Act as a liaison with multiple agencies

FPSS continue to offer the expansion of support groups as they continue to engage caregivers using technology to conduct virtual support group meetings. The FPSS have expanded support group meetings from in-person to virtual, reaching more people and easing the burden of travel and childcare on foster parents. They offer support groups to DCFS licensed foster parents, and have expanded support groups to engage with unlicensed relative caregivers, fictive kin and community-based partner agency supervised foster parents. These support groups are also expanded by virtue of the Department's Be Strong Families funding, which offers ongoing support group type events such as foster parent cafes across Illinois to include CBP and DCFS. Discussions are underway to pilot hosting unlicensed/relative/Fictive Kin support groups to determine if needs are different or they can be supported better.

Feedback from foster parents from focus groups and the Statewide Foster Care Advisory Council indicate that areas for improvement include respite, daycare, availability of after-hour staff to make decisions, being treated with respect, and being part of the team.

In order to address some of the feedback, DCFS created and implemented a training regarding the Foster Parent Law which goes over the Rights and Responsibilities of Foster Parents. It is an On Demand Training that is available to all staff and foster parents. To date, 130 people have attended. The course is also available in person. There was an announcement on D-net and

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correspondence sent to each CBP agency and each region's Foster Parent Law liaison. Announcements and correspondence will continue in a variety of ways through technology, team meetings and staff to assure foster parents are a part of the team and are treated with dignity and respect.

The Statewide Foster Care Advisory Council ("the council") drafted a change management form regarding daycare which has been submitted to the SPICE (Strategic Plan Implementation Communication Exchange) committee. The council approved a standardized Foster Parent Law grievance procedure which has been distributed for use statewide. The council meets almost monthly and there is time on the agenda for continued resolution of concerns stated above. The Regional Administrators rotate attendance at the council, and senior management continue to be invited to explore needs and resolutions during council meetings. The council will partner with the Quality Assurance team to better understand the CFSTR outcomes. DCFS Permanency is implementing an updated afterhours protocol which will be made available to foster parents in an emergency. The Office of Caregiver and Parent Support have a number for foster parent support that is (217) 524-2422. Calls to this number have decreased due to the increase in FPSS staff.

Please also see Item 31 for additional information on the revised Statewide Parent Advisory Council and the expansion of the Partnering With Parents Program.

ILLINOIS CFSTR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSTR 3 PIP BASELINE (FINAL as of 5/1/2020) Foster Care ONLY (40)			IL CFSTR 3 Official Results - FC ONLY	2020 CFSTR 3 PIP YEAR 1 (FINAL as of 2/10/2021) Foster Care ONLY (40)			2021 CFSTR 3 PIP YEAR 2 (PRELIM as of 12/21/21) Foster Care ONLY (40)		
	%SA/S	#Substantially Achieved/ Strength	#Applicable		%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Item 12: Needs and Services of Child, Parents, and Foster Parents	40.0%	16	40	40%	42.5%	17	40	35.0%	14	40
Item 12a: Needs Assessment and Services to Children	90.0%	36	40	73%	87.5%	35	40	92.5%	37	40
Item 12b: Needs Assessment and Services to Parents	34.4%	11	32	33%	42.4%	14	33	30.3%	10	33
Item 12c: Needs Assessment and Services to Foster Parents	83.3%	30	36	72%	83.3%	30	36	70.3%	26	37

Regionally, there is variation in terms of %Strength:

Sub-Item Strength Rating, By Region	Year 2									Year 1		
	12A Total	#S	%S	12B Total	#S	%S	12C Total	#S	%S	12A %S	12B %S	12C %S
<b>Cook Region</b>	24	20	83%	22	9	41%	14	10	71%	89%	30%	86%
<b>Northern Region</b>	10	7	70%	10	3	30%	6	4	67%	69%	44%	83%
<i>Aurora Sub (Northern)</i>	6	3	50%	6	3	50%	3	2	67%	60%	33%	75%
<i>Rockford Sub (Northern)</i>	4	4	100%	4	0	0%	3	2	67%	83%	67%	100%
<b>Central Region</b>	19	15	79%	16	6	38%	11	9	82%	76%	56%	70%
<i>Peoria Sub (Central)</i>	8	6	75%	7	2	29%	5	4	80%	83%	71%	75%
<i>Springfield Sub (Central)</i>	5	4	80%	4	1	25%	3	2	67%	75%	50%	67%
<i>Champaign Sub (Central)</i>	6	5	83%	5	3	60%	3	3	100%	67%	40%	67%
<b>Southern Region</b>	12	10	83%	10	2	20%	6	3	50%	83%	50%	100%
<i>ESL Sub (Southern)</i>	5	5	100%	3	0	0%	2	2	100%	88%	67%	100%
<i>Marion Sub (Southern)</i>	7	5	71%	7	2	29%	4	1	25%	80%	43%	100%

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The workforce crisis in the state was observed to impact performance as well. Current statistics on vacancies illustrate the problem, particularly for the private agencies (referred to in the table as POS for Purchase of Services):

**Caseloads, and Caseworker & Supervisor  
Vacancies (as of 1/3/2022)**

Intact	CW	Supv	Caseload
POS	20	81	3685
DCFS	0	0	550

Permanency	CW	Supv	Caseload
POS	171	24	15946
DCFS	63	27	5526

Race	Item 12 by Race (Foster Care cases only)		
	% Strength (Baseline)	% Strength (Year 1)	% Strength (Year 2)
African American	50% (7 of 14)	29.4% (5 of 17)	20% (2 of 10)
Caucasian	33.3% (8 of 24)	50% (11 of 22)	41.3% (12 of 29)
Hispanic (any race)	20% (1 of 5)	33.3% (1 of 3)	16.6% (1 of 6)
<b>TOTAL (any race)</b>	<b>40%</b> <b>(16 of 40)</b>	<b>40%</b> <b>(16 of 40)</b>	<b>35%</b> <b>(14 of 40)</b>

The Governor’s Office has created a statewide Office of Equity and DCFS now has an Office of Race Equity Practice. The DCFS Office of Affirmative Action has transitioned into the Division of Diversity, Equity, and Inclusion. All of these entities are working together, and each state agency has developed a Diversity, Equity, and Inclusion (DEI) plan. IL DCFS is doing foundational work on addressing data quality as it relates to how demographic information is collected, entered, and reported to ensure that people can self-identify their race and ethnicity. IL has also implemented a mandatory Implicit Bias training and training on working with clients who identify as LGBTQ. The IL Child Welfare Core Practice Model includes cultural competence as critical in engaging families. A plan to collaborate between the Office of Racial Equity Practice (as the so-called expert) and Operations (all specialties) to explore this issue, understand the root causes, and identify possible strategies/steps to address any disparity/inequity in outcomes by race is being developed.

**ITEM 13:** Performance slightly improved from 44% Strength in Year 1 to 46% Strength in the Year 2 data. (Our PIP Goal is 51% Strength.) Concerted efforts to actively engage children were observed in 65% of the 23 applicable cases (not all children are age- or developmentally appropriate), whereas concerted efforts were observed with 46% of mothers who were applicable for assessment, and with 36% of fathers who were applicable for assessment.

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

- In Foster Care cases, concerted efforts were observed with 75% of children, 42% of mothers, and 31% of fathers.
- In In-Home cases, concerted efforts were observed with 55% of children, 50% of mothers, and 42% of fathers.

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IL’s focus on CFTM as an intervention with families is being implemented with revised training and coaching approaches to support skill development in facilitation of CFTM’s. One of the elements in evaluating quality implementation of CFTM is assessing for engagement of all stakeholders, including non-custodial parents (mostly fathers).

Foster Care cases that were rated an ANI for this item predominantly involved a lack of concerted efforts to actively involve parents - parents did not feel that case plans were developed with them or reflected their voice and choice. CFTMs were not utilized as a tool to support engagement and involvement in case planning. Parents with intellectual delays were not engaged to their abilities or with accommodations. Diligent searches to locate parent’s whose whereabouts were unknown for any part of the PUR were not observed as an effort to engage them in case planning.

With in-home cases, a narrow focus on the mother and identified children was observed and resulted in (particularly) fathers not being actively involved by the agency. There were several cases in which the children were not included in case planning. As with the foster care cases, parents, and age- and developmentally appropriate children are not always involved in the development of their case plans, nor did they feel that their voice and choice were heard. As with the foster care cases, CFTMs were not routinely used as a tool to support engagement and involvement in case planning.

Regionally, concerted efforts were most often observed in cases from the Cook region :

Item Strength Rating, By Region	Year 2									Year 1		
	Total	#S	%S	Total	#S	%S	Total	#S	%S	TOTAL %S	FC %S	IH %S
<b>Cook Region</b>	23	14	61%	14	8	57%	9	6	67%	35%	21%	56%
<b>Northern Region</b>	10	4	40%	6	3	50%	4	1	25%	40%	50%	25%
<i>Aurora Sub (Northern)</i>	6	3	50%	3	2	67%	3	1	33%	17%	25%	0%
<i>Rockford Sub (Northern)</i>	4	1	25%	3	1	33%	1	0	0%	75%	100%	50%
<b>Central Region</b>	19	7	37%	12	6	50%	7	1	14%	63%	83%	29%
<i>Peoria Sub (Central)</i>	8	3	38%	5	2	40%	3	1	33%	75%	80%	67%
<i>Springfield Sub (Central)</i>	5	2	40%	4	2	50%	1	0	0%	60%	100%	0%
<i>Champaign Sub (Central)</i>	6	2	33%	3	2	67%	3	0	0%	50%	75%	0%
<b>Southern Region</b>	11	4	36%	6	1	17%	5	3	60%	36%	33%	40%
<i>ESL Sub (Southern)</i>	4	2	50%	2	1	50%	2	1	50%	25%	0%	50%
<i>Marion Sub (Southern)</i>	7	2	29%	4	0	0%	3	2	67%	43%	50%	33%
<b>Case Type Totals:</b>				<b>32</b>	<b>18</b>	<b>56%</b>	<b>25</b>	<b>10</b>	<b>40%</b>	<b>e Totals:</b>	<b>56%</b>	<b>40%</b>

Item Strength Rating, By Stakeholder & Case Type	Year 2									Year 1		
	CHILD Total	#S	%S	MOTHER Total	#S	%S	FATHER Total	#S	%S	CHILD %S	MOTHER %S	FATHER %S
<b>Foster Care Cases</b>	12	9	75%	19	8	42%	16	5	31%	80%	48%	50%
<b>In-Home Cases</b>	11	6	55%	16	8	50%	12	5	42%	60%	79%	35%

Illinois’ focus on CFTM as an intervention with families is being implemented with revised training and coaching approaches to support skill development in facilitation of CFTMs. One of the elements in evaluating quality implementation of CFTM is assessing for engagement of all stakeholders, including non-custodial parents.

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**ITEM 14:** Illinois achieved the PIP Goal of 78% in Year 1. In Year 2, we are at 77%, which is not statistically different from Year 1.

IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items	2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 (PRELIM as of 12/21/2021) 40 FC/ 25 IH (65 Total)	IL CFSR 3 PIP Goals	PIP GOAL MET?  Date PIP Goal Met							
		COMBINED DATA					COMBINED DATA						
		%S/A/S	#Substantially Achieved/ Strength	#Applicable			%S/A/S	#Substantially Achieved/ Strength	#Applicable				
55%	Item 14: Caseworker Visits with Child	73.8%	48	65	78.5%	51	65	76.9%	50	65	78%	✓	2/11/2021

The Year 2 data improved for Foster Care cases and declined for In-Home cases. The frequency of caseworker visits with the child(ren) was not typically the reason for an ANI rating; rather it was related to the quality of the interactions. (Note tables below which illustrate our annual caseworker-child contacts at 92% for FFY21 and 90% for FFY20.) As with previous years, more Foster Care cases were rated a Strength for this item than were In-Home cases. This often had to do with the fact that in Foster Care only 1 child is being assessed in this Item, whereas in In-Home cases ALL the children in the family are assessed (thus, if any child was not seen or spoken to with the expected frequency during the PUR, or if the quality of the discussions was not as expected with any of the children in the family, then the item would be rated ANI). In practice, staff working In-Home cases tend to focus on one child or a few of the children in the family (depending on who the identified victims are, or who the family places focus on) versus ensuring ALL of the children are seen every month and for substantive observations/discussions.

ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) Foster Care ONLY (40)	IL CFSR 3 Official Results - FC ONLY	2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) Foster Care ONLY (40)	2021 CFSR 3 PIP YEAR 2 (PRELIM as of 12/21/21) Foster Care ONLY (40)						
	%S/A/S		#Substantially Achieved/ Strength	#Applicable	%S/A/S	#Substantially Achieved/ Strength	#Applicable			
Item 14: Caseworker Visits with Child	82.5%	33	40	70%	85.0%	34	40	87.5%	35	40
ILLINOIS CFSR 3 PIP Outcomes & Items (STATE)	2019 OER Plus/ CFSR 3 PIP BASELINE (FINAL as of 5/1/2020) In-Home ONLY (25)	IL CFSR 3 Official Results - IN-HOME ONLY	2020 CFSR 3 PIP YEAR 1 (FINAL as of 2/10/2021) In-Home ONLY (25)	2021 CFSR 3 PIP YEAR 2 (PRELIM as of 12/21/21) In-Home ONLY (25)						
	%S/A/S		#Substantially Achieved/ Strength	#Applicable	%S/A/S	#Substantially Achieved/ Strength	#Applicable			
Item 14: Caseworker Visits with Child	60.0%	15	25	32%	68.0%	17	25	60.0%	15	25

Regional Performance is noted in the table below, and below that is Illinois' FFY21 & FFY20 Caseworker-Child Contacts Data:

Item Strength Rating, By Region (Year 2)	Total	#S	%S	Item Strength Rating (Year 1)	%S
<b>Cook Region</b>	<b>24</b>	<b>19</b>	<b>79%</b>	<b>Cook Region</b>	<b>83%</b>
<b>Northern Region</b>	<b>10</b>	<b>6</b>	<b>60%</b>	<b>Northern Region</b>	<b>70%</b>
Aurora Sub (Northern)	6	3	50%	Aurora Sub	50%
Rockford Sub (Northern)	4	3	75%	Rockford Sub	100%
<b>Central Region</b>	<b>19</b>	<b>15</b>	<b>79%</b>	<b>Central Region</b>	<b>84%</b>
Peoria Sub (Central)	8	7	88%	Peoria Sub	88%
Springfield Sub (Central)	5	4	80%	Springfield Sub	80%
Champaign Sub (Central)	6	4	67%	Champaign Sub	83%
<b>Southern Region</b>	<b>12</b>	<b>10</b>	<b>83%</b>	<b>Southern Region</b>	<b>67%</b>
ESL Sub (Southern)	5	5	100%	ESL Sub	60%
Marion Sub (Southern)	7	5	71%	Marion Sub	71%

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Illinois Department of Children and Family Services  
Monthly Caseworker/Child Visits Statistics - FFY2020

Number of Cases	# Months IP Visits Occurred	# Months Video Visits Occurred	# Months IP + Video Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	# Months Video Counted as in Residence	# Months IP In Res + Video Visits In Res Occurred	% Monthly Contact	% Occurred In Residence
22,335	148,419	33,767	182,186	202,579	142,675	33,767	176,442	90	97

Illinois Department of Children and Family Services  
Monthly Caseworker/Child Visits Statistics - FFY2021

Number of Cases	# Months IP Visits Occurred	# Months Video Visits Occurred	# Months IP + Video Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	# Months Video Counted as in Residence	# Months IP In Res + Video Visits In Res Occurred	% Monthly Contact	% Occurred In Residence
23,678	194,948	6,249	201,197	218,496	188,162	6,249	194,411	92	97

ACR data evaluating the **quality** (not frequency) of in-person caseworker contacts with children in foster care looks similar to the PIP Measurement data above, also for foster care cases:

**ACR DATA | OVERALL RATING: QUALITY IN-PERSON CASEWORKER CONTACTS PRIORITY AREA**  
**SUB-SECTION RATING: QUALITY of CW-CHILD CONTACTS**

	%STRENGTH			
	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Central	86%	87%	83%	85%
Cook	90%	91%	86%	87%
Northern	86%	88%	88%	86%
Southern	81%	81%	76%	81%
<b>Statewide</b>	<b>86%</b>	<b>87%</b>	<b>83%</b>	<b>85%</b>

**ITEM 15:** Performance increased from 33% Strength in the Year 1 data to 37% in the Year 2 data. (Our PIP Goal is 44% Strength.)

IL CFSR 3 Official Results - COMBINED FC + IH	<b>ILLINOIS CFSR 3 PIP MONITORING</b> <i>Outcomes &amp; Items</i>	2019 PIP BASELINE <small>(FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)</small>	2020 PIP YEAR 1 <small>(FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)</small>	2021 PIP YEAR 2 <small>(PRELIM as of 12/21/2021) 40 FC/ 25 IH (65 Total)</small>	IL CFSR 3 PIP Goals	PIP GOAL MET
29%	Item 15: Caseworker Visits with Parents	COMBINED DATA %SAs/S    #Substantially Achieved/ Strength    #Applicable 39.3%    22    56	COMBINED DATA %SAs/S    #Substantially Achieved/ Strength    #Applicable 32.8%    19    58	COMBINED DATA %SAs/S    #Substantially Achieved/ Strength    #Applicable 36.8%    21    57	44%	✗
<b>ILLINOIS CFSR 3 PIP Outcomes &amp; Items (STATE)</b>		<b>2019 OER Plus/ CFSR 3 PIP BASELINE</b> <small>(FINAL as of 5/1/2020) Foster Care ONLY (40)</small>	<b>2020 CFSR 3 PIP YEAR 1</b> <small>(FINAL as of 2/10/2021) Foster Care ONLY (40)</small>	<b>2021 CFSR 3 PIP YEAR 2</b> <small>(PRELIM as of 12/21/21) Foster Care ONLY (40)</small>		
Item 15: Caseworker Visits with Parents		%SAs/S    #Substantially Achieved/ Strength    #Applicable 22.6%    7    31	IL CFSR 3 Official Results - FC ONLY 33%	%SAs/S    #Substantially Achieved/ Strength    #Applicable 33.3%    11    33		
<b>ILLINOIS CFSR 3 PIP Outcomes &amp; Items (STATE)</b>		<b>2019 OER Plus/ CFSR 3 PIP BASELINE</b> <small>(FINAL as of 5/1/2020) In-Home ONLY (25)</small>	<b>2020 CFSR 3 PIP YEAR 1</b> <small>(FINAL as of 2/10/2021) In-Home ONLY (25)</small>	<b>2021 CFSR 3 PIP YEAR 2</b> <small>(PRELIM as of 12/21/21) In-Home ONLY (25)</small>		
Item 15: Caseworker Visits with Parents		%SAs/S    #Substantially Achieved/ Strength    #Applicable 60.0%    15    25	IL CFSR 3 Official Results - IN-HOME ONLY 24%	%SAs/S    #Substantially Achieved/ Strength    #Applicable 32.0%    8    25		

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The In-Home data is slightly better than the Foster Care data. Reasons contributing to ANI ratings included one or both of the following: focusing on ensuring required frequency of contacts with the primary parent/caretaker, versus both parents or caretakers; and/or the discussions during contacts did not encompass all known concerns or needs, or contribute adequately to the comprehensive, ongoing assessment process. The data by case type and type of parent (either mother or father) indicated that pattern, frequency, and quality of contacts with mothers is evenly split between strength/yes and ANI/no, whereas contacts with fathers were more commonly answered ANI/no; case type wasn't a factor in this trend.

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

	Pattern						Sufficient Frequency			Sufficient Quality		
	More than 1/week	1/week	At least 2/month	At least 1/month	Less than 1/month	Never	#Y	#Applicable	%Y	#Y	#Applicable	%Y
<b>Mother</b>	0	3	12	18	21	2	31	56	55%	27	54	50%
<b>Father</b>	0	2	5	11	20	4	17	42	40%	14	38	37%

Regional variation is observed in the table below:

Item Strength Rating, By Region (Year 2)	Total	#S	%S	Item Strength Rating (Year 1)	%S	
<b>Cook Region</b>	<b>21</b>	<b>11</b>	<b>52%</b>	<b>Cook Region</b>	<b>22%</b>	
<b>Northern Region</b>	<b>10</b>	<b>2</b>	<b>20%</b>	<b>Northern Region</b>	<b>33%</b>	
Aurora Sub (Northern)		6	2	33%	Aurora Sub	17%
Rockford Sub (Northern)		4	0	0%	Rockford Sub	67%
<b>Central Region</b>	<b>16</b>	<b>5</b>	<b>31%</b>	<b>Central Region</b>	<b>56%</b>	
Peoria Sub (Central)		7	2	29%	Peoria Sub	71%
Springfield Sub (Central)		4	1	25%	Springfield Sub	50%
Champaign Sub (Central)		5	2	40%	Champaign Sub	40%
<b>Southern Region</b>	<b>10</b>	<b>3</b>	<b>30%</b>	<b>Southern Region</b>	<b>30%</b>	
ESL Sub (Southern)		3	1	33%	ESL Sub	67%
Marion Sub (Southern)		7	2	29%	Marion Sub	14%

ACR data evaluating the **quality** (not frequency) of in-person caseworker contacts with mothers and fathers supports disparity with regard to caseworker contacts with fathers versus mothers (note that the ACR data below for CW-Father visits in foster care cases tracks very closely with the PIP Measurement data above, also for foster care cases):

SUBSECTION RATING: QUALITY of CW-MOTHER CONTACTS

	%STRENGTH			
	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Central	65%	72%	59%	62%
Cook	57%	58%	50%	53%
Northern	63%	63%	60%	56%
Southern	45%	49%	45%	51%
<b>Statewide</b>	<b>58%</b>	<b>62%</b>	<b>54%</b>	<b>56%</b>

SUBSECTION RATING: QUALITY of CW-FATHER CONTACTS

	%STRENGTH			
	FY21Q4	FY22Q1	FY22Q2	FY22Q3
Central	51%	57%	46%	45%
Cook	34%	36%	27%	30%
Northern	43%	45%	44%	34%
Southern	26%	34%	28%	37%
<b>Statewide</b>	<b>40%</b>	<b>44%</b>	<b>37%</b>	<b>37%</b>

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

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 3 – 4.



**ITEM 16: Children receive appropriate services to meet their educational needs**  
**DATA:**

Performance for foster care cases improved slightly; however, that was not the case for In-Home. There was only one applicable In-Home case for this outcome/item, and it was rated ANI.

- For foster care cases, performance declined from 96.4% in the Baseline to 93.8% in Year 1, and 94.1% in Year 2
- For in-home cases, performance declined from 100% in the Baseline to 83.3% in Year 1, and 0% in Year 2

In 32 of 35 applicable cases, the following were strengths:

- Accurate, comprehensive, and ongoing assessments of educational needs for 33 of 34 applicable Foster Care cases and the 1 In-Home case; and
- Ensuring services for identified needs are provided (in 32 of 34 applicable Foster Care cases, however this was an area of need for the 1 In-Home case)

ILLINOIS CFSR 3 PIP MONITORING Outcomes & Items		2019 PIP BASELINE (FINAL as of 5/1/2020) 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 (FINAL as of 2/10/2021) 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 (FINAL as of 1/28/2022) 40 FC/ 25 IH (65 Total)	IL CFSR 3 PIP Goals
		COMBINED DATA			
		%SAYS	#Substantially Achieved/ Strength	#Applicable	
83%	Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS	96.8%	30	31	
83%	Item 16: Educational Needs of the Child	96.8%	30	31	n/a

\*=a PIP Goal is not required for Item 16 in Outcome WB2

Here again, staff turnover can impact the continuity of care and communication with schools/day cares about needs assessments and service delivery.

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

**NOTE:** Strategies & Interventions contained in the approved PIP are included in detail in Chapter 3 of this document (“Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes”), along with a current evaluation of interventions implemented during Quarters 3– 4.

**ITEM 17: Children receive adequate services to meet their physical and mental health needs**  
**DATA:**

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

- Assessment and provision of appropriate services to meet identified physical, dental and/or mental/behavioral health needs, particularly for all children in in-home cases.

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IL CFSR 3 Official Results - COMBINED FC + IH	ILLINOIS CFSR 3 PIP MONITORING <i>Outcomes &amp; Items</i>	2019 PIP BASELINE <i>(FINAL as of 5/1/2020)</i> 40 FC/ 25 IH (65 Total)	2020 PIP YEAR 1 <i>(FINAL as of 2/10/2021)</i> 40 FC/ 25 IH (65 Total)	2021 PIP YEAR 2 <i>(FINAL as of 1/28/2022)</i> 40 FC/ 25 IH (65 Total)	IL CFSR 3 PIP Goals						
		COMBINED DATA									
		%SAYS	#Substantially Achieved/ Strength	#Applicable		%SAYS	#Substantially Achieved/ Strength	#Applicable	%SAYS	#Substantially Achieved/ Strength	#Applicable
56%	Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	64.8%	35	54	63.2%	36	57	57.9%	33	57	
63%	Item 17: Physical Health of the Child	75.0%	33	44	75.5%	37	49	60.0%	30	50	n/a
66%	Item 18: Mental/Behavioral Health of the Child	64.5%	20	31	68.6%	24	35	76.5%	26	34	n/a

\*=a PIP Goal is not required for any item in Outcome WB3

Here again, staff turnover can impact the continuity of care and communication with medical/dental and mental/behavioral health providers about needs assessments and service delivery, as well as assistance in resolution of barriers identified.

Performance in Item 17 during the Year 2 reviews declined to 60% Strength in both the Foster Care and In-Home cases, and due to the lack of timely dental assessment and needed dental care.

In most of the cases, routine well-child visits, annual physicals, and immunizations were completed as expected. Cases rated ANI were often due to the continued disconnect between expectations around the timing of dental exams for children in foster care: Illinois policy specifies that children should see a dentist beginning at age 2, whereas the federal tool follows the recommendations of the American Academy of Pediatric Dentistry (that children see a dentist as soon as their first tooth comes in or by their 1<sup>st</sup> birthday). While DCFS' Office of the Medical Director is very aware of the American Academy of Pediatric Dentistry (AAPD) recommendations, the reality in the state is that it is difficult to find dentists that will see infants. Many general dentists will not see children until age 3. The challenges with requiring adherence to the AAPD recommendations is also particularly hard in rural areas of the state, where there may not be a provider to see infants who will also accept CountyCare insurance. Thus, it's not that DCFS is behind on updating its policy or not wanting to, it's that DCFS' policy is more about minimum practice. With the realities in our state, DCFS cannot require adherence to the AAPD guidance, however, there is also nothing stopping staff from getting a child to the dentist when their first tooth erupts or they reach 12 months of age. The DCFS Office of the Medical Director engages in ongoing correspondence with YouthCare regarding the need for more pediatric dental providers especially in rural areas.

For some cases rated an ANI for this item, the reasons were also related to a routine or specific identified need that wasn't adequately addressed through services (for example: allergies, specific dental needs such as filling cavities or tooth extraction, immunizations needed, hearing or vision tests, etc.). Unlike in the Year 1 data, there was sufficient oversight of prescription medication(s) for physical health issues in the Year 2 data (from 75% in Year 1 to 90% in Year 2). COVID did have an impact in Item 17, specifically as it relates to routine and non-routine dental services that were due or needed during the PUR and which fell during the 6-month review cycle (the vast majority). This was because most if not all dentist offices were still catching up from COVID-related closures, and/or there were insufficient local resources (a historical challenge for the state).

In Year 2, there was a difference in terms of performance by case type (Foster Care was better):

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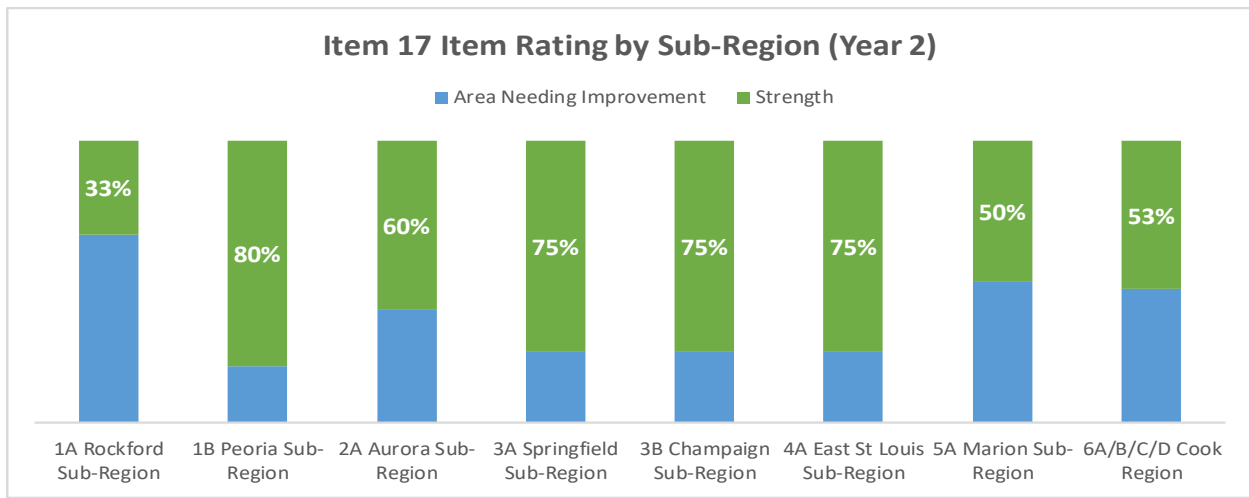
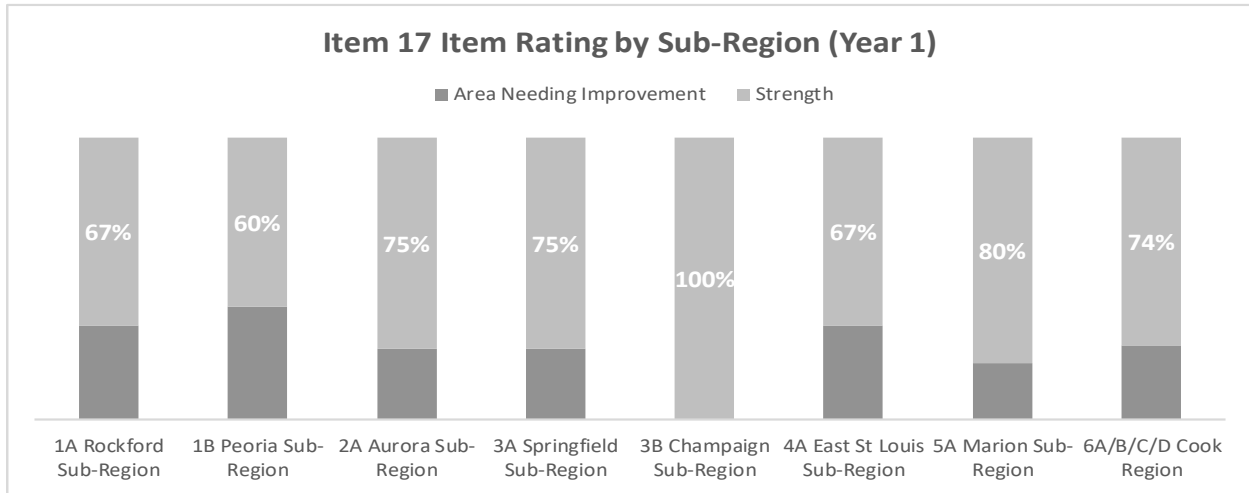
### Year 1

During the period under review (PUR), did the agency accurately assess the children's physical health care needs?			For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for physical health issues?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?			During the PUR, did the agency accurately assess the children's dental health care needs?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?		
% Yes			% Yes			% Yes			% Yes			% Yes		
All cases	FC Only	IH Only		FC Only		All cases	FC Only	IH Only	All cases	FC Only	IH Only	All cases	FC Only	IH Only
87.8%	95.0%	88.9%		75.0%		91.1%	91.7%	88.9%	80.5%	80.6%	80.0%	73.0%	72.7%	75.0%

### Year 2

During the period under review (PUR), did the agency accurately assess the children's physical health care needs?			For FC cases only, during the PUR, did the agency provide appropriate oversight of prescription medications for physical health issues?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?			During the PUR, did the agency accurately assess the children's dental health care needs?			During the PUR, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?		
% Yes			% Yes			% Yes			% Yes			% Yes		
All cases	FC Only	IH Only		FC Only		All cases	FC Only	IH Only	All cases	FC Only	IH Only	All cases	FC Only	IH Only
92.0%	97.5%	70.0%		90.0%		87.2%	96.7%	55.6%	76.7%	76.9%	75.0%	54.3%	57.6%	0.0%

Regional performance is noted in the chart below:



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**ITEM 18:** During the Year 2 reviews, 34 children/youth were noted to have significant mental/behavioral health needs and diagnoses. Performance in Item 18 continues to improve from the Baseline: from 64.5% to 76.5% Year 2, statewide. The foster care data has improved by 5.1% since the Baseline, and by 21.2% in the in-home cases.

Services commonly provided included individual therapy and psychotropic medication (12 children/youth were prescribed psychotropic medication and in 100% of those cases the agency provided appropriate oversight; only 1 youth in care required psychiatric hospitalization[s]).

Twenty-four percent (24%) of the children/youth (8 of 34 children/youth) assessed to have mental/behavioral health needs did not receive adequate services to meet their needs. Some of the services needed but not provided to the child/youth in Item 18 included:

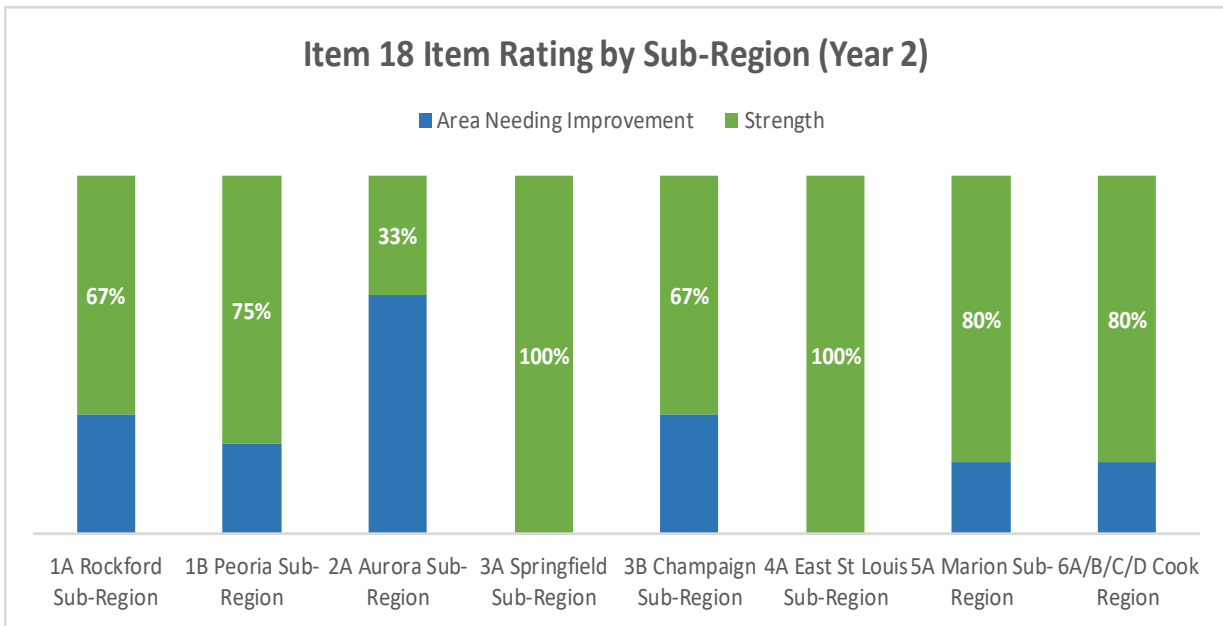
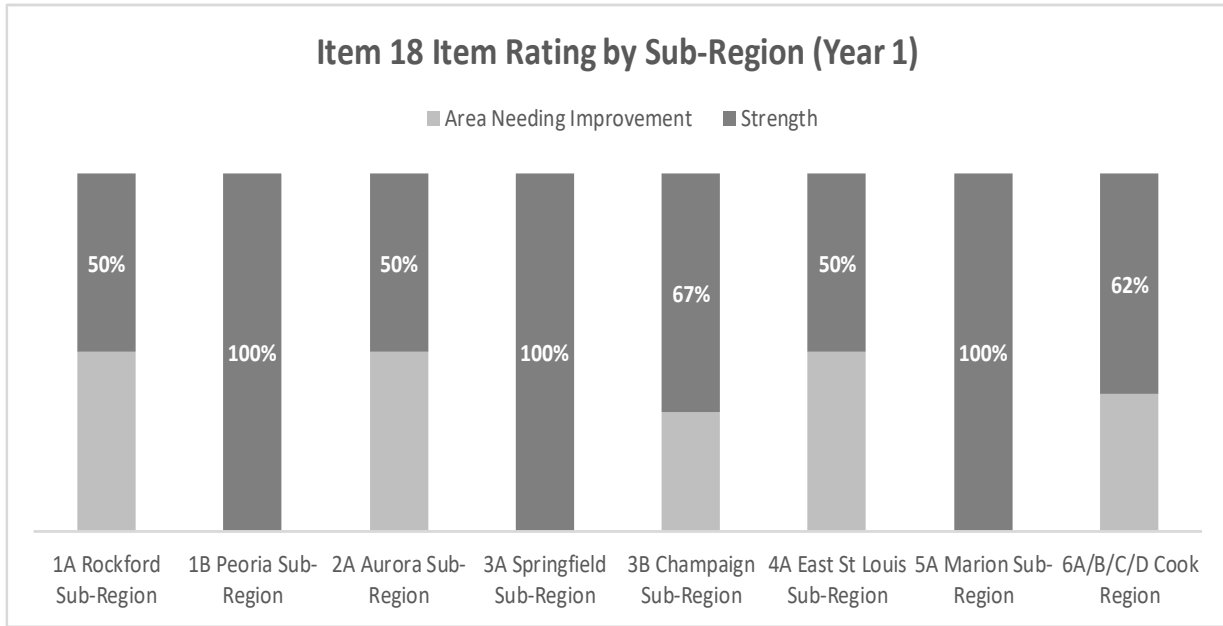
- Individual Therapy, frequently specifically to address grief and loss
- Mental Health Assessment
- Psychological Assessment, including for Autism
- Medication Assessment
- Multi-System Therapy

Existing challenges impacting the 24% of youth who did not receive adequate mental/behavioral health services:

- Timely access to mental health services; **waiting lists** for needed services are an obstacle. This is a challenge in low resource areas including: Central/Southern Regions.
- Lack of **specialized** mental health services, including trauma-focused and specialty providers
- Lack of **flexible service delivery**; services offered within home based, school based or other settings which best meet the client's needs.
- Many services are only offered **virtually**. Engagement is difficult with children and teenagers.

There is currently an increase in clinical services statewide to improve service delivery and access for all Youth in Care. Additionally, the Department will be increasing both capacity and service delivery in proven successful community-based interventions including IPS (Intensive Placement Stabilization) and utilization of Flex Funds. IPS includes both traditional and non-traditional mental health services and supports for both youth and families. Flex Funds can be used to access specific needs in community-based services such as tutoring, recreation and respite support for youth and families. Regional performance is noted in the chart below (Note: Springfield maintained 100%):

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## Assessment of Systemic Factors

### **ITEM 19: Statewide Information System**

Illinois has a robust system for capturing demographic and other information for youth in care. Person data on youth and family members is captured during Intake, and expanded upon during the Investigation phase, prior to youth being brought into care. According to established policy and practice, every family and child with whom DCFS (“the Department”) is involved (e.g., a case) has detailed case information captured in one or more of the Department’s data systems (described in detail below). The Department’s primary systems for explicitly tracking children in care are:

- **CYCIS** - The Child and Youth Centered Information System (CYCIS) captures data for any person or family that is or ever has received services through DCFS. The CYCIS system tracks significant demographic information on all clients, as well as placement and permanency goal information for all children for whom DCFS is legally responsible. Other than the standard demographic information such as date of birth, age, race (multi-select) and gender, CYCIS also tracks data such as ethnicity, language, pregnant and parenting wards. Efforts are underway to also capture Sexual Orientation, Gender Identity and other demographics, but the exact policy and procedures around these are still being finalized, as is the security model to limit access to such information to only those who need it for casework. These new enhancements are expected to be implemented before the end of 2022 for youth in care. The method for capturing Sexual Orientation and Gender Identity for other case members has not yet been developed.
- **MARS** – The Management Accounting and Reporting System (MARS) tracks information regarding service providers and licensed caregivers. It is on the same platform as the CYCIS system. Through the use of unique identifiers, MARS information allows the state to obtain even more specific placement information on children in care, such as the age of the caregivers, what is the licensed capacity (number of slots) in the home, and how long they have been licensed as foster parents. Background check information on providers is also captured.
- **ICWS** (Illinois’ SACWIS) is the entry point into the DCFS computer systems. It has undergone many phases of enhancements over the years to keep the system in compliance with numerous federal and state requirements in child welfare, as well as to keep the system relevant to the changing needs of child welfare in the areas of intake, investigations, case management, service planning, unusual incident reporting, health, and education. The majority of AFCARS, NYTD and NCANDS reporting data come from the ICWS system.

Additional demographic information collected in a combination of CYCIS and SACWIS includes: When a youth is taken into care, the legal status, date of case open, case closure and living arrangement data are all captured in the computer systems supporting case work, and available for reporting (see examples of reporting at the conclusion of this Item discussion). Legal status is captured on the CFS 1425L form and is required to open a case, and includes when protective custody was taken, temporary custody granted by the court, legal screenings, legal reviews and permanency goals set, as well as when they were set, what the goal is, and the planned achievement date for that goal. All of this data is kept historically, allowing for a longitudinal view of the case over time. Living arrangement data is collected by way of the CFS 906 form, and includes the start date/time of the placement, the provider of the placement, whether it’s a foster home, runaway (in which case there is no provider), hospitalization, residential placement, etc. This data is also historical and allows for a longitudinal view of the movement of the youth in placement until a final placement is achieved. Public data is available here:

<https://www2.illinois.gov/dcf/aboutus/newsandreports/reports/Pages/default.aspx>

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(specifically, Number of Children in Care by Demographics report and the Caseload Report)

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

Strengths:

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

A major project underway is the implementation of a CCWIS application that will replace the aging Legacy and ICWS systems and consolidate the functionality of both into a single data system. This application is intended to further allow better integration with cloud-based computing capabilities, with outside data partners and with potential providers and foster parents by creating a web-capable application that can unify the data collection and processing of child welfare data. This project is in the award stage with the System Integrator having been announced, and additional awards to the Independent Verification and Validation, Project Management and Business Process Redesign vendors to be announced in the next two months. The SI vendor is expected to be onsite for project kick-off in late May 2022. CCWIS (the successor system for SACWIS) will have a phased implementation to be complete by 2027. In the meantime, updates have been made to capture AFCARS fields.

DoIT@DCFS continues to collaborate with IT leaders Microsoft and IBM to enhance several key areas to better serve the IDCFS staff serving children:

- The pilot Ally project with Microsoft continues, which gives a youth in care the ability to text their worker and other members of their support team, including family members, to enhance the ability to connect youth with needed resources when they have need, and to provide an emergency "Panic" button to connect them with the DCFS Hotline if the need is critical. This application received positive feedback from the caseworkers, youth and family members involved with the application with the pilot participation continuing to grow.
- A project also underway creates an innovative and upgraded method of document capture, to centralize and reduce the effort on casework staff to maintain paper files, and to allow the transference of that file to the appropriate worker should the case be moved to another team. DoIT@DCFS is continuing to seek innovative ways to utilize this technology to aid workers in reducing paper documentation and physical file storage and make documentation more easily accessible and searchable. The first phase of the project to create a significant improvement to the system maintaining provider information for the Department has been implemented, with additional capabilities being developed for the next few months. This project is working to replace the aging legacy provider system and strengthen and expand those capabilities to allow outside providers to manage information on their own business, and the services and capacities they are able to provide, and better enable casework staff to choose capable providers for those services. It will also provide an enhanced capability for Department financial staff to better process worker-approved services for youth by providers and feed this information more easily into the State of Illinois financial system.

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

The Department provides a multitude of reports both internally and externally. On a monthly basis, the Executive Statistical Summary, which contains data related to child protection, intact family service and foster care as well as licensing information, is posted on the DCFS website. Child abuse and neglect statistics are also posted on the website each month along with general demographic information for children in substitute care. Through response to Freedom of Information Act (FOIA) requests, the Department also responds to data needs of the community at large. Internally, monthly performance reports at the worker level are produced for child protection staff, intact family staff and placement (foster care) staff. DoIT@DCFS, in partnership with the Strategy and Performance Execution Division, continues to work to expand upon the use of data visualization software to provide useful reporting and data to aid the Department to become more data-informed decision-makers.

The Department's Enterprise Data Warehouse ("EDW") continues to expand to encompass more of the core Legacy systems and will be a vital part of the transition to a unified CCWIS system. The EDW includes the ability to produce trend and comparison reporting on the 7 critical CFSR outcome measures, a capability that has been extended to the Department's partner Community Based Providers (CBP) in April 2022. This extension will enable individual CBP's to view and analyze their own performance on each of the seven measures, as well as other areas of performance. Additional plans for expansion of the EDW include foster home providers, location, and capacity to identify areas of low capacity, investigation and casework teams and locations to better handle caseloads, residential treatment information to allow analysts to dig deeper into the effectiveness of residential treatment settings, just to note a few examples. This data is available to create visualizations and advanced analytics using the department's Power BI platform, which in turn allows for the identification of contributing factors to such outcomes as length in care, higher rates of placement moves, repeat entries into care, etc. This data warehouse will also serve as a central repository for the department's external partners to aid in research and analysis of child welfare practices, while maximizing the security of personally identifiable information.

The Department provides regular data to the University of Illinois' Children and Family Research Center (CFRC), the Chapin Hall Center for Children at the University of Chicago, School of Social Services Administration, and Northwestern University. The Department recently expanded its data exchange with the Illinois State Board of Education, enhancing the information available to Department staff on the enrollment and attendance of youth in care. These data shares and partnerships provide Illinois with an enormous capacity to collect and disseminate data on all aspects of Department functions including the foster care population and youth at risk of abuse and neglect. Staff can view data in real-time and receive reports that are updated daily, weekly, monthly, quarterly, and annually.

Concerns:

Illinois continued to work toward improvements in AFCARS reporting in accordance with the Department's AFCARS Improvement Plan. While some of that work remains to be done, with the approval of the Administration for Children and Families (ACF), the focus will be shifting to ensuring these same improvements are incorporated into the upcoming CCWIS planning work. Additional work also continues to prepare for AFCARS 2.0 in the Fall of 2022. An internal IT workgroup meets regularly to review the data elements required to add those data items not currently captured but required for AFCARS 2022. There is a separate Operations workgroup discussing the policy and procedure changes, and these groups will be meeting jointly to ensure the requirements for those



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new fields are in place and ready. This is a high priority for the department, and this project is making progress to meet the scheduled deadline of Fall of 2022.

Another recurring concern focuses on the difficulty of maintaining like data in two systems: ICWS and CYCIS. However, the kickoff of the CCWIS development effort in May 2022 will be actively addressing those concerns and result in a unified application and data system serving the Department's child welfare IT needs. This project will eliminate both legacy systems in favor of the new, unified system.

*See data sample below:*

Data Sample of children taken into care as of April 8, 2022

Entrance FY	Case Id	Region	Sub Region	No of Children
All	All	All	All	20,996

Age	Date Of Birth	Person Id	Family Group Id	Latest Legal Status	Latest Legal Status Code	Is Always HMP	Is Protective Custody Only	Initial Placement Type	Latest Placement Type
2016				Adoptive Rights	AR	False	False	Foster Home Boarding	Transitional Living
2016				Adoptive Rights	AR	False	False	Home of Relative	Home of Fictive Kin
2016				Adoptive Rights	AR	False	False	Home of Relative	Foster Home Private Agency
2016				Adoptive Rights	AR	False	False	Home of Relative	Hospital Facility Psychiatric
2016				Temp Cust W/right To Consent	TR	False	False	Foster Home Boarding	Foster Home Boarding
2016				Adoptive Rights	AR	False	False	Foster Home Private Agency	Group Home
2016				Guardianship Only	GO	False	False	Foster Home Boarding	Foster Home Boarding
2016				Guardianship Only	GO	False	False	Foster Home Boarding	Foster Home Boarding
2016				Temp Cust W/right To Consent	TR	False	False	Hospital Facility Medical	Home of Relative
2016				Guardianship Only	GO	False	False	Home of Fictive Kin	Home of Relative
2016				Guardianship Only	GO	False	False	Home of Relative	Home of Relative
2016				Guardianship Only	GO	False	False	Other	Group Home
2016				Temp Cust W/right To Consent	TR	False	False	Home of Fictive Kin	Home of Parent
2016				Adoptive Rights	AR	False	False	Home of Relative	Foster Home Private Agency
2016				Temp Cust W/right To Consent	TR	False	False	Home of Relative	Home of Relative
2016				Temp Cust W/right To Consent	TR	False	False	Home of Relative	Home of Relative

Entrance FY	Case Id	Region	Sub Region	No of Children
All	All	All	All	20,996

CYCIS Case Id	Case Last Name	Case First Name	Case Involve Reason	Region	Sub Region	Legal Start Date	Case Open Date	Removal Date	Initial Legal Status	Age at Entrance	Current
			Neglect	Cook	Cook North	9/11/2009	9/11/2009	9/11/2009	Protective Custody	6	
			Neglect	Northern	Rockford	10/30/2018	10/30/2018	10/30/2018	Protective Custody	10	
			Neglect	Northern	Rockford	10/30/2018	10/30/2018	10/30/2018	Protective Custody	7	
			Neglect	Northern	Rockford	1/31/2014	1/31/2014	1/31/2014	Protective Custody	9	
			Neglect	Cook	Cook North	10/14/2021	10/14/2021	10/14/2021	Protective Custody	1	
			Neglect	Northern	Rockford	7/23/2013	7/23/2013	7/23/2013	Protective Custody	9	
			Neglect	Northern	Rockford	1/6/2021	1/6/2021	1/6/2021	Protective Custody	9	
			Neglect	Northern	Rockford	1/6/2021	1/6/2021	1/6/2021	Protective Custody	8	
			Neglect	Northern	Rockford	8/19/2021	8/19/2021	8/24/2021	Protective Custody	0	
			Neglect	Northern	Aurora	3/24/2017	3/24/2017	3/24/2017	Protective Custody	5	
			Neglect	Northern	Aurora	3/24/2017	3/24/2017	3/24/2017	Protective Custody	1	
			Neglect	Northern	Aurora	11/8/2017	11/8/2017	11/8/2017	Protective Custody	13	
			Neglect	Northern	Rockford	8/21/2020	8/21/2020	8/21/2020	Temp Cust W/right To Consent	17	
			Neglect	Northern	Rockford	2/1/2019	2/1/2019	2/1/2019	Protective Custody	8	
			Neglect	Northern	Rockford	4/20/2021	4/20/2021	4/20/2021	Temp Cust W/right To Consent	5	
			Neglect	Northern	Rockford	4/20/2021	4/20/2021	4/20/2021	Temp Cust W/right To Consent	2	

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Entrance FY	Case Id	Region	Sub Region	No of Children			
All	All	All	All	20,996			
Initial Placement Type	Latest Placement Type	Latest Placement Provider Id	Ethnicity	Is Burgos	SACWIS Case Id	Worker Name	Latest Organizational Entity
Foster Home Boarding	Transitional Living	110490	Not Hispanic	False			The Harbour Inc Ilotlp
Home of Relative	Home of Fictive Kin	608896	Not Hispanic	False			Lssi
Home of Relative	Foster Home Private Agency	586710	Not Hispanic	False			Lssi
Home of Relative	Hospital Facility Psychiatric		Not Hispanic	False			Chasi
Foster Home Boarding	Foster Home Boarding	585369	Not Hispanic	False			Child Wel. Cook North Placement Team (6b0135)
Foster Home Private Agency	Group Home	463968	Not Hispanic	False			Youth Svc Bureau
Foster Home Boarding	Foster Home Boarding	591814	Not Hispanic	False			Freeport Placement (1a 20)
Foster Home Boarding	Foster Home Boarding	591814	Not Hispanic	False			Freeport Placement (1a 20)
Hospital Facility Medical	Home of Relative	533002	Not Hispanic	False			Youth Svc Bureau
Home of Fictive Kin	Home of Relative	559373	Hispanic Other	False			Lcfs
Home of Relative	Home of Relative	514433	Unknown	False			Lcfs
Other	Group Home	110330	Not Hispanic	False			Camelot
Home of Fictive Kin	Home of Parent		Hispanic Mexican	False			Chasi
Home of Relative	Foster Home Private Agency	573485	Hispanic Other	False			Chasi
Home of Relative	Home of Relative	600510	Unknown	False			Chasi
Home of Relative	Home of Relative	600512	Not Hispanic	False			Chasi

**Case Review System – ITEMS 20-24**

**ITEM 20: Written Case Plan**

**Response:** Please see Illinois’ 2022 APSR for descriptive information related to this Item. Updates this APSR include:

- A strategy in the revised IL CFSR PIP includes a revision of the service plan format and language that pivots from an agency plan to a family/youth perspective that promotes family/youth voice and ownership (to be called “Case Plan”). The Department is in process of finalizing a new Case Plan and integrating it into the state SACWIS system. The new Case Plan will replace the current Service Plan and should be available to the field in State FY23.
- As of March 1, 2021, the ACR process has been revamped and implemented statewide, with the goal of moving from a compliance review to an assessment of the quality of core casework practices (“Priority Areas”) essential to the achievement of permanency. The ACR Re-Model includes a revised data collection tool that includes evaluating the quality of 1) CFTMs, 2) case planning, 3) caseworker contacts, 4) family visitation, and 5) (caseworker) supervision. The ACR has become a structured interview process with key stakeholders to get beyond documentation and includes a detailed Intent & Instructions to guide the assessment of quality within each of the Priority Areas. The quality case plan section was initially put on hold pending the implementation of the new case plan, however the ACR service plan/case plan section will be rolled out statewide on August 1, 2022.  
The focus on quality CFTMs will help ensure that the parents/youth are fully engaged in the development of the service plan. Data collected by ACR from April 1, 2021, through March 31, 2022, shows that required CFMT’s are occurring 39% of the time statewide. Of the 39% held, only 27% statewide were deemed to be of outstanding/good quality; by region the “outstanding/good” data is: Cook region 34%, Northern region 32%, Central region 30%, and Southern region 6%.
- ACRs are conducted every 6-months for every child in foster care. During State FY2022, 22,091 family cases received an ACR (this includes a total of 40,563 children):

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# ACRs 7/1/2021 - 12/31/2021			# ACRs 1/1/2022 - 6/30/2022			# ACRs FY22 (7/1/2021 - 6/30/2022)		
	# Families	# Children		# Families	# Children		# Families	# Children
Central	3,355	6,014	Central	3,485	6,259	Central	6,840	12,273
Cook	3,727	6,885	Cook	3,510	6,527	Cook	7,237	13,412
Northern	1,665	2,991	Northern	1,737	3,201	Northern	3,402	6,192
Southern	2,204	4,126	Southern	2,408	4,560	Southern	4,612	8,686
<b>STATE</b>	<b>10,951</b>	<b>20,016</b>	<b>STATE</b>	<b>11,140</b>	<b>20,547</b>	<b>STATE</b>	<b>22,091</b>	<b>40,563</b>

- All ACRs conducted during SFY2022 used the new approach), and all included a completed written case plan).
- Some ACRs may have been missed but were all rescheduled, and therefore there was 100% compliance with caseworkers completing a case plan since 7/1/2021.

**IL CFSR PIP Updates:**

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

- **Key Activity 2.1.6:** The revised ACR process will identify cases in which fathers have not been engaged in permanency planning for their child(ren) and/or invited to participate in CFTMs. ACR continues to assess father’s involvement in CFTMs as well as participation in the development of the service plans. During this review period 73% of fathers who participated in the ACR process felt they were not engaged in the CFTM process, with 54% of the fathers stating they were not engaged in the development of the service plan. The caseworkers and supervisors were notified of this via the ACR feedback.
- **Key Activity 2.1.7:** The revised ACR process will identify cases in which fathers have not been supported around visitation with the youth to encourage strong, positive relationships. ACR continues to assess father’s involvement with their children in care per visitation guidelines set forth in procedure 315. 67% of the cases where a father was identified were rated as achieving this goal. The ACR feedback was utilized to notify the caseworker and supervisor when there were deficiencies in father’s visitation.
- **Key Activity 2.1.10:** The revised ACR process will identify cases in which the worker conducted a CFTM prep meeting to assist the family to identify and invite the father, maternal and paternal relatives, and other supports identified by the family and will consider this in the quality rating of the CFTM section of the review to reinforce this practice. ACR Continues to assess father’s involvement in CFTM’s. During this period there were only 26% of the cases reviewed that met the definition of a child and family team meeting. Of that 26% total only 27% of the fathers who participated in the ACR felt they were involved in the process.

**ITEM 21: Periodic Reviews**

**Response:** The state provides a process for the periodic review of the status of each child in care that includes the required provisions no less frequently than once every six months, either by court or administrative review. Please see Illinois’ 2022 APSR (pages 68-69) for descriptive information related to this Item. Updates this APSR include:

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

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FY	Annual JUL	AUG	Q1 SEP	OCT	NOV	Q2 DEC	JAN	FEB	Q3 MAR	APR	MAY	Q4 JUN
2014	96.40%	97.50%	96.90%	97.40%	98.30%	97.60%	94.10%	98.90%	98.20%	98.80%	99.20%	98.80%
2015	98.24%	98.37%	98.54%	98.86%	97.42%	97.86%	98.42%	97.92%	98.28%	98.21%	98.46%	98.52%
2016	97.28%	97.31%	98.15%	99.50%	98.74%	98.61%	98.90%	98.56%	98.76%	99.02%	99.08%	99.07%
2017	99.31%	99.70%	99.23%	99.17%	99.28%	98.59%	99.56%	99.26%	99.34%	99.44%	99.50%	99.17%
2018	99.07%	98.65%	98.80%	99.40%	99.21%	96.15%	98.60%	98.52%	98.86%	98.88%	99.00%	98.91%
2019	98.10%	98.69%	98.23%	98.93%	98.54%	97.95%	98.71%	98.68%	98.57%	98.07%	98.07%	97.86%
2020	97.89%	97.39%	97.00%	98.09%	97.60%	98.58%	97.68%	98.35%	99.03%	99.52%	99.41%	99.15%
2021	98.44%	98.68%	98.98%	97.58%	98.59%	98.30%	99.00%	99.02%	98.04%	97.78%	97.27%	97.94%
2022	98.33%	98.02%	98.16%	97.73%	97.95%	97.81%	98.78%	98.11%	98.34%			

The information in the table above shows statewide data and represents the percent age of children who were eligible for a review (denominator) and received a review within the appropriate time frames (numerator). Reasons why an ACR might not occur remain the same as noted in the 2022 APSR:

- *Child went home prior to review date; review was cancelled, child then came back into care prior to original review month and caseworker did not notify ACR of the need to reschedule the ACR. ACR would receive notice of the child's return to care through the ACR system download from CYCIS that the child was back in care once the updated paperwork is processed by the worker. This child would then be scheduled for an ACR within the next six-month cycle date;*
- *New baby taken into care and added to the case after the ACR date, however the data entry is back dated so it appears the child came into care prior to the ACR. Again, ACR receives notice from CYCIS and the child is reviewed during the next six-month cycle date;*

New in FY2022, additional reasons for a missed ACR included:

- *Service Plan not completed in time;*
- *Assigned staff forget to attend the ACR; and*
- *Staff turnover: newly assigned or covering staff are not aware of the ACR date/time.*

## ITEM 22: Permanency Hearings

**Response:** Based on Rule 316.120, the Department or its provider agency will participate in permanency hearings conducted by the court at 12 months following the temporary custody hearing and every six months thereafter. Please see Illinois' 2022 APSR for descriptive information related to this Item. During each six-month case review ACR requests that the caseworker provides a copy of the latest permanency hearing order so reviewers can verify that permanency hearings are occurring every six months. Updates this APSR include:

- During FY22 ACR was able to verify that permanency hearings were completed in 61% of the cases reviewed. (Permanency hearings were verified by a review of the court order submitted to the reviewer by the caseworker.) This percentage reflects the number of cases in which a permanency review hearings occurred no later than 12 months from entry into foster care (numerator), of all child cases eligible for a permanency hearing (denominator).
  - Of the 61% verified as occurring by ACR, 59% received reasonable efforts. This data was obtained by viewing the actual court orders, during ACRs.
- In 39% of the cases reviewed by ACR, a permanency hearing was either not held or it was held but no signed court order was presented at the ACR for verification.
- From our internal tracking systems is the following data on Permanency Hearing completion: *(Note: This is the count of entries, count and % of initial perms within 0-12 months [of foster care start date] based on entry cohorts. Data was extracted 7/22/22. Extraction date may be a bit early to adequately reflect data entries of initial perms within 12 months for FY22 entries.)*

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Row Labels	2017			2018			2019			2020			2021			2022		
	Count			Count			Count			Count			Count			Count		
	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial	Count	Initial PH	% Initial
Entries	0-12m	PH 0-12m	Entries	0-12m	PH 0-12m	Entries	0-12m	PH 0-12m	Entries	0-12m	PH 0-12m	Entries	0-12m	PH 0-12m	Entries	0-12m	PH 0-12m	
Central	1755	1274	72.59%	2096	1426	68.03%	2508	1625	64.79%	2835	1364	48.11%	2698	1412	52.34%	2113	291	13.77%
Cook	1198	942	78.63%	1418	964	67.98%	1277	753	58.97%	1812	559	30.85%	1342	615	45.83%	1019	188	18.45%
Northern	874	515	58.92%	929	480	51.67%	1133	555	48.98%	1341	379	28.26%	1626	527	32.41%	1258	135	10.73%
Southern	966	673	69.67%	1314	872	66.36%	1584	890	56.19%	1457	695	47.70%	1491	883	59.22%	1322	165	12.48%
<b>Grand Total</b>	<b>5273</b>	<b>3405</b>	<b>64.57%</b>	<b>6314</b>	<b>3744</b>	<b>59.30%</b>	<b>7136</b>	<b>3823</b>	<b>53.57%</b>	<b>8261</b>	<b>2997</b>	<b>36.28%</b>	<b>8301</b>	<b>3437</b>	<b>41.40%</b>	<b>6520</b>	<b>779</b>	<b>11.95%</b>

- The AOIC coordinates the Quality Court Hearings Project, however, it is limited to 8 courts.
- Data entry of legal information has been an ongoing challenge due to the lack of access to CYCIS for data entry by CBP agencies. The data entry process requires completion of a paper form that is submitted to a DCFS clerical staff to data enter. The clerical staff have other responsibilities, and this often is a low priority in the context of their other work. There have also been challenges with youth that enter care through delinquency court and the delinquency court personnel are not consistently familiar with the requirements for permanency hearings. The Cook court system data enters legal status information that gets pushed to the DCFS system, but there are occasional glitches in that process. The issues with legal data are a priority in planning development of the CCWIS system.

**ITEM 23: Termination of Parental Rights**

**Response:** The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones. Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

- While Illinois has a well-articulated process in place for TPR in conjunction with the juvenile court, the timeliness of TPR in accordance with the Adoption and Safe Family Act (ASFA) continues to be a challenge.
- As of 8/15/2022, export of CFSR Active Children in Care dashboard, count of latest legal status of Adoptive Rights and Surrender Both Parents (this indicates cases in which TPR has occurred):

Row Labels	ADOPTIVE RIGHTS	SURRENDER BOTH PARENTS	Grand Total
Central	1043	123	1166
Cook	611	6	617
No Region	4	2	6
Northern	332	11	343
Southern	578	27	605
<b>Grand Total</b>	<b>2568</b>	<b>169</b>	<b>2737</b>

- Below is the count and average number of days to TPR based on FY Exit cohorts (all exits). This is based on the date Adoptive Rights status was achieved so it doesn't include SB statuses. Data extracted 7/22/22.

Row Labels	2017		2018		2019		2020		2021		2022	
	Count	AvgDays	Count	AvgDays	Count	AvgDays	Count	AvgDays	Count	AvgDays	Count	AvgDays
	of TPRs	CareToTPR	of TPRs	CareToTPR	of TPRs	CareToTPR	of TPRs	CareToTPR	of TPRs	CareToTPR	of TPRs	CareToTPR
Central	583	767.97	539	747.43	589	784.56	501	775.90	596	801.02	628	841.56
Cook	420	1280.19	439	1336.42	450	1324.51	339	1292.09	333	1312.12	290	1400.14
Northern	467	894.00	405	833.30	375	839.71	279	924.40	282	887.09	297	902.02
Southern	282	1010.15	294	875.09	370	842.19	340	879.66	454	815.41	382	905.72
<b>Grand Total</b>	<b>1752</b>	<b>963.34</b>	<b>1677</b>	<b>944.73</b>	<b>1784</b>	<b>944.30</b>	<b>1459</b>	<b>948.41</b>	<b>1665</b>	<b>921.74</b>	<b>1597</b>	<b>969.59</b>

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- Efforts to address barriers and effect change in this area (i.e., the Illinois CFSR PIP) have not yet resulted in sustainable improvement.
- The AOIC implemented steps during the Child and Family Services Review Program Improvement Plan (CFSR PIP) period aimed at improving time to child permanency (please see Chapter 1, [Administrative Office of the Illinois Courts](#), for more information).
- Adoption Safe Family Act (ASFA) Compliance: During the past seven fiscal years ASFA compliance has averaged at 88.5%, based on ACR data (of ACRs completed [denominator] – see data in Item 21 – how many included completion of the ASFA form [numerator]). ACR was seeing an increase in ASFA compliance from FY17 through FY19. There was a decrease in FY20. It remained level in FY21. In 2022 there was a 3.0% drop in compliance. This is a reflection of caseworkers not submitting them to ACR in advance of the ACR, or not completing at all. Efforts to improve compliance with completing this form includes enhanced monitoring by supervisory and administrative personnel. This information comes from the ACR Special Needs data. ACR verifies this information from the completion of the ASFA form that is provided for each ACR. This data percentage includes all youth in foster care. The table to the right contains data that DCFS gained through the completions of ASFA forms:

	Clients Reviewed Requiring ASFA	Clients meeting ASFA
FY16	10,941	8,687 79.4%
FY17	11,939	10,382 87.0%
FY18	11,973	10,786 90.1%
FY19	10,904	10,173 93.3%
FY20	11,325	10,292 90.9%
FY21	11,325	10,292 90.9%
FY22*	13,374	11,759 87.9%

**ITEM 24: Notice of Hearings and Reviews to Caregivers**

**Response:** The state provides a process for the child’s substitute caregiver to be notified of and have a right to be heard during the ACR with respect to the child and family services. Please see Illinois’ 2022 APSR for descriptive information related to this Item (page 70). Updates for this APSR include:

The average percentage of Administrative Case Reviews (ACR) with notifications for the past five fiscal years is 98.07%. Most of the non-notifications involve incorrect addresses for the participant.

Fiscal Year	Case Reviews Held	Case Reviews with Notifications Sent	% Reviews with Notifications
2018	16,863	16,320	96.78%
2019	17,577	16,911	96.21%
2020	21,552	21,318	98.91%
2021	23,267	23,085	99.22%
2022*	18,341	18,197	99.21%

The 98.07% is described as the average rate of notice to caregivers over the past five years with over 99% for 2021 and 2022. The ACR system automatically pulls in the foster parent’s name and address from the living arrangement data for the child and generates the automated letter that goes out 14 days before the scheduled ACR. If the ACR is rescheduled on short notice, the system will not have sufficient time to generate the mailed notice and will report that the caregiver did not receive notice. Caregivers are notified by the worker in those situations, but it is not captured in the ACR data system.

There is no data regarding notifications of court hearings although the practice of Illinois Courts is to provide notice to the parent and caseworkers in attendance of the next hearing at the conclusion

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of the current hearing. Caseworkers notify those that may not be in attendance such as foster parents, parents, and youth.

Formal notice of Hearings is handled by the local Clerk of Court. Local DCFS personnel provide the Prosecutor's Office and the Clerk of Court with names, addresses of parties to a Hearing. Additional follow up reminders are provided by Case Managers during visits to ensure Court notices have been received. The Court additionally expects DCFS to take such steps as are necessary to ensure all parties are present at Hearings. Illinois Courts take strong exception to failure to attend hearings. The Juvenile Court Act (705ILCS 405/1 -5(2)(a)) gives current or former foster parents the right to be heard by the court.

In addition, the current service plan/case plan documents have been revised and will be released during state fiscal year 2022, pending the required modifications to the SACWIS system and training for the field. The new templates, referred to as case plan documents, include a prominent field to report the next court hearing and the type of hearing it is set for. A simplified version of the case plan, referred to as Action Steps, can be printed by the worker for use during Child and Family Team meetings and this document also prominently features information about the next court hearing. The new templates will support improved communication about the rights of birth parents, caregivers, and youth in care to be heard in court.

As we develop CCWIS, we intend to leverage available technology to improve communication with various stakeholders, which would include automated notices of court hearings, similar to the current ACR notification system. Among the stakeholders to be included will be the Administrative Office of Illinois Courts (AOIC). Their feedback will be beneficial to coordinating joint efforts.

## **Quality Assurance System**

### **ITEM 25: Quality Assurance System**

Please see Illinois' 2022 APSR for descriptive information related to this Item. The explanation begins on page 74. Updates for this APSR include:

- Efforts continue to achieve coordination and integration of CQI components and activities across divisions. DCFS in collaboration with private agencies, university partnerships, Administrative Office of Illinois Courts, Advisory groups and stakeholders have continued to strengthen the Quality Assurance system to effectively collect and analyze quantitative and qualitative data in support of continuous quality improvement.

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

- Entities that comprise the QA System have been enhanced during this APSR year to include the Performance Management and Accountability unit (providing data reporting and analysis for child protection, permanency and intact)
- QEST reviewed 1156 cases in the first 2 Quarters of FY2022. Since FY2020, the intact family services program has shown improvement in certain areas of practice, including:
  - Frequency of contacts with parents/caretakers/children showing concerted efforts by the worker to support the family towards achieving case goals, decreasing the gaps in contacts, and the ongoing assessment and identification of safety threats.
  - Contacts, observations and discussion with parents/caretakers and children were sufficient to assess the quality of relationships/current functioning of the family, parental protective factors, child vulnerabilities, desired changes in behavior and current family stressors/challenges.

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- Safety assessments supporting the safety decision based on relevant information gathered.
- Intact worker actively engaging the children/family in discussions around service and safety needs and progress towards case goals.
- Supervision following up on direction provided during a prior supervision.

Since reviews began in FY2018, there has been a steady and consistent decline in the number of safety concerns identified during the review.

### **Cook County Child and Family Team Meeting**

In July 2021, the QEST team began conducting quarterly Cook County Child and Family Team Meeting (CFTM) PIP Measurement Reviews. Each quarter, QEST reviews various Private Agency and DCFS teams in Cook County to determine if CFTMs are occurring during recommended time frames as well as the overall quality of the CFTM. The review sample consists of 30% of each individual team's caseload. QEST reviewers also use the Intact Case Review System (ICRS) review tool to review the selected case for practice and safety concerns. At the end of each quarter, a review report is created and shared with intact providers.

DCFS partnered with the Capacity Building Center for States to create a CFTM Implementation Team. This team is developing an evaluation plan for the roll out of enhanced CFTM practice, beginning with the two Cook County DCFS teams, following with POS providers in Cook County, and eventually for intact cases throughout the state. The CFTM Implementation Team has started coaching sessions with Cook County intact workers, created and dispersed CFTM tip sheets, and created a Parent Engagement Survey to gather data regarding client satisfaction as it relates to CFTMs. QEST's Cook County CFTM data is shared with the CFTM Implementation Team to educate staff during CFTM trainings and track progress of the Implementation Team's efforts to increase and improve CFTMs.

During FY22 (7/1/21 – 6/30/22), QEST gathered baseline data by reviewing 366 cases from 31 teams (all Cook permanency teams). All cases reviewed are from Cook region. Cases that are open from 66-134 days are randomly selected for review until we reach 30% of the team's caseload. If we are unable to get 30% of the team's caseload using this day range, we move to priority two – 45-65 days, then priority three – 135-155 days.

This review will continue beyond September 2022 and QEST will be re-reviewing the 31 teams to determine if progress has been made. We will be reviewing the teams for a third time over the next two quarters to continue to track Cook County CFTMs to see if the CFTM IT's coaching and other resources are improving CFTM frequency and quality.

Data from Q4 – Q7 show an increase in the amount of CFTMs held (both total and within 45 days) and an increase in CFTM quality.

### **Crisis Intervention Teams (CIT)**

The following includes an important note regarding lessons learned from internal Child Death Reviews. The goal of CIT is to impact change through improved child safety and error reduction. This has been done through including all operations deputies and training personnel in twice-monthly workgroup meetings. This workgroup discusses the information learned and trends identified and how to implement changes from that information into the field of practice through supervision, support, and training. CIT has noted trends of multigenerational and intergenerational involvement. A more thorough review of a family's history, including intergenerational child maltreatment, would give investigators and caseworkers a more focused lens through which to assess a family's ability to care for and protect their children. Reviewing history should involve not simply knowing what past allegations have been investigated, but understanding ongoing family functioning, repeated issues of concern and parental relationships to children. Since identification



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of this data, there has been an increase in historical review documented within early supervision of investigations. This information has helped investigators identify increased risk factors and needs for the families.

Grand Rounds began in 2021 and have been developed to provide training and awareness for cases involving child fatalities. Grand Rounds are provided once quarterly and give specific case examples that provide opportunities to learn to improve future casework efforts. Grand Rounds are open to staff in any specialty. Participation, discussion, and feedback has been positive thus far and it is the hope of the team that increased attendance of direct service staff will continue.

Grand Rounds are held in order to more effectively utilize the valuable analysis done by the CIT and the vitally important work done by field staff, the CIT re-introduced Grand Rounds to the field beginning September 2021. Grand Rounds is a meeting place where the Crisis Intervention Team can **collaborate** with field staff to share learning experiences around complex cases. Various subject matter experts will also be invited to take part to enhance in the learning process. The purpose of Grand Rounds is to focus on particularly complex cases where consultation and analysis from multiple sources would be beneficial. All can attend, with special invitations directed to DCP, placement and intact staff, AAs, supervisors, investigators and caseworkers, both DCFS and POS. Grand Rounds will be held quarterly (via WebEx at this time.) There is a case presentation each quarter.

Through the workgroup discussions, a process for area administrators to complete a child protection review of prior history was developed for new investigations with allegations pertaining to child deaths. A review tool was developed and was implemented in early 2022. This review tool provides an opportunity for programmatic evaluation and planning for how to proceed with the current investigation or case.

In June 2019, DCFS administration, in conjunction with the Illinois' Governor's office, formed the Crisis Intervention Team (CIT) to further support a coordinated assessment and practice intervention response to child fatalities. Over time, the CIT has revised practices, and at this time, the process begins with 1) Cases are referred to the CIT based on investigations that involve a child fatality or egregious acts, and in which there was a history of past child welfare involvement; 2) The case is assigned to a CIT reviewer from within the Office of Quality Assurance (QA, formerly Quality Enhancement) and may be further reviewed by contracted DCFS psychologists if there is sufficient history to warrant such additional review; and 3) After completion of reviews, cases are discussed by the CIT Workgroup, which is comprised of staff from QA, Clinical, Permanency, Intact, Child Protection, Monitoring and Training divisions to support an internal continuous quality improvement process.

Crisis Intervention team has been tracking information that could provide statistical data for risk factors that impact child fatality within child welfare. This has been an informal record, but there are plans to create a comprehensive database that can provide more consistent meaningful data that could help provide training and education, identify risk factors, and ultimately reduce child fatalities within DCFS.

Grand Rounds and Workgroup interaction have helped to provide staff with information about resources that are available to help inform practice and assist families through consultations.

CIT responds to a consistent protocol for review of cases and has developed a review tool for identification of data that identifies trends, lessons to learn, and ways to improve outcomes.

### **Agency Performance Monitoring & Execution Team**

Agency Performance Monitoring & Execution Team is the new title for Agency Performance Team (APT) as it encompasses our new way of supporting all agencies. The Agency Performance Monitoring & Execution Team is undergoing changes and improvements that align with Director Smith's commitment to hold DCFS and CBP agency practice to the same high standards. The Agency Performance Monitoring & Execution Team has now been moved under the Division of Permanency Services.

APME is currently in the process of creating a Quality Case Review Tool. This review tool would take all the comprehensive and detailed data presented from ACR reviews and will use that information to direct APME action and agency focus. Currently, APME only views this data case by case. This method allows for focus on time sensitive and critical issues but fails to address red flag trends and work effort prior to decline in overall performance.

The new ACR dashboard will allow strategic analysis and focused efforts by APME. The following areas have a series of focused questions that encompass all lead and lag measures in the following areas: ACR list and overall score in the Priority Case Practices as listed below (Please also see Item 20).

1. Quality CFTM's
2. Quality Case Planning
3. Quality In-Person Caseworker Contacts
4. Quality Family Visitation
5. Quality Supervision

When APME can refine, by site, we would be able to customize monitoring, providing increased resources and efforts in areas of need. In addition, sites with increased supervision and organization would be identified as routine monitoring creating APME efficiency based on need. This allows greater opportunity for growth of SPEC, the Department, etc.

The four-level monitoring system has been implemented with the following:

#### **Dashboard Performance Data**

There are three Dashboards, each with similar measures that are factored into an agency's monitoring level. The Foster Care Dashboard, the Intact Dashboard, and the Specialized Care Dashboard. There is an additional intact dashboard that agencies use to monitor their own performance on subcategories of this larger dashboard. Below is a sample of the HMR/Traditional Dashboard, specifically the performance of a particular Agency (called an "Agency Scorecard"):

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**Foster Care (HMR) Agency Scorecard (Sample) – FY22 Data reflecting March 2022**

Measure	Description	Goal	Agency PFY_Pct	Statewide PFY_Pct	Agency CFY_Pct	Statewide CFY_PCT	Agency LM_PCT	Statewide LM_PCT
1	% of Children Achieving Legal Permanency	40%	48.57	31.10	43.96	21.90		
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%	97.97	93.97	96.01	89.26	97.06	84.24
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%	94.33	87.31	94.62	84.36	95.59	79.16
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%	75.74	51.03	73.97	43.81	90.00	45.59
5a	% Weekly In-Person Parent/Child Visits (RH goals only) (per SACWIS)	80%	63.69	37.77	62.45	31.54	76.67	27.00
5b	Average # Parent/Child Visits Per Month (RH goals only) (per SACWIS)	4.00	5.80	2.60	4.98	2.13	6.00	1.91
6	% Absence of Maltreatment While <u>In</u> Foster Care	100%	96.03	97.26	97.25	98.45	100.00	99.95
7	% Absence of Maltreatment 6 Months Post Permanency	100%	97.06	95.38	100.00	96.95	100.00	100.00
8	% of HMR Foster Homes Licensed	70%					35.29	35.91
9	% of Children Placed With Less Than 2 Paid Providers over a 12 month period	90%	85.94	84.39	83.61	83.81		
10	% of Cases With a Service Plan Completed Within 45 Days of Child Case Opening	95%	96.30	76.85	80.00	75.79		
11	% of Children Assigned to less than 2 Caseworkers over a 12 month period	Info Only	38.71	45.58	55.48	53.78		

LM (Last Month) PCT for Measures 1, 9, 10, & 11 is not calculated and is therefore not shown. Prior Fiscal Year (PFY Pct) and Current Fiscal Year (CFY Pct) for Measure 8 is not calculated and therefore not shown.

IF any other space is blank, that means that there were no assigned cases for that Measure under CFY or LM. If there is a 0, that means that there are assigned cases for that Measure under CFY or LM.

The Dashboard provides scorecard performance for State, Agency, and Region. In addition, information can be disaggregated to the case level. The Scorecards are color coded for ease in identifying percentages that meet the goal (green), the percentages that are hovering and close to being out of compliance and not meeting the goal (yellow), and the percentages that are not meeting the goal (red). Scorecards provide a comparison in performance from last year, current year and last month where applicable.

- **Performance Red Flags** – This category identifies the existence, severity and duration of performance issues that are not captured on the performance dashboard, such as child deaths and OIG investigations. Other more common red flags include caseload ratio issues, staff turnover and critical ACR Feedback data that show persistent problems including delays in permanency, service issues, etc. These performance issues can be identified by anyone with a monitoring role with POS agencies.

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- **Microsoft Teams** – The Agency Performance Monitoring & Execution Team has transitioned most of their project tracking, audits and reporting over to Microsoft TEAMS channels. This includes caseload ratio data, audit findings, permanency updates, fatality chronologies, reporting on critical performance issues and many other daily, weekly, and monthly uses.
- **GAPMONTHLY REPORT SHARE DRIVE**- Creation and storage of all APME Monthly program performance Reports for each site are stored in this group share. The Monthly report format was updated and includes very detailed information about performance and quality of each program at each site. The report format is a four-month format (trimester) where tab 1 feeds into the next tab so that in the four month you have a full picture of performance and staffing during the trimester. Monthly performance data is dropped into this group share by APME’s assigned IT personnel and APME monitors upload the specific data for a site and program into the report for a specific agency each month.
- **Reports/Audits** - The chart below shows the number and type of reports written by the Agency Performance Monitoring & Execution Team staff year to date in FY 22:

Type of Report/Audit	Frequency of Report/Audit	# Completed
Performance Reports	Monitor Monthly Report – FC/Spec	1800
	Monitor Monthly Report - IFS	864
SACWIS Case File Audits	10%/Trimester - FC	476
	10%/Trimester - IFS	319
	10%/Trimester - Spec	151
Hard Copy File Audit	IFS/FC	362
Case Interviews	Staff Interview	144
	Care Provider Interview	71
	Parent Interview	67

- **Audits** – Agency Performance Monitoring & Execution Team has conducted a multitude of agency audits in the past Fiscal Year, including, but not limited to audits related to child safety, permanency, in person contacts, quality supervision, in person contacts related to compliance with action transmittals, closed case record management, and an assessment of identified service issues addressed prior to case closing.
- **Reviews** – Agency Performance Monitoring & Execution Team has continued to conduct case reviews on private agency cases. If these reviews unveil a safety issue the results of these reviews are addressed immediately with POS agency administrative staff. If there are quality and general compliance issues these results are discussed at the monthly Agency Performance Monitoring & Execution Team monitoring meeting. The focus on identifying barriers to permanency on adoption and guardianship cases led to a slight decline of case reviews in some locations throughout the State.
- **Monthly agency site performance** meetings continue between the Agency Performance Monitoring & Execution Team Monitor and agency staff and include the Agency Performance Monitoring and Execution Supervisor. While meetings were converted to video performance meetings initially due to COVID-19, this unit has opted to continue monthly performance meetings via video calls with PowerPoint presentations. The Agency Performance Monitoring & Execution Team staff and management have met with the POS agency administrative staff monthly via web ex or TEAMS calls. The video calls with PowerPoint presentations have saved both POS and DCFS staff time and travel and has created a more concise but detailed historical record of performance discussions for that month.

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- **HMR Licensure reviews**- the Agency Performance Monitoring & Execution Team also meets with the agencies monthly during a separate meeting with licensing staff to address unlicensed HMR foster homes and check the status of the home becoming licensed and assist with removing any barriers to licensure.
- **Monitoring Collaboration** - Agency Performance Monitoring & Execution Team regularly and frequently reviews trends and case specific data from Administrative Case Review, Advocacy Office, Director’s Office, OIG, Clinical, and Agency & Institution Licensing at agency site level. Youth moving toward adoption and guardianship are reviewed weekly by APME monitors to discuss barriers and progress. Monthly Video calls are held with APME monitors and POS Permanency/Adoption Staff to discuss specifics and barriers for each case in detail.
- **Efficacy of the Monitoring Model** - Agency Performance Monitoring & Execution Team considers the primary measure of an effective model of monitoring is the extent to which POS performance has improved during the period of model implementation. The Agency Performance Monitoring & Execution Team has maintained historical performance data for HMR/Traditional foster care as reported on the performance dashboard. The chart below reflects POS system performance between FY 21 and FY 22 (to date). The last column shows the percentage of increase/decrease between FY 21 and FY 22 performance. It should be noted that COVID-19 contact restrictions and work force challenges have a significant impact on performance in all areas.

Performance Measure	Measure Goal	FY 21	FYTD 22 Thru March
Permanency	40%/yr.	31.10%	21.90%
CW Contact w/Children	95%	93.97%	89.26%
CW Contact w/Care Provider	90%	87.31%	84.36%
CW Contact w/Parents	80%	51.03%	43.81%
Weekly Parent/Child Visits	80%	37.77%	31.54%
4X Month Parent/Child Visits	4 visits	2.60	2.13
Lack of Maltreatment in Care	100%	97.26%	98.45%
No Maltreatment 6 Mo. Post-perm	100%	95.38%	97.35%
HMR Licensure	70%	*	LM-35.91%
Placement Stability	90%	84.39%	83.81%
Timely Service Plans	95%	76.85%	75.79%
CW Stability	Info only	45.58	53.78%

\*\* FYTD POS Permanencies through March 2022. The 12-month projection is 32.85%.

\*The dashboard shows LM- Last Month data only for this measure until the end of the fiscal year.

- **Agency Performance Monitoring & Execution Team - Monitoring of DCFS Performance**  
The Division of Permanency has begun to monitor the performance of DCFS foster care and intact family service teams. This transition is occurring in stages while APME is gradually staffed up to accommodate the changes. Currently APME is completing Quality Indicator reviews for both POS and DCFS teams. While the DCFS Division of Quality Enhancement facilitates the activity in providing performance data via OER and OER Plus, the APME model of monitoring has proved effective in moving the performance of the private sector in a positive direction.

There is a current trend towards Agency Performance Monitoring & Execution Team further monitoring the successful completion of Child & Family Team Meetings. This will allow the Agency Performance Monitoring & Execution Team to monitor further compliance of the agency participation of CFTM’s and the goal is to increase permanencies. Currently the Department has contracted with an outside consulting firm to review and offer direction for ways to fully implement a comprehensive approach to ensuring the statewide implementation of an effective Child and Family Team Meeting model.

**Continuous Quality Improvement\***

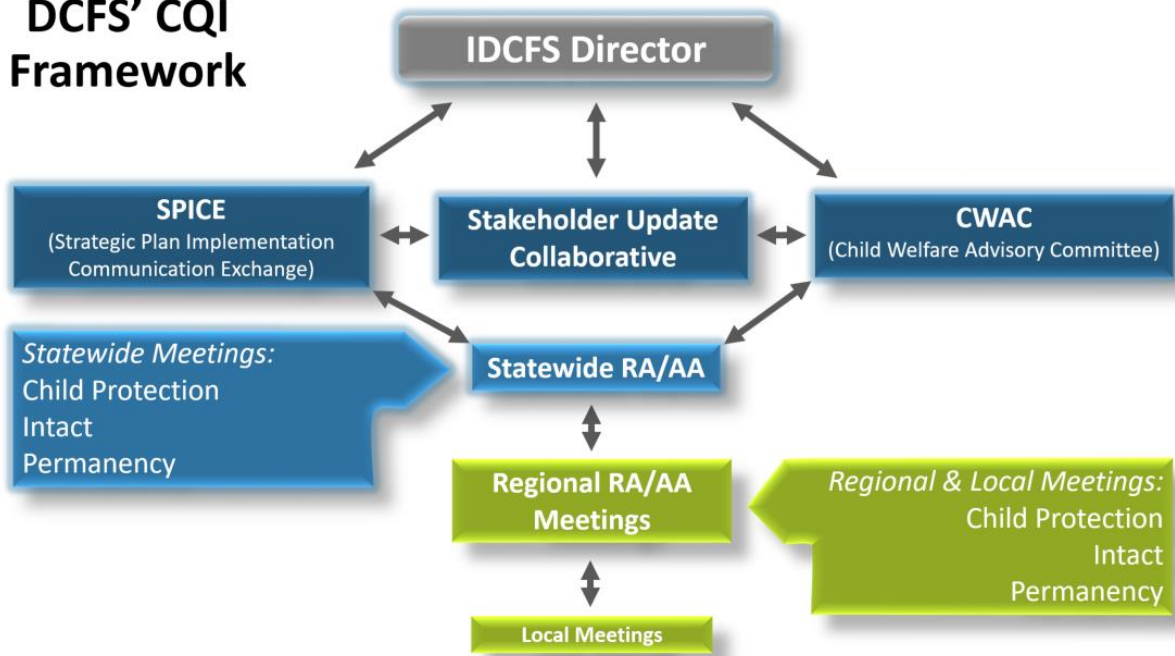
Through the development of the CFSR Program Improvement Plan (PIP), Illinois identified that the principles of CQI as a sustainable process that results in measurable improvement are operating, but require improved coordination, refining and strengthening. A revised model is in development that will utilize the leadership from the Family First Prevention work and the PIP to integrate CQI principles in all programming and initiatives.

Using the principles outlined in the Children’s Bureau issued Information memorandum ACYF -CB-IM 12-07 to assess CQI:

- **Foundational administrative structure**

A strategic planning workgroup structure comprised of DCFS and private agency leadership, court leadership and stakeholders that have been active in and leading the Family First Prevention Plan development, will be the overarching entities that provide the coordination, oversight, and ongoing evaluation of the CFSP, the data to support the APSR, the PIP implementation and measurement to monitor improvement and need for adjustment. These groups will comprise the “decision-makers” and are intended to be sustainable entities that continue beyond administrative changes. DCFS leadership meet monthly as the Strategic Plan Implementation Communication Exchange (SPICE) committee. Representatives of each of the existing advisory groups meet monthly as the Stakeholder Collaborative Update committee, which includes representatives that bring information back and forth between the SPICE and Stakeholder Collaborative meetings. The Child Welfare Advisory Committee (CWAC) includes private agency and DCFS leadership and is another method of communicating information between stakeholders and DCFS. In addition, formal communication loops previously established will be reinstated to communicate the results of this CQI process throughout the system. The intent is to embed communication in existing meetings involving DCFS, private agencies, Administrative Office of Illinois Courts (AOIC) and other key stakeholders.

**DCFS’ CQI Framework**



- **Quality data collection**

An ongoing agenda item of the Data Workgroup is the continual validation of data and improving extraction code. AFCARS II is bringing changes to AFCARS collection that will be

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implemented through this group along with changes in SACWIS, required data entry and the training of staff for understanding and implementing the required changes.

- **Case record review data and processes**

Case record review is a strength for the Department and utilizes standardized training and protocols for successful case review. There are a number of case record reviews including the PIP Baseline and Measurement reviews that utilize the Federal OSRI, an intact case review instrument that emphasizes a review of quality, the Quality Service Reviews currently in the Immersion sites on a small number of cases, and a review of 1,000 investigations per month to monitor and improve CERAPs/safety plans, face-to-face contact, and supervision.

Workgroups are in the midst of revising case review instruments to include quality questions and ratings that require an interview component, standardizing useful written and verbal feedback, as well as developing an approach to assist caseworkers and supervisors in addressing barriers on individual cases. A continuous quality improvement component for closing the loop and sustaining improvement is being enhanced with the development of a Strategic Planning Steering Committee with communication loops to all advisory boards, advisory councils, and internal and external stakeholders.

- **Analysis and dissemination of quality data**

Director Smith authorized the creation of a new team reporting to the Senior Advisor for Performance Management and Accountability dedicated to data collection and analysis. These data stewards are on board and assigned to child protection, intact, and foster care, as well as CFSR/CFSP/APSR/PIP, BH, ACR, and special/focused case reviews.

Root cause analysis is occurring within the Cook Regional Support Teams (RSTs), and at the SPICE. The Cook RSTs have looked at the data and taken a deeper dive into the causes, e.g. timely achievement of permanency (a complete profile was generated that included PIP Measurement data, as well as other administrative data), and were looking specifically at timeframes to adjudication. The Cook Intact RST continues to work with the CBCS around quality CFTMs and to understand root causes.

- **Root Cause Analysis:** We are focusing on implementation of the experimentalist approach with a small number of teams to better understand the factors contributing to current performance and to evaluate practice changes to determine if they are effective in producing better outcome for children and families. We lost several QA positions over the past several years and only recently have been approved to reinvest in the QA team to better support CQI cycles. We have used the RST in Cook to begin embedding CQI cycles into everyday work with the intention of better outcomes for children and families.

- **Feedback to stakeholders and decision-makers and adjustment of programs and process.**

While providing feedback to stakeholders has been a continual process, using feedback to adjust programs and measure progress is an area to be strengthened. The strategic planning workgroups will be utilized as a communication loop to identify and inform revision needed to the goals, objectives and interventions for improvement and will then track those changes to evaluate whether improvement has occurred. In addition, the various advisory groups report to the Stakeholder Collaborative Update Committee to strengthen communication loops and responsiveness to recommendations from these groups.

CQI has continued to evolve from a DCFS-exclusive framework and process to one that has expanded to a collaborative process with the private agencies, the Administrative Office of Illinois Courts, stakeholders, and advisory groups. Shared vision and shared ownership are key to this integrated CQI framework and process.

Illinois has a dedicated statewide Division of Quality Enhancement (QE) within the larger Quality Assurance system.

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The Division of Quality Enhancement is working on improving communication and identifying the right feedback loops for improvement in its programs and initiatives, data-related activities, and case reviews. This division has led the preparations for the CFSR Round 3, PIP-related stakeholder meetings, Illinois' CFSR 3 PIP Measurement Plan, and the implementation of the PIP Baseline Case Reviews.

### **Data Sets and Analysis to Support Decision-making and Monitoring**

Quality Enhancement staff have access to data reports, scorecards and dashboards and have received training to run reports and use those reports in a CQI process. (A description of scorecards and dashboards can be found in the Quality Assurance Systemic Factor section.)

In addition, case review findings and aggregate reports completed by QE staff include:

- CFSR-PIP Baseline Reviews-Outcome Enhancement Reviews
- Quality Service Review reports
- Intact Safety and Practice case reviews
- Special reviews such as Maltreatment in Foster Care case reviews, Re-entries, Fatality Reviews, Children in the Home of Origin and Services for children as identified as qualified by the Indian Child Welfare Act.

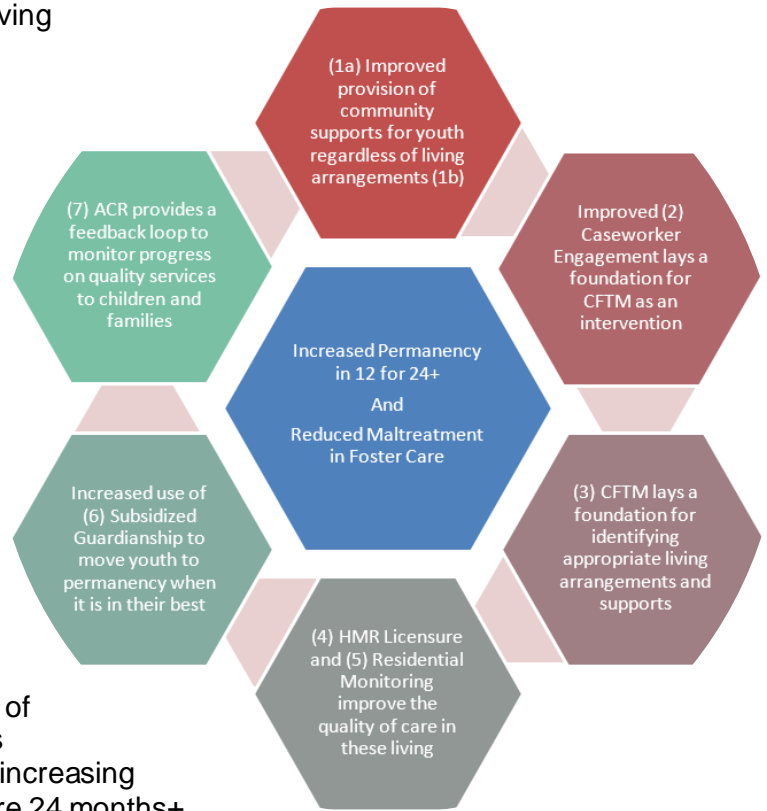
As part of the improvement plan to the Quality Assurance system, leadership of the QA entities will be meeting to exchange data reports and aggregate findings to increase understanding of strengths and areas of improvement.

- **Chapin Hall CQI Training and Support:** To bolster and standardize understanding of CQI, University partner, Chapin Hall, has developed and piloted CQI training modules. The training modules emphasize establishing common language, understanding, and communicating the PDCA (plan do check act) CQI cycle, and effective data and findings presentations. DCFS leadership participated in the first training presentation with a goal of expanding to private agency leadership and all DCFS and private agency staff at all levels. The training presentation will be accessible through the Virtual Training Center as an on-demand on-line training with 3 different modules/pathways i.e., child protection, intact, and permanency. Each training path includes a practical example of using data to identify a problem moving through the PDCA cycle. CQI staff have completed the course and, along with the VTC availability, are charged with training and coaching the CQI process throughout all levels of DCFS and private agencies.
- **Work Plans:** During 2021 and 2022 specific work plans have been developed to further address areas of improvement that will support improvement for the CFSR measures and complement the program improvement plan goals and strategies. These work plans described in the visual below are as follows:



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1. Resource Development and Service Array - Improving the provision of community supports for youth regardless of living arrangements
2. Quality Engagement – Improved caseworker engagement
3. Use of Child and Family Team Meetings as an essential component of the Illinois Core Practice Model to assist in appropriate living arrangements and supports
4. Increasing licensure of Home of Relatives.
5. Launching a new model for residential monitoring
6. Increasing the use of subsidized guardianship
7. Using ACR to monitor progress of quality services and movement towards permanency



The work plans are intended to work together interdependently in a continuum of improved practice that specifically targets reducing maltreatment in foster care and increasing permanency in 12 months for youth in care 24 months+.

See Chapter 3 Illinois Program Improvement Plan for details regarding improvement activities.

**Staff and Provider Training – ITEMS 26-28**

**ITEM 26: Initial Staff Training**

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

Areas to Address:

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

**Response:** The state is operating a staff development and training program that provides initial training to address the skills and knowledge that are needed to carry out duties regarding the services included in the Child and Family Services Plan (CFSP) and State law. Please see Illinois’ 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

On May 1, 2021, Illinois Governor JB Pritzker significantly modified restrictive mitigation measures which prevented non-essential travel and activities and were mandated since the start of the COVID-19 pandemic in March 2020. Schools and institutions of higher education in Illinois returned to in-person learning with safety mitigations, in large part, in August 2021 consistent with the Centers for Disease Control’s recommendations. The remaining Illinois mandatory indoor masking requirement was lifted, with a few exceptions, on February 28, 2022. In response to requests from

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the field, the Office for Learning and Professional Development (OLPD) began phasing-in a return to in-person facilitation of Foundations cohorts, with Child Protection Foundations for Investigators returning completely to in-person learning in March 2022 and a small number of Intact and Placement/Permanency Foundations cohorts being offered in-person and the rest facilitated through remote video platform. The number of in-person Intact and Placement/Permanency Foundations cohorts increased in April 2022 with the intention of most Foundations for Intact and Placement/Permanency being offered in-person in Springfield and Chicago training centers by May 2022.

As the Department has engaged in a number of training initiatives over the past several fiscal years, as a way to ensure new hire staff receive the same training that veteran staff participate in, mandated on-demand trainings have been added to a list of post trainings required of new hire staff once they finish Foundations. These post Foundation training modules, similar to the Learning Circles, are added to new hire staff's Virtual Training Center (VTC) account for their completion. As new training initiatives are added by the Department, such trainings are added to this list of post Foundation's modules (if not added directly into Foundations Training itself).

In FY20 (April 2020), with the transition to the live online video format for Foundations, Illinois moved to using the streamlined versions of Foundations for Placement and Foundations for Intact that had been piloted over the past few fiscal years. These streamlined versions of the training provided for 10 days of Foundations training as compared to the 20-day option previously available. In late Spring 2021, there was an increase with between 7 and 10 registrants for the 20 day formats each month. OLPD continued to offer the 20-day Foundation format model in accordance with the demand for that model. While the demand for the 20-day format continued to see a modest increase throughout the calendar year, agencies continue to choose the 10-day format more often for their new hires. The OLPD training team stands poised to pivot between how many of each version of the training is offered dependent upon hiring demands. Within the first three quarters of FY22, passing rates (year to date) saw a substantially higher passing rate for the 10-day Intact Foundations Cohort Specialty Exams over the 20-day Intact Foundations Cohort Specialty Exams (almost 13 percentage points higher). Similarly, but not as dramatic, there was a 4-percentage point higher rate of passing for the 10-day Permanency Foundation Cohort Specialty Exam as compared to the same specialty exam for the 20-day Permanency cohort.

As staff turnover and national workforce shortages continued to challenge child welfare in Illinois, despite an increase in use of the 20-day Foundation format which reduces the number of cohorts trainers can facilitate in a given month, OLPD in general continued to significantly increase the number of Foundations cohorts for intact and permanency throughout the calendar year and into calendar year 2022. This increase saw the number of cohorts range from 5-12 cohorts each month as OLPD strives to meet the pace of hiring statewide.

Foundations trainings for Child Protection are offered in Springfield and Chicago training centers. To better meet the needs of the field, OLPD also provides training in Northern region at the Aurora field office based on the hiring pattern. Similar to the Foundations for Placement and for Intact, the Foundations for Child Protection investigative staff also moved to virtual/remote platforms in March 2020. This move afforded a live facilitated Foundation training through online live video conferencing from anywhere in the state. As the cohorts were facilitated online March 2020-March 2022, available regionally offered deliveries are not currently a factor in the length of time between hire and the start of Child Protection Foundations Training. The frequency of cohorts offered is impacted by how many investigators are hired as determined by Department hiring patterns. Based on current hiring patterns, a Child Protection Foundations cohort starts every other week, alternating between the Chicago and Springfield training centers, for a total of four cohorts starting each month. An additional consideration is the limited number of OLPD Child Protection trainers.

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There are currently three child protection trainers available to facilitate cohorts, one of whom is temporarily assigned as the supervisor. That number shrunk to two available Child Protection Foundations trainers in early-April 2022. By legislative mandate, Foundations for Child Protection investigative staff includes a week in the Department Child Protection Training Academy (CPTA) Simulation Labs. The Department currently operates two Simulation Labs, the IDCFS CPTA at UIUC in Chicago and the IDCFS CPTA at UIS in Springfield. The Department is in the process of establishing two additional Simulation Labs, CPTA at NIU in DeKalb, which is anticipated to be operational the Fourth Quarter FY2022, and CPTA at SIU-C, which is anticipated to be operational during the First Quarter FY2023. Beginning in mid-March 2020, due to the COVID-19 health pandemic and resulting social distancing requirements, both the Springfield Simulation Lab and the Chicago Simulation Lab suspended in-person pre-service simulation-based training. Simulations training for new child protection investigators was moved to an in-service training at that time until March 2022, when Child Protection Foundations for Investigators returned completely to in-person learning. Between August 2020-March 2022, all newly hired investigators received the virtual simulation training component as part of their pre-service similar to the in-person simulation version prior to COVID-19. Enhancements to the simulation training for investigators continued throughout 2020 and into 2021 with the addition of new technology to supplement and enhance virtual simulation experience, and through the addition of a second scenario case so that participants have multiple case experiences before completing their pre-service simulation training, and through the updating and inclusion of a SACWIS component for the simulation week.

Beginning in March 2022, OLPD began transitioning Foundations for Child Protection, Intact, and Permanency/Placement back to an in-person delivery at both the Chicago and the Springfield training centers. Similarly, efforts began to bring simulation training for Investigation staff back to in-person as well. The process for returning to in-person simulation training was complicated by a number of factors. These included the addition of a new university partner in Northern Region to provide simulation training which was still hiring and training new simulation staff in March 2022, as well as a substantial turn over in Chicago simulation staff. As a result, two of the three university partners contracted to facilitate simulation training to investigation staff were still at various stages of hiring and on-boarding new staff while also navigating each university's own remaining COVID-19 mitigation practices and procedures for returning to safe in-person events and learning. As a result, remote virtual simulation continued at the Chicago simulation through April 2022 and began returning to in-person simulation events in May 2022 with assistance from Springfield simulations staff. The Springfield simulations began returning to in-person simulation events in March 2022.

Simulation labs will continue into FFY2023. Northern Illinois University will launch a Northern Region Sim lab in Fall 2022; UIUC will continue running the Cook Sim Lab; Southern Illinois University – Carbondale (SIU-C) will launch a Southern Region sim lab in 2023. Also in 2023 DCFS will begin construction on a Sim Lab and Learning Center in the downtown Springfield area. In the interim Sim Labs for all staff statewide is occurring via the Chicago location.

Foundations for the State Central Register (Hotline) staff is offered in Springfield at their employment site. The target was to transition the facilitation of SCR Foundations over to OLPD, with support as needed from SCR field trainers, beginning in FY22, which successfully occurred within FY22. Due to the remote nature of SCR work, the Foundations for SCR staff continues to be facilitated remotely through virtual video conference platforms.

All trainings are competency-based and OLPD reviews the competencies annually with Operations to ensure they are targeting the correct competencies, and aligning with emerging best practice as well as current field practice. OLPD also conducts pre- and post-knowledge assessments, test scores, and training evaluations to assess the quality and relevance of training content.

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**Areas for Improvement:** Prior to FY20, OLPD began discussions with one potential vendor on providing evaluation support and consultation to assess training effectiveness. Those discussions did not lead to a consultation agreement, so in FY20 OLPD began discussing with another prospective vendor who already provides evaluation consultation for part of OLPD services (simulation learning) to possibly expand evaluation from their current consultation to all OLPD learning events. Progress on this discussion was delayed as the vendor faced new competing priorities for other DCFS evaluation services throughout FY20 and into FY21. These discussions were targeted to continue in FY21 when that vendor would be ready to proceed. However, additional continued competing demands on that vendor contributed to no further progress being made on such discussions in FY21 or FY22. OLPD continues to provide evaluation surveys to all Foundation participants. They have not yet implemented additional follow-up surveys at three-month intervals. In FY20 and continuing into FY21, OLPD experienced a substantial staff turnover impacting both the Pre-service Training team as well as the Learning and Development team which would be responsible for survey development and data collection/collation. This sudden attrition combined with the staffing challenges statewide in child welfare that led to an increased demand for training events, has delayed OLPD’s efforts to progress towards implementing extended follow up surveys. OLPD targeted to develop this survey process within FY22.

Unfortunately, staff turnover both in child welfare statewide as well as in OLPD continued in FY22 to date. Thus, OLPD’s focus has been on ensuring enough Foundation trainings are offered to meet hiring demands while concurrently also continuing efforts on facilitating and tracking a significant number of DCFS mandated in-service training initiatives that have been added throughout FY20, FY21, and FY22. In addition to staffing and capacity challenges, OLPD spent a significant amount of time and staffing resources dealing with aging technologies used in the delivery and tracking of both trainings and surveys. In FY21 and in FY22, OLPD had to focus on republishing over 95 available on-demand trainings that were designed for use with popular internet browsers or software which saw end-of-life marketing strategies from those technology publishers. OLPD also moved all surveys during this same time period to a more robust and cost-effective survey software platform. Many of these technology upgrades also were completed in preparation for an upcoming total Learning Management System upgrade which requires surveys and on-demand trainings to be compatible with newer technology. This process has been substantially demanding on time and staffing resources which has further limited OLPD’s capacity to develop and implement longer term efficacy surveys. As staffing levels hopefully stabilize and following OLPD’s full conversion to an upgraded Learning Management System, the target to revisit these long-term efficacy surveys will be within FY23.

OLPD does not know the universe of staff who need training, they rely on Supervisors who register their staff for initial training. OLPD also uses caseload tracking data generated by SACWIS to estimate the number of staff who will need to be trained. During FY22 (7/1/2021 – 6/30/2022, the number of new staff trained by OLPD was:

Type of Staff Trained	# Trained <i>(7/1/2021 – 6/30/2022)</i>
Investigations (DCP)	198
Placement & Intact*	1,949

*\*For FY22 (7/1/21 through 6/30/22) there were 14,609 completions of the nine pre-service Fundamentals training events. This number primarily represents pre-service intact and permanency staff participants but there are occasions when non-pre-service participants (veteran staff) select to retake one or more of these Fundamentals training events (or are required by their leadership to retake). The total completion number represent repeated participants who are taking more than one of the nine training events. In addition to the nine Fundamentals training events, there were 1,949 unique participants who completed either an Intact Foundations pre-service course series or a Permanency Foundations pre-service course series in FY22.*

### **ITEM 27: Ongoing Staff Training**

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

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

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

**Response:** The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties regarding the services included in the Child and Family Services Plan (CFSP) and State law. Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

DCFS uses available department data sources and learning about new accounts created in the VTC, OLPD estimates the number of participants broken down by role who need to participate in a learning campaign.

Post Foundations on-demand training events are required for all new hire staff and are available to veteran direct service staff who select to retake one or more of these post Foundation trainings or who are required by their leadership to retake. In FY22, there were 21,608 completions of these post Foundations trainings. The number of post Foundation training events have been continuing to rise over the past few years as whenever a statewide required in-service training initiative is implemented for all current direct service staff, the training event is added (following the completion of that initiative) to the list of required post Foundation training events in order to ensure new staff hires also receive the same training content.

OLPD generates reports at designated intervals that are distributed to DCFS leadership and APME for the CBP staff that lists out all staff who have completed required training, so that field-based supervisors, managers and administrations can effectively manage and ensure their staff are completing required training. All trainings are competency-based and OLPD reviews the competencies annually with Operations to ensure they are targeting the correct competencies and cover emerging best practice as well as current field practice. Also conduct pre- and post-knowledge assessments, test scores, and training evaluations to assess the quality and relevance of training content. When our threshold for a successful learning campaign completion is at 85% (this accounts for attrition and other workforce factors that impact turnover). Determined by the # estimated to participate/attend (based on see above)/number of actual completions (85% is assessed weekly). Anyone listed in the VTC as needing to take a required training (and their supervisor) receives weekly notices advising them that they must complete the required training(s).

Much of the ongoing staff training is focused on the Illinois Core Practice Model which is comprised of three parts: Family-centered, Trauma-Informed, Strength-based (FTS) Practice; Model of Supervisory Practice (MoSP); and the Child and Family Team Model (CFTM). The Field Implementation Support Program (FISP) supports the Department's efforts to train and coach the components of the Core Practice Model. The total number of participants who have completed the full version of the MoSP, inclusive of the initial pilot in 2016 (36 participants), the Immersion Sites, the Boot Camp that ended in 2019, and the full statewide launch begun in 2018, is 730 as of April

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1, 2022. As Illinois continued to expand the implementation of the Model of Supervisory Practice (MoSP) became a mandated course for all supervisors statewide. Since MoSP targets and is open to all supervisors (both direct and non-direct service), and since there is no reliable exhaustive data available to OLPD on all child welfare staff statewide (inclusive of private agency hiring and attrition), OLPD has been limited in assessing the percentage of current supervisors who have completed the course. However, OLPD did collect time-limited data of known direct service supervisors in FY19 and FY20 from other tracking sources combined with contacts at private agencies. OLPD tracked these specific supervisors towards completion and by September 2020, of the 824 tracked supervisors, 52% or 431 had completed MoSP, 26% or 217 were in process, and 21% or 176 had not yet started. This tracking became difficult to sustain without ongoing staffing lists from all private agencies as the turnover rate of these tracked supervisors after September 2020 made the tracking less and less current and thus less valid. By January 2021, all but one of these identified direct service supervisors had either completed the MoSP or it was reported to OLPD that they were no longer with their employer. OLPD continues to work with other departments within DCFS to develop more reliable strategies for real time identification of known employed supervisors. The total completion number of 730, does not account for the additional number of supervisors (both formerly and currently employed) who started the MoSP series by taking one or more of the four modules but who have not yet or had never completed the entire four module series. Over 137 different participants have taken one or more of the MoSP modules within the first three quarters of FY22.

Beginning in the 2<sup>nd</sup> quarter of FY21, OLPD began facilitating an additional layer of supervisory development and training through the Supervisory Enhancement Series: Foundations for Supervisors. Infused with the Core Practice Model, the Foundation for Supervisors provides a pre-service level training for those identified as child welfare supervisors. Each supervisor is required to complete all four days, but during the initial roll out while trying to accommodate veteran supervisors' schedules, many participants do not take the four days of modules consecutively but are allowed to schedule them as they can. Thus, by the close of the 4<sup>th</sup> quarter in FY21, each of the individual module days (the revised four-day module version) had between 94 and 109 participants during the year. This course continued to be offered throughout FY22 to date, with the target to formally connect it to the pre-service track in FY23. In the first three quarters of FY22, an additional 83 to 86 participants attended at least one of each of the four (4) full day stand-alone training modules. In all, since its implementation in late calendar year 2020, there have been 180 participants who have fully completed all four modules of the series.

The Child and Family Team Meeting training and coaching was developed nationally by the Child Welfare Policy and Practice Group. FISP staff has been developed by the consulting group as trainers of this curriculum and as Master Coaches or Advanced Master Coaches. Currently there are seven (6) Advanced Master Coaches and five (6) Master Coaches within FISP. The effectiveness of this approach is being monitored by DCFS Quality Enhancement and Chapin Hall. Coaching and training within the immersion sites continues but is focused on training newly hired permanency staff. New approaches to the training and coaching for this model are being piloted in different areas of the state as the goal is to scale the practice of quality CFTM statewide as a core intervention with families. Additional OLPD activities:

- Revisions continue on the foster/adoptive PRIDE in-service curricula.
- In FY22, the revisions were completed for the on-demand e-Learning foster/adoptive pre-service modules and this revised course was launched. A revision process is underway in FY22 on the live-facilitated version of the foster/adoptive PRIDE pre-service, which will align the live version curriculum with the revised on-demand curriculum.
- During the pandemic mitigations, the simulation teams developed and implemented at DCFS' approval a virtual format for simulation-based training for child protection new hire staff. This

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virtual simulation remained in place for the remainder of calendar years 2020 and 2021 and continued until March 2022. Beginning in March 2022, the simulation teams began returning to in-person simulation training for Child Protection new hire staff.

- In 2020, OLPD finished the initial rollout of the first installment of a Safety First: Safety Always series with a training on Safety Reboot. Initially launched as an in-person training, it was later converted to an on-demand training which continued to be available during the months of “remote training.” This on-demand course was then included in the required in-service on-demand trainings that new hire staff receive notification to complete upon finishing their pre-service training. This training was updated in January 2022 and was divided into a revised on-demand Safety Assessment training, as well as a live facilitated Workplace and Field Safety Training. The Workplace and Field Safety Training is a required training for all direct service staff and continues in FY22 to date. The second installment of the Safety First: Safety Always series: Engaging and Assessing Paramours launched in 2020 and achieved 92% completion for the targeted direct service staff (2,744) and has also since been added as a required on-demand in-service for new hires to complete following pre-service training. A third installment of this series: Safe Sleep (for infants and children) launched in the summer of 2021 and reached 87% completion by September 2021.
- OLPD has been working with DCFS and subject matter experts to develop and launch a revised and enhanced version of the on-demand training for staff and caregivers related to working with or caring for LGBTQI+ youth. This training was targeted to launch in FY22 to replace current training courses. In calendar year 2021, this course was revised and launched. By the end of calendar year 2021 (2<sup>nd</sup> quarter of FY22), over 80% of targeted direct service staff completed the course.
- In FY22, OLPD and DCFS has continued working with subject matter experts and (HRC) to develop curriculum for the next phase of training related to working with LGBTQI+ youth in care. This next training will be a live facilitated training and is targeted to launch in FY23.
- In FY21, OLPD worked with DCFS leadership to begin developing staff trainings related to the Federal Family First initiative. The first Family First Overview Training combined with Motivational Interview Training was developed in 2021 and launched in the fall targeting Intact workers and supervisors. This phase continued into January 2022 and was a 3 day live facilitated training. In February 2022, the second phase of this Family First / Motivational Interviewing live Facilitated training launched. This revised 2-day training targeted remaining Intact staff who did not complete the training in the first phase, and also targeted Permanency and Adoption staff as well. By the end of April 2022, over 73% of the targeted intact staff had completed the training, and 30% of all targeted staff (Intact, Permanency, and Adoption) had completed the training.
- OLPD worked with the Department to implement and track a training on Implicit Bias using curriculum content provided from an external vendor and adapted by OLPD for Illinois. This curriculum launched in the summer of 2021. By early October 2021, over 85% of the targeted staff population had completed the course as well as a substantial additional number of staff who were not originally known to OLPD or targeted (5,227 participants).

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

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development of the next phase of this training topic which includes a live-facilitated training event. The development of this live facilitated training curriculum is contingent on several external factors in addition to OLPD efforts. These factors include DCFS working with an external vendor (HRC) for the development of this content, while efforts are also underway for revisions/updates in Policy which will be reflected in this curriculum. Thus, curriculum delivery targets will be impacted in part based on the timeline required for Policy updates.

**ITEM 28: Foster and Adoptive Caregiver Training**

**Response:** The state is operating a training system that ensures training is occurring statewide that addresses the skills and knowledge needed to carry out the duties of caregivers for children and youth. The Division of Licensing works closely with the Office of Learning & Professional Development, which holds a contract with the University of Illinois at Urbana-Champaign to provide services in curriculum design. In the fall of 2020, a designer was assigned to work with licensing in the development of a curriculum that would spell out objectives related to the better understanding and implementation of established Rules & Procedures related to requests for waivers of foster family home standards, including expanded capacity requests. However, soon after the curriculum designer was assigned to this project, there was more than a 95% turnover in the design staff providing services to the Department through the University of Illinois at Urbana-Champaign.

During calendar year 2020, OLPD experienced a significant staffing shortage within the curriculum design team inclusive of leadership staff due to attrition. In December 2020, new leadership for the curriculum design team was hired. Throughout the in later part of 2020 and into calendar year 2021, the program was restructured inclusive of revisions to position descriptions and remainder of the curriculum design team vacancies were filled. During 2021 and into 2022 there continued some amount of additional staff turnover within the curriculum design team due to a continuously changing workforce environment, impacts of the global pandemic, national workforce shortage, and normal attrition. However, FY22 ended with the curriculum team being fully staffed and functioning at full capacity, resulting in a 259% increase in the number of curriculum modules developed and/or completed in FY21 over FY20, and a further 38% increase in completed curriculum modules in FY22 over FY21 (97 new curriculum modules completed or produced in FY22).

In FY21, 47,201 participant enrollments occurred for 6,778 in-service and pre-service caregiver training events. These numbers represent duplicated unique participants as participants typically register for multiple training events but not all participants register or complete all events required for a series completion. There were 36,869 completions from these enrolled events resulting in 78% of all registered events being completed. To date in FY22, for the first three quarters alone, 38,868 participant enrollments occurred for 5,290 in-service and pre-service caregiver training events, with 31,406 (approximately 81%) completions for these registrations. This represents a 17% increase in registrations over the same three quarters in FY21, with an 8% increase in training events, and a 15% increase in successful completions of registered events.

Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR includes E-learning Traditional PRIDE training which was revamped mid-FY. The new version includes structural change in the delivery of the training to include completion of increments of 3 modules, followed by group check-in meeting to reinforce what the modules addressed, before the next group of modules is release and available. This prevents participants from completing all modules at once in order to satisfy requirements. It is anticipated that this training will completely replace the older version of e-PRIDE by the 3<sup>rd</sup> quarter of FY23.

There is no way to determine how many people needed training as the number of those that need to enroll is driven by caregiver self-identification or recruitment. In FY21, 47,201 participant



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enrollments occurred for 6,778 in-service and pre-service caregiver training events. These numbers represent duplicated unique participants as participants typically register for multiple training events but not all participants register or complete all events required for a series completion. There were 36,869 completions from these enrolled events resulting in 78% of all registered events being completed. Of the total 47,201 participant enrollments, 39,184 were enrollments specifically related to a training event required prior to becoming eligible for caregiver licensure. Out of these specific training enrollments, there were 31,909 completions or 81% of those enrollments completed the pre-service related training event.

In FY22, 56,224 participants enrollments occurred for 7,731 in-service and pre-service caregiver training events. There were 45,275 completions from these enrolled events resulting in approximately 81% of all registered events being completed. This represents a 19% increase in registrations over FY21, with a 14% increase in training events, and an approximate 23% increase the total number of completions for registered events. Of the total 56,224 participant enrollments, 39,784 were enrollments specifically related to a training event required prior to becoming eligible for caregiver licensure. Out of these specific training enrollments, there were 33,573 completions or 84% of those enrollments completed the pre-service related training events.

As OLPD does not license caregivers or renew caregiver licenses, OLPD does not have a list of all potential caregivers interested in pursuing licensure. Instead, licensing staff refer potential caregivers to register for and complete caregiver pre-service training. As caregivers are referred to OLPD and register for trainings, OLPD provides the pre-service training which consists of multi-module caregiver foundations series along with supplement pre-service training modules. In collaboration with DCFS licensing staff, OLPD tracks the completion of pre-service related training modules by participants in the Virtual Training Center (VTC) so that DCFS licensing staff can verify when a prospective caregiver they are working with has completed all required pre-service trainings. In this process, OLPD becomes aware of a prospective caregiver when they are referred to register for a training.

As registration occurs at that point, all prospective caregivers known to OLPD are offered the pre-service trainings and they self-select the modality of training (live facilitated or on-demand) and self-select when they wish to take the training modules. In the rare exception that a pre-service training event must be cancelled or merged with another training cohort, OLPD staff work with participants to immediately register them in an alternative or concurrent pre-service training event. An example of this uncommon situation is when a participant is scheduled for a live facilitated Spanish language version of a pre-service training, but the number of interested participants is less than 4, so the participants are encouraged to enroll in another Spanish language pre-service training cohort to most efficiently provide the number of Spanish language trainings needed.

In the second quarter of FY23, Illinois is scheduled to finish its participation in a five year nationally piloted caregiver pre-service curriculum series. By the end of FY22, Illinois had fully satisfied the minimum participation and completion numbers for this pilot. This piloted pre-service caregiver curriculum was made available for prospective caregivers in specific piloted regions in Illinois and will be compared against other specific regions in Illinois. The national pilot is scheduled to provide Illinois with a comparative analysis after the second quarter of FY23. IDCFS leadership can review the comparative analysis to determine if the piloted curriculum will be used in Illinois.

Additional knowledge check assessments have been embedded into the pre-service course to evaluate the transfer of learning through the pre-service. These knowledge checks launched during the fourth quarter of FY20 but were impacted by technical challenges that arose when all curriculum was adapted for remote learning platforms due to social distancing requirements necessary because of the COVID-19 health pandemic. OLPD worked to resolve the technical challenges for a smoother user experience as they participate in these knowledge checks in FY21.

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However, further technical challenges arose in FY22 with knowledge checks for some specific modules over others. As a result, OLPD has been reviewing the process and technology used for these knowledge checks and is attempting to revise and further resolve these challenges ahead of an eventual conversion to a new Learning Management System (LMS) expected in late FY2023.

DCFS was selected to participate in the National Foster and Adoptive Parent training collaboration to pilot training developed that will be presented as a national model for states and jurisdictions. This is a five-year pilot, which concludes later in this calendar year. As of April 2022, Illinois has satisfied the required number of participants for the pilot and has submitted all necessary data and documentation related to those participants in the pilot with the exception of a second and final survey from only 19 remaining control group participants, which is expected to occur within the fourth quarter of FY22. Thus, Illinois is on track to fully complete the minimum requirements for this study well ahead of the September 2022 target completion date. DCFS will be presented an analysis of the study results from the study sponsors sometime after September 2022, and DCFS will then consider the long-term potential use of this curriculum material in Illinois.

The LGBTQ in-service curriculum was revised and implemented as an on-demand course released on 4/8/20, "Caring for LGBTQ Youth." Prior to the launch of this new on-demand course, caregivers were referred to the available on-demand LGBTQ training through All Children, All Families which was implemented on 7/28/19. The new course, "Caring for LGBTQ Youth," has seen 469 caregivers complete the course in FY21. This course went on to see another 300 participants complete the course within the first three quarters of FY22, as well as 1,360 caregiver participants complete the LGBTQ+ Youth in Foster Care Caregiver Training. Additionally, a video and learning content addressing LGBTQ issues and fostering youth is also embedded into session three of the PRIDE pre-service series.

CCIs, while not mandated to take new staff trainings with DCFS, they have been integrated into the VTC so they can take self-directed trainings. As this is not a mandatory requirement, they are often categorized as "Other Staff". In CCWIS, the timeline is that over the next 3-6 months will roll out for the Learning Management System. OLPD and OITS has been meeting regularly with the contractor for CCWIS about process mapping and current and future state of functionality. However, all DCFS staff will not all be on CCWIS by then.

**Areas for Improvement:** The systems that OLPD has used in the past to evaluate trainings has need for improvement to address the effectiveness of the training that has been delivered. OLPD will be one of the first divisions to rollout a portion of the CCWIS system with anticipated completion during state fiscal year 2023. As part of this process, OLPD will receive a new learning management system (LMS) that will reportedly come with built in systems that will support the evaluation of trainings and gather data in a more effective manner than the current external systems through Survey Monkey and Qualtrix.

## **Service Array and Resource Development – ITEMS 29 and 30**

### **ITEM 29: Array of Services**

**Response:** Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

The Department of Children and Family Services continues to develop, expand, and implement the array of services to ensure the provision of individualized services that meet the physical, emotional, and mental health needs of children in its care. The system will provide services and supports necessary to both prevent instability and to promote safety, permanency, and well-being without delay. The Department believes that children with emotional and behavioral health needs can (and in most instances should) be served in their home communities, and the Department is

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committed to ensuring that there are sufficient numbers of in-home care options and services to support them.

Children who's complex and/or acute behavioral health needs cannot be met safely and appropriately in family-like settings will receive high quality and time-limited clinical interventions in more restrictive settings and will return safely to their home communities with necessary services and supports. In these placement cases, licensed clinical professionals are utilized to complete the Integrated Assessment, facilitation of Child and Family Team Meetings (CFTM) and/or a Clinical Staffing to help provide a thorough and inclusive assessment. Extensive interviews and information review and sharing occur to allow the family to tell their story, offer information, and provide input about the needs of their family. Intact family caseworkers complete the Integrated Assessment in much the same manner.

Illinois relies upon its Service Provider Identification and Exploration Resource (SPIDER) database that lists program types and services including (but not limited to) Mental Health, Substance Use, Domestic Violence, Parenting, Early Childhood, Health Clinics and Non-clinical programs such as Food Pantries or Recreational Activities. SPIDER has geocoded over 1,750 agencies and 4,500 programs to visually represent the concentration of services and services gaps in rural areas. Programs are also searchable by languages, ages served, payment types, and are regularly updated throughout the year.

The SPIDER database can be found at: <https://spider.dcf.illinois.gov>

In the first two quarters of 2022, SPIDER updated 850 programs and added 148 new programs. The site also averaged about 3000 visitors a month. 75 addresses were added and the team did 43 SPIDER training presentations for individuals and organizations.

In addition to community-provided services, Illinois has implemented a number of services that strive to fill gaps in programmatic resources that exist geographically or therapeutically. Some of these programs are described below:

- Core Practice Model – Includes the core practice of teaming and care coordination, which is practiced through engagement of families in the context of Child and Family Team Meetings (CFTM). The CFTM provides a process to engage the family's support system in developing a plan to meet the needs of the family.
  - Therapeutic/Specialized Foster Care – Provides effective treatment for high-needs youth, as it offers more intensive, yet flexible services to meet the needs of the youth and families.
  - Wrap Programs – Have been piloted in areas across the state and are specifically targeted to serve families that may benefit from intensive home-based programs, either intact or foster care.
  - Transportation – Is a needed service, particularly in rural areas, so that all families and youth can access services in surrounding areas. SPIDER is working with DCFS Staff and Community Providers to locate and improve "border" services that have no geographic restrictions and services that offer transportation for those in more rural areas. This also applies to Immersion Site teams that may be unaware of services that are outside of their catchment areas but are nonetheless able to serve those in their catchment area.
1. Community-Based/Non-Traditional Therapeutic Services – Services that target either the caregiver or youth that can be provided via a para-professional. These services are supportive in nature and are targeted to support living environment i.e. respite, mentoring, caregiver support, home visiting.

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Continuing goals:

- Additions of more trauma-credentialed therapists and evidenced-based practices into SPIDER. Some Evidence Based interventions such as ARC (Attachment, Regulation, and Competency,) TF-CBT (Trauma-Focused Cognitive Behavioral Therapy,) and SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) are already embedded in SPIDER with more anticipated.
- Adding more search keywords that users request, that align with DCFS priorities. Collecting and analyzing web analytics of SPIDER usage to understand what users are searching for and in what areas of Illinois.
- Deploying a SPIDER companion website to store short term resources (e.g., conferences, COVID or other quickly changing information or perishable information), training materials, and any other dynamic information.
- Increased outreach and awareness of SPIDER both within DCFS and communities throughout Illinois. Over the past year, DCFS support of SPIDER has increased as evident not only in the 60 percent increase in staff (from 2 to 6) but also in SPIDER's increased overall usage and visibility. With the increase in staff, SPIDER has updated a record 2005 programs and added 204 new agencies from Dec 2021 to April 2022. The Department has continued this growth by participating in more trainings, high-level administration meetings, and community/departmental marketing and visibility. Our number of webinar trainings have continued to be consistent with 19 in Q1 of 2022 and 22 in the 2<sup>nd</sup> Quarter and 20 in the 3<sup>rd</sup> Quarter. In these first 2 quarters of 2022 we added a total of 713 trained SPIDER users. SPIDER continues to host and facilitate monthly Community Partner Meetings with over 100 Community Partners, which allows departmental and community users increased access to SPIDER initiatives and updates as well as provide a venue for feedback and improvement.

Continued expansion of DCFS initiatives such as the Core Practice Model, Therapeutic Foster Care, and Wrap Programs is expected to provide more flexibility in services to meet the individual needs of children and families. SPIDER continues to be a key component in data gathering, service availability, and various departmental initiatives as they present themselves.

The current data systems do not provide detailed administrative data to run reports on gaps in services. A provider portal was recently developed in SACWIS for the prevention services now provided. There were technical issues that prevented several of the referrals from getting through to the providers and the problem was recently resolved (August 2022). In 2020 IL youth in care were transitioned to the YouthCare program as the Medicaid Managed Care Organization. YouthCare is contracted by HFS to develop services needed by youth in care, but not currently available. YouthCare provides Care Coordinators and an evaluation of YouthCare services is currently under development. There is also a Child Well-Being sub-committee of the Child Welfare Advisory Committee (CWAC) that is working on improved ways to track and evaluate performance on meeting the well-being needs of youth in care, including physical health and emotional health.

### **ITEM 30: Individualized Services**

**Response:** The Department of Children and Family Services current resource development and implementation focus is targeting individualized services that meet the physical, emotional and mental health needs of children in its care. The system will provide services and supports necessary to both prevent instability and to promote safety, permanency and well-being without delay. The Department believes that children with emotional and behavioral health needs can (and in most instances should) be served in their home communities, and the Department is committed to ensuring that there are sufficient numbers of in-home care options and services to support them. Additionally, children whose complex and/or acute behavioral health needs cannot be met safely and appropriately in family-like settings will receive high quality and time-limited clinical

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interventions in more restrictive settings, with safe and timely return to their home communities with necessary services and supports.

Data collection systems are being implemented with the expansion of services. The resource development team has been working to expand both capacity and service array to meet the individualized needs of youth and families.

The target for this expansion is to serve youth in their home community. For this state fiscal year there is an expansion of home-based Intensive Placement Services (IPS). The IPS service providers cover the entire state geographically and include both traditional and nontraditional mental health services. Expansion of these services has included increasing wages for service providers as well as service portfolio. Additionally, for SFY23, the Department has expanded the use of Flex Funds to meet both individual needs but also to provide flexibility to access services. Both expansions will have data tracking mechanisms to measure both access and effectiveness.

Through ongoing Child and Family Team Meetings and a Clinical Staffing process that will focus on assessment and recommendations for youth and families' needs, rather than "level of" or "type" of placement the Department can assure needs of individual youth and family are being met.

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

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

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

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

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

SPIDER also includes other "Helpful Links" that steer users to the SAMHSA (Substance Abuse and Mental Health Services Administration) as well as other resources.

New resources that SPIDER will be adding are as follows: Evidence-Based Practice providers and credentialing information, expanded language search options, and a guided recorded walkthrough

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of SPIDER. Per our last update we have added enhanced marketing deployed through social media, the DCFS intranet and public website, and community collaboration. In the first 3 quarters of FY 2022, Team members created 155 social media posts with increasing interaction and followers. SPIDER eventually plans on deploying a companion website to store short term resources (e.g., conferences, COVID or other quickly changing or perishable information), training materials, and other dynamic information.

**Agency Responsiveness to the Community – ITEMS 31 and 32**

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

**Response:** Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

*(Below are examples of work done by four of DCFS' stakeholder groups. Further information on other groups is available from the DCFS Communications Division or the DCFS public web site.)*

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

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

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

The Statewide Youth Advisory Board (SYAB) had a range of accomplishments achieved thus far in fiscal year 2022. On July 30, 2021, a bill regarding Guardian ad litem (GAL) that SYAB had advocated for and contributed language to was signed into law by Governor Pritzker - SB 755 (GAL Bill). Contributing to legislative change is a hallmark of what SYAB does and the team is pleased to continue that trend. The SYAB also met with Anita Weinberg and students from Loyola's Child Law center to begin finalizing the list of priorities for 2022.

Upon the request of the DCFS Director, the Statewide Youth Advisory Board and adult partners have successfully launched and convened meetings for the newly formed Youth Advisory Affinity Groups (YAAGs) for Lesbian Gay Bisexual Transgender Questioning Intersex+, Latino, and African American communities. The SYAB is proud to have convened the first meeting for the LGBTQI+ Youth Advisory Affinity Group on August 9th, 2021. This group will allow youth and allies of the LGBTQI+ community to come together to discuss ways to improve services and policies. Additionally, in pursuit of a more dynamic diversity, equity, and inclusion (DEI) lens for our young people, we expanded our relationship with Dr. Shantá Robinson - Assistant Professor in the School of Social Service Administration at the University of Chicago. Dr. Robinson presented on November 6, 2021, for the SYAB, exploring equity on both a societal and individual level.

The SYAB successfully partnered with the DCFS Office of Communications to finalize the GAL flyer. This flyer will be made available to youth in care at every administrative case review. Youth board leaders also met with the DCFS Quality Enhancement Division to review and discuss the annual youth survey and provide recommendations on enhancing the survey in a way that will allow the department to better understand the quality and effectiveness of services provided to the youth. SYAB participated in a CASA panel (with more than 60 Casa volunteers) to discuss the importance of YAB and share concerns that impact youth in care while also providing

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recommended solutions to the identified concerns. The regional youth boards partnered with Illinois Children’s Mental Health Partnership to identify specific concerns and solutions to address youth mental wellness. Concerns and solutions provided will go to the Governor’s office for consideration. With in-person meetings reconvening, the YAB team has successfully identified meeting locations for all four regional boards.

**Engagement Strategies:**

Adult partners have employed a range of youth engagement strategies throughout the FY22 fiscal year. Contact with agencies and youth has been done through phone calls, emails, and social media. We have worked to make our zoom meetings as accessible as possible with links and QR codes disseminated throughout the state through all available communication channels. Moving forward, RYABs will be hosted through a hybrid format. This will provide the opportunity for youth to build a deeper connection with the board and its other members and adult partners, while still allowing youth with transportation barriers to attend and stay involved.

**2. Illinois Adoption Advisory Council and Statewide Foster Care Advisory Council**

The Illinois Adoption Advisory Council (IAAC) and the Statewide Foster Care Advisory Council (SWFCAC) represent stakeholders throughout the state. Their key goal is to improve services and supports for foster, adoptive and guardianship families. The IAAC has focused on building resources and creating more awareness of the PATH Beyond Adoption website and phone support, adoption training, the council and other services and supports available to adoptive parents and guardians. The SWFCAC is heavily involved in working to support foster youth by addressing placement disruptions that occur when therapeutic supports are not accessible, when caseworker response is slow or ineffective, when daycare options are restricted, and when foster parents feel excluded from the professional team. The Foster Parent Law directly addresses many of these issues, and implementation plans are collected and scored annually. The SWFCAC has developed a standardized grievance form template to respond to reports when foster parents believe their rights have been violated. Collaboratively, the councils have formed a Permanency Workgroup with members from each council. This workgroup is analyzing several items including timely progress towards permanency, i.e., 120-day timeline post-TPR to get to adoption. They are looking for a return to the guides for guardianship and adoption that were designed to help caseworkers move through the process more quickly, and the dichotomy between not being able to move forward to permanency without the goal change and the inability to change the goal without an identified family.

**3. Child Welfare Advisory Council:**

The Illinois Child Welfare Advisory Council (CWAC) is a community-based provider advisory group of the Department of Children and Family Services. CWAC was created by Executive order #6 from the Governor in 1987 and amended by Executive Order #17 in 1999.

Community Based Partners (CBP), formerly Purchase of Services (POS), advocated for the creation of CWAC to establish a venue for discussion, analysis, negotiation, problem solving and goal setting between DCFS and community-based partners who provide the majority of direct service in Illinois.

In full collaboration, the CWAC and DCFS Leadership united in the last reporting period to address a myriad of concerns that impacted both our community-based partners, as well, the Department. Many of the recommendations initiated by the CWAC body that were provided to the Department were addressed and included the following:

- Developed a formal process for CWAC recommendations to be developed, tracked, and have timely resolutions, using a ‘Change Management Process’.

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- In an effort to increase the Qualified Candidate Pool for Servicing Children and Families (Licensing)
  - o Developed a formal review and approval process for the development of policy and procedural changes impacting credential and qualifications waivers for potential employees who lack the stated educational and experience requirements.
  - o Appointed Community Based Partner representation on the waiver committee.
  - o Listed the waiver criteria transparently in the procedure/policy guides for autonomy in assessment for supervisor capacity.
  - o Developed and submitted an emergency amendment to Rules 401, 403, and 404 to JCAR on December 27, 2021.
- Advocated for Fair and Equitable Compensation (Budget)
  - o Adjusted the rate structure to accommodate the increase in minimum wage and salary compression, where DCFS increased the Community Based Partner salaries to 80% for FY23 and to 90% in FY24 of DCFS salaries for comparable roles.
  - o Adjusted the rate structure to accommodate an increase in salary for congregate care workers at 18%.
  - o The Department has initiated the revisions to R435 Audits, Reviews, and Investigations to allow actual fringe cost above 25% to be considered as an allowable cost within the excess revenue determination, addressing the CWAC recommendation to raise the fringe percent to 29.9% of wages.
- Racial Equity Call to Action Prioritization
  - o Adopted and implemented The Kirwan Institute at Ohio State Implicit Bias training for all DCFS and Community Based Partner Staff.
  - o In the process of developing an implicit bias module to include in the mandated reporter online training.

CWAC is a unique committee that consists of a wide variety of backgrounds and experiences. CWAC has robust subcommittees that are very active in working on specific issues that are important to the stakeholders participating. CWAC consists of DCFS and Pos members collaborating to address challenges concerning safety, permanency, and wellbeing. The Permanency Subcommittee, like the other subcommittees, then reports back to the bigger CWAC for further feedback and action. All DCFS board representatives, including CWAC, meet monthly to go over issues, recommendations, and current focuses to better develop action plans.

**Office of Caregiver and Parent Support (OCPS):** During FY22, the DCFS Office of Caregiver and Parent Support (OCPS) continues to expand the Department's Partnering With Parents Program (PWP). The OCPS fostered development of and worked closely with the PIP-required Parents Steering Committee during the previous months to conduct three parent focus groups which identified the issue of greatest concern to parents statewide. These focus groups led to development and submission of the PIP-required Change Management Proposal, which is now awaiting action by the Department's SPICE Committee.

The OCPS also worked closely with the Parents Steering Committee to develop a PIP-required statewide structure for integrating work with parents into the larger QI system and CWAC change management process. After consulting with CQI, the OCPS led the conversion of the Parents Steering Committee to the new DCFS Statewide Parent Advisory Council (SPAC) made up of parents, staff and others from around the state.

The SPAC has joined the Department's group of official boards, councils and commissions and is now connected to the advisory boards coordinator in the DCFS Director's Office. The OCPS has also worked with the DCFS Policy Office to have this council added to the DCFS Policy Manual.



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The SPAC will track the Department's work with the Parents Change Management Proposal and advise the Department on issues of policy, practice and resources that affect the parents who are served by the Illinois Child Welfare System. This new council parallels the work of the Department's other two stakeholder councils, the Statewide Foster Care Advisory Council and the Illinois Adoption Advisory Council, and it will interact with those councils going forward. The SPAC will also interact with the Department to ensure that the parent work set out in the PIP continues beyond the time period covered by the PIP.

Another major component of the PWP program is the parent chapters that function as support groups for parents as well as venues through which parents can make their voices heard. The OCPS has recently added a parent chapter in Springfield and is working with local field operations to re-start the chapter in East St. Louis. Counting the existing chapters in Lake County and Chicago, that brings the parent chapter total to four. The OCPS will work with field operations to add additional chapters going forward.

Each chapter has four of its members as official members of the new SPAC. This creates a communication structure by which local issues of larger impact can be funneled to the statewide SPAC for consideration and action, and results can be funneled back to the local chapters by the chapter members who sit on the SPAC.

Fathers are an important part of the OCPS's focus for the PWP Program. The OCPS currently has a father who chairs the Chicago PWP Chapter as well as two father who are members of the SPAC. All three fathers have voiced their commitment to help bring more fathers to the table as chapter and SPAC members, and the OCPS is supporting those efforts.

The third major component of the PWP Program is having parents speak to new caseworkers during their pre-service Foundations Training. The OCPS recruits, trains and supervises parents who have achieved reunification, who then speak to new caseworkers about their own experiences as service recipients of the child welfare system. The OCPS makes certain that these parent speakers briefly tell their story to the extent they are comfortable in sharing; explain what their workers did that was not helpful; and elaborate on what their workers did that was helpful to their getting through all their services, meetings and hearings and in achieving reunification. Evaluations completed by these new workers remain very positive, expressing their appreciation for hearing from a parent before these new workers actually get a caseload.

The OCPS also administers a grant to a private partner agency that provides for parent mentors in Cook County Juvenile Court. These mentors meet individually with parents in Cook County Juvenile Court to answer their questions, address their concerns, and support them on their journey not just through Juvenile Court, but through the child welfare system in general. The OCPS has recently begun initial steps toward expanding this program to Sangamon County Juvenile Court in Springfield.

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

### **ITEM 32: Coordination of CFSP Services with Other Federal Programs**

**Response:** DCFS has been consistent in its pursuit of meaningful and strategic engagement and relationship building with intergovernmental agencies, as well as other stakeholders, to advance policy, programs, services, and initiatives that directly touch those we serve throughout Illinois.

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

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

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

DCFS continues to serve on the Executive Task force for IECMHC. DCFS expects the partnership to develop further with the launch of the DCFS Home Visiting program, where Mental Health Consultants serve Home Visiting agencies. Federal Maternal Infant and Early Childhood Home Visiting (MIECHV) funding, along with funding from ISBE and DHS, are the primary funding streams for all Home Visiting services in Illinois.

DCFS continues to serve as representative payee for youth's benefits and facilitates the social security number card process for verifying Social Security Numbers through the Social Security Administration (SSA). DCFS has been able to reimburse about \$19M in costs of care for youth in care. DCFS has also been working on a data exchange of system information with SSA consistent with legislative changes.

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

DCFS is partnering with HFS on the IL Pathways to Success program, which provides Medicaid funded high-fidelity Wraparound services to IL youth (both DCFS involved and not) for youth with complex emotional and behavioral health needs that meet eligibility criteria.

DCFS is also working with the Capacity-Building Center for States (CBCS) on expanded implementation of CFTMs with intact and permanency teams in Cook intended to improve safety, permanency, and well-being. Some of our efforts include increased use of subsidized guardianship to achieve more timely permanency, which includes KinGAP for youth that qualify.

DCFS has engaged, consulted, and coordinated activities with stakeholders across the spectrum of child welfare to address issues of importance to children, youth and families and it will continue this effort to improve the lives of the people we serve across the State.

**Foster & Adoptive Parent Licensing, Recruitment and Retention–ITEMS 33-36**  
**ITEM 33: Standards Applied Equally**

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

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

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

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

The waiver requests are reviewed by the Associate Deputy of Licensing and the Associate Deputy in the Clinical Division when meeting certain criteria outlined in Policy Guide 2018.10. Some referrals reviewed are returned for more information, while some are screened and require a clinical staffing that includes the foster family.

The number of waiver requests received from 7/1/20 to 6/30/21 is below:

**DCFS WAIVERS - JULY 1, 2020 - JUNE 30, 2021**

WAIVERS REQUESTED	98
WAIVERS APPROVED	59
INCOMPLETE/INAPPROPRIATE WAIVERS	34
WAIVERS WITHDRAWN	5
WAIVERS DENIED	0

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**DCFS WAIVERS - JULY 1, 2021 - JUNE 6, 2022**

WAIVERS REQUESTED	109
WAIVERS APPROVED	58
INCOMPLETE/INAPPROPRIATE WAIVERS	2
WAIVERS WITHDRAWN	2
WAIVERS DENIED	2

Training curriculum on non-Safety waivers was developed and received from licensing in each region. The training will be used to train more licensing staff, including field operations staff.

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

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

As of 4/29/21, all 11 regions within the State of Illinois are in PHASE IV (Revitalization). PHASE IV outlines continued required restrictions that include social distancing, mask wearing and capacity limits. The COVID-19 crisis also served as an impetus for Department and other social service personnel to retire and/or leave the field of social services and/or childcare. Concerted efforts and planning have been put forth by the Department and the Child Welfare Advisory Committee to recruit qualified staff to fill positions and provide the supports necessary to retain them.

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

What the pandemic has demonstrated for us is that we as an agency were able to continue our work and make progress in areas where we had been working. The number of inquiries and licensed homes did not stop due to the pandemic. We adapted by using technology to complete our work. We learned to practice social distancing when able to do so.

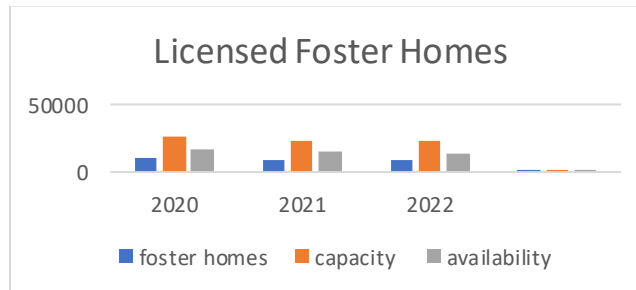
Below is a current count of licensed foster homes in the State of Illinois, and the capacity of these homes to care for foster children as of April 28, 2022.

	# Licensed Homes	Licensed Capacity
DCFS	1,913	5,724
CBP	6,645	18,815
<b>TOTAL</b>	<b>8,558</b>	<b>24,539</b>

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As of 4/28/22, DCFS had an increase of 25 additional licensed foster homes, with an increase in capacity of 1,727, from what was reported on 4/30/21. The number of foster homes licensed by private agencies decreased by 120, while capacity increased by 1401. The combined numbers resulted in 95 less foster homes, but a total capacity increase of 3,098 in a 12-month period. We have increased our foster home capacity to maximize the potential slots for youth in care. The home may have a maximum of 6 children living in the home less than 18 years of age (this is not a new maximum), therefore may have a capacity for 6 children to be placed in that foster home.

The table below shows that the number of homes and availability is trending down in both DCFS and private agencies. The capacity for available homes in the private agencies was over 25,000 and has decreased annually. This is reflected by fiscal year so there may be some increases for the 2022 numbers.



DCFS continues to work towards developing rules, procedures, forms, and policies in accordance with the federal model for foster home licensing standards. DCFS continues to make further progress towards meeting the overall goal to provide consistent application of foster home licensing standards by all licensing staff across the state, while also providing needed supports to foster parents that increase the likelihood, they will choose to remain a primary resource for youth-in-care.

### ITEM 34: Requirements for Criminal Background Checks

**Response:** Please see Illinois' 2022 APSR for descriptive information related to this Item. Updates for this APSR include:

Goal 1: Rules 385 have gone through a Proposed Policy Review Internal comments, 1st Notice (public comments), and have reached the stage where the Executive Summary has been sent to Office of Legal Services and Legislative Affairs for completion. Once approved by the Director of the Department, it will be sent for 2nd Notice, where the Department approved recommendations are reviewed by the Joint Commission on Administrative Rule (JCAR), a legislative body that must review and provide approval of the proposed policies before they can be adopted and filed with the Secretary of State's Office.

Proposed changes to P385, are still pending as of 8/9/2022: Conditional Employees are currently allowed pending the updates to 385. The reason for this change is to align P385 with title IV-E requirements that DCFS may not claim title IV-E on behalf of any children placed in the child care institution unless background checks have been received for all adults' employed by the Agency. Under this change, potential employees must submit to full background checks. On 6/16/22, an Information Transmittal 2022.04 went out regarding Conditional Employment "to inform the listed staff and **childcare institutions, group homes, residential treatment centers, shelters and other congregate care settings** that there will be a delay in implementing the standard of no probationary/conditional employment under 42 U.S.C. 671(a)(20)(D) into practice. DCFS is working diligently to implement the standard of no probationary/conditional employment under 42 U.S.C. 671(a)(20)(D) as soon as possible. Until DCFS reaches administrative and technical capability to fully implement the standard for childcare institutions, group homes, residential treatment centers, shelters and other congregate care settings, these settings shall continue to

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follow the Child Care Act of 1969 and the current rules in Parts 403, 404, 409, 410, 411 and 385 with respect to probationary/conditional employment.”

For Day Care Background Checks, DCFS had to comply with the Child Care Block Development Grant Act (CCBDGA) that requires prospective childcare staff can start employment after completing the FBI fingerprint criminal background check or ISP fingerprint criminal background check and a criminal record check of each state criminal repository where such staff member resided during the preceding 5 years.

Goal 2: The curriculum for Background Checks Rules & Procedures has not been completed to date. This is primarily based on the reasons related to COVID-19 that were noted above. The work project on updating the current PowerPoint curriculum for Background Checks continues. The curriculum will be ready to put forward to the Office of Learning & Professional Development when they have completed other FFPSA curricula related requirements, primarily for permanency and licensing staff.

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

### **ITEM 35: Diligent Recruitment of Foster and Adoptive Homes**

*Please see Addendum B.*

Recent barriers and challenges have included the impact of COVID (i.e., lack of interest in becoming a foster parent), and more globally the acuity and the needs of older youth in care (12+) have made it challenging to secure resources for youth in care. The plan to overcome these challenges includes DCFS being more proactive in accessing community-based resources for this group of youth (i.e., clinical services, educational supports, other services as needed) to wrap the youth and foster parents with support PRIOR to placement in existing foster homes so as to set the placement up for success and preserve it for as long as needed or possible. In addition, DCFS is being more transparent with potential foster parents about what the available community-based services that DCFS will assist the foster parents in accessing should they become a foster parent. DCFS is doing more specialized recruitment for foster parents who are comfortable and supportive of LGBTQ+ youth in care, as well as youth in care who are developmentally disabled, and youth with chronic and severe mental illness. DCFS is planning campaigns for these specialty needs in the Fall of 2022.

DCFS also does targeted recruitment within communities of color, LBGTQI, Latino and Asian communities, by attending festivals and events within those communities. Challenges have been the COVID-19 pandemic which closed many festivals, although some of these venues have opened up during 2022. The plan is to develop a network of resources beginning with partnership with large established churches.

There are six Catholic Diocese in Illinois (Chicago, Rockford, Joliet, Peoria, Springfield, and Belleville). Each of them has literally hundreds of parishes and hundreds of thousands of parishioners. The Diocese of Chicago has 2.2 million Catholics with 246 parishes. The Diocese of Springfield has 125,000 ‘active’ Catholics with 129 parishes. The United Church of Christ is another mega church statewide in Illinois. Partnerships with The Center on Halsted (LGBTQI) as they are the established agency in that community that also serves youths and provides a variety of social services, Chinese American Services League (CASEL), National Association of Social Work-Illinois Chapter, National Association of Black Social Workers-Chicago Chapter, Native American Community Collaborative, Latino Association of Social Work based in Chicago. The Central part of Illinois is experiencing a growth of children coming into foster care. DCFS is exploring ways to

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recruit in rural areas of Central, Northern and Southern Illinois and identify community organizations that we can partner with.

**ITEM 36: State Use of Cross-Jurisdictional Resources for Permanent Placements**

The Office of Permanency Support Illinois Interstate Compact Office is the clearinghouse for referrals when Illinois is seeking an out-of-state placement for youth in care, along with in state placement of youth in care from other states. To provide clarification of the process and updates, Procedure 328 provides overall instruction to Illinois workers regarding the necessary Interstate Compact-required documents that are needed to make an Interstate Compact referral. It provides clarification of the process and updates from the compact on other areas regarding interstate movement. The Procedure will be updated in 2022 and will include regulation specific information, information for casework staff, and add additional language for placement of specialized youth as well as public adoption youth.

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

To eliminate or reduce incomplete interstate referral packets, the Interstate Compact Office has devised a checklist that lists all the necessary documents, and this checklist has been disseminated to the field via Permanency management as well as by request. Interstate Compact Coordinators provide one-on-one consultation to both field staff and their respective supervisors regarding the necessary documents for a complete Interstate Compact referral. Coordinators have provided both in-person and virtual video conference training to DCFS and private agency staff regarding the process of interstate compact cases to include the referral process and other components of the regulations under the Interstate Compact on Placement of Children. A future goal is to provide this process and links to checklists on the IDCFS Dnet resource website. The Office of Learning and Professional Development has been asked to develop a self-directed on demand training.

National Electronic Interstate Compact Enterprise or NEICE has been implemented in approximately 38 states. Illinois was the 8<sup>th</sup> state to go live in this electronic transfer system that allows for secured electronic submission of interstate compact referrals. If Illinois is sending a referral to a NEICE participating state, the referral may be uploaded to the system with all communication being sent to the receiving state. There is no commitment for all states to participate in NEICE; however, Family First Federal Legislation has federally mandated that by 2028 all states have an electronic means to transmit interstate compact referrals. The NEICE system, again, is not utilized by all states; therefore, Illinois has maintained the Access data base as a central point where all referrals are data entered. The Access database can provide information on the completion of referrals per the compact requirements. Currently, NEICE is unable to provide the same level of data, however, provides pending, completed, and overdue home study point in time data. Additionally, it incorporates into the reports all types of referrals,

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both public and private to report overall Interstate Compact compliance, not just youth in custody and guardianship of a state agency.

Data can be gained from the Access data base to show rates of completion of home study requests both incoming from other states and outgoing sent by Illinois. There is a safe and timely report for all referral types (relative/foster and licensure). However, even with the presence of a safe and timely report, a child cannot necessarily be placed. Not all states provide provisional or conditional approvals for placement with simply the safe and timely requirement being met. Foster care licensing requests for resources in receiving states follow roughly the same timeframe (4-6 months on average) as Illinois provides. Once a referral is sent to the receiving state it is incumbent on that state to follow the safe and timely standards per the compact. It further states there are many reasons for the delay of completion once the receiving state has the request. Examples of such include personnel shortages is a barrier to timely ICPC package completion, delays by field staff once the ICPC referral has been assigned to their field staff for completion, delays of background clearances (LEADS/CANTS/Adam Walsh requirements), unresponsive placement resources, or missing or incomplete documentation from the sending state. Illinois does contact receiving states regarding referrals that are not completed within the safe and timely timeframes and ask for barriers to completion of the referral. NEICE provides a 10-day alert prior to home study due date to both the sending and receiving state. NEICE also provides an overdue alert once the home study is past the completion date. Illinois has found that communication with other ICPC offices throughout the country is paramount to resolving barriers.

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

During the COVID 19 public health emergency contracted agency and ICPC staff began to work at home and new electronic document storage systems communication strategies were put into place. This has proved beneficial for both the contracted staff and ICPC staff as all youth files are stored electronically for all ICPC coordinators to have access and assist when needed and collaborate to meet timeframes on assignment and responses to other states. Niece also provides upload ability to store and memorialize records for each youth. The records for youth not in NEICE are stored in the new electronic folders.

ICPC will continue to gather data on a quarterly basis for timely submission of homes studies. The data will be reviewed with the agency contract providers in contract monitoring meetings. These discussions will include quality of home studies and barriers surrounding incomplete home study requests. Program monitoring notes will be taken and stored in a central DCFS monitoring database. FY 22 completion timeframes were not only affected by the lingering COVID-19 pandemic, but also by a retirement of one of the two ICPC staff members who process youth in care referrals in October 2021. FY 19 - FY 22 through March 2022 home study completion information data from Illinois Access database is as follows:



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**Incoming Referral Information:**

Fiscal Year	# of Referrals	Outcomes
FY 19	754	Average # Days to Completion – 56 days Completed within 60 days – 68% (# referrals completed within 60 days/total # of ICPC referrals)
FY 20	705	Average # of Day to Completion – 85 days Completed within 60 days – 66% (# referrals completed within 60 days/total # of ICPC referrals)
FY 21	266	Average # of Day to Completion – 101 days Completed within 60 days – 15% (# referrals completed within 60 days/total # of ICPC referrals)
FY 22 through March 2022	656	Average # of Day to Completion – 80 days Completed within 60 days – 72% (# referrals completed within 60 days/total # of ICPC referrals)

Illinois' ICPC ensures that children in the custody of other states placed in Illinois where the goal is Adoption that they have an Adoption Home Study (conducted by Illinois, ICPC sub-contractors). In the situation where Illinois children and youth are placed via ICPC in other states; ICPC uses NOMAD data reports for unlicensed out of state care givers and follows up with the IL caseworker to send a foster care licensing referral. In most other states, a provider would have to be licensed before they can adopt, so Illinois tries to expedite that process. If an Illinois child living in another state has an Adoption goal, Illinois ICPC will reach out to the Illinois Case Manager to request an Adoption Home Study from ICPC so ICPC can send the referral to the other state. For children waiting in Illinois, ICPC facilitates a lot of phone calls for foster parents/parents who want to adopt children from other states.

Illinois will provide renewed attention to the requirements for adoption listing services, which could include recruitment of a resource family located outside of Illinois for children waiting for adoption. There have been prior focused efforts to increase timely listing of youth in need of a resource and a refresher on these requirements would be helpful due to staff turnover since this was last emphasized in a targeted way.

## Chapter 3 – Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes

Director Marc Smith and his executive leadership team have taken intentional actions to ensure alignment across all projects and programs. In this context, the goals and objectives from the CFSP and subsequent APSRs have been reviewed to maximize limited resources and ensure they are focused on the most important priorities. Any goals that are not aligned with the mission, vision, and values of the department are being deferred or discontinued.

The 36 items evaluated in the CFSR are aligned with the mission, vision, and values of DCFS and improved performance on these items is likely to result in improved outcomes for children and families served. Therefore, these 36 items are foundational in our goals and objectives for the coming year. DCFS also prioritizes implementation of commitments made in the Illinois Title IV-E Adoption Assistance and Family First Improvement plans and the National Youth in Transition Database Improvement Plan.

### PROTECTING CHILDREN, STRENGTHENING FAMILIES

#### Mission

Protecting children and strengthening families by offering preventative and supportive services in homes in neighborhoods and communities across Illinois. By focusing on safety first, prevention, permanency and the well-being of the children and families we serve, we will create a child and family welfare agency that improves access and outcomes for children and families served.

#### Vision

To build a child welfare system that supports the safety and well-being of children and families through a streamlined system of care that results in positive outcomes for families and children of Illinois.

#### Values

Safety First, Safety Always  
Equity, Inclusion, and Social Justice  
Responsive Interactions  
Empathy  
Respect  
Trust  
Accountability

### Illinois Child and Family Services Review (CFSR) Round 3 Program Improvement Plan (PIP)

With respect to implementation of the CFSR 3 PIP, please see the “Illinois PIP Report for Quarter 3 and Quarter 4” for information on revisions and updates to CFSR 3 PIP Goals, Objectives and Interventions (Attachment 1).

The Illinois Court Improvement Program (ICIP) updates are also included in the Quarter 3 and Quarter 4 report included as an attachment. In October 2020, ICIP began to implement the two primary PIP court strategies and activities: the *Intact Family Services Project* (PIP Strategy 1.2.8-1.2.15) and the *Quality Hearing Project* (PIP Strategy 2.4.1-2.4.10).

The *Intact Family Services Project* was developed to ensure continued safety in voluntary Intact services by increasing the number of court jurisdictions that hear requests for orders of protective supervision and continuance under supervision. The Intact Family Services Project also serves as ICIP’s federally required CIP-DCFS joint project (ACYF-CB-PI-20-12 and ACYF-CBPI-21-02).

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The goal of the *Quality Hearing Project* is to effectively engage mothers, fathers and youth during the early stages of a case (TC Hearing to Disposition) through quality hearing practice in order to establish a vision, culture and specific practices that center on asking “what needs to happen to return the child home today?” so there is an increased focus on permanency, meaningful hearings and quality permanency plans. This project also serves as ICIP’s federally required Quality Hearing Project (ACYF-CB-PI-20-12 and ACYF-CBPI-21-02).

### **Illinois AFCARS Improvement Plan (AIP)**

As of April 11, 2022, Illinois was notified that it had successfully completed its AFCARS Improvement Plan (AIP) under the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review. Illinois’ AIP has been closed out. After Children’s Bureau staff’s review and conversations with DCFS staff, the Children’s Bureau staff determined that the remaining AIP tasks were 1) already completed, 2) dismissed for lack of relevance to AFCARS 2020, or 3) dismissed and flagged for CB’s review during the assessment phase for AFCARS 2020. DCFS was advised that it should ensure that the tasks in the third category are addressed in the current and new systems and extraction for AFCARS 2020 data collection and reporting. The Children’s Bureau will assess these issues again as they begin the process to conduct an AFCARS 2020 review. Flagged issues:

- Health conditions
- Pre-adoptive homes
- Moves within a campus
- Circumstances at removal
- Multiple race options
- Relationship to adoptive parent

Data collection for AFCARS 2020 begins October 1, 2022 and requires both new and revised data elements and an entirely new method of file submission. DCFS will submit its first report by May 15, 2023.

### **Illinois NYTD Improvement Plan (IP)**

The Department participated in an onsite federal review of the NYTD reporting system June 25-29, 2019. The first NYTD IP was submitted on 3/23/2021 and approved by the Children’s Bureau on 8/11/2021. The NYTD IP Update #1 was submitted on 3/4/2022 (Attachment 2). The NYTD IP states that Illinois is in the process of developing a new SACWIS, to be known as CCWIS, system.

The goal is to capture independent living services provided by the state more efficiently and in more totality. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

The NYTD IP also states that DCFS will strive to improve the reporting of independent living services, increase survey participation by out of care youth, and utilize the NYTD data for the improvement of service delivery. The Department posts NYTD data reports generated from the NYTD portal on the internal website that is available to DCFS and private agency staff. At this time, the Department has not shared NYTD data with external stakeholders in any other manner.

Beginning 10/1/2021 (NYTD 2022B report period), youth who complete the NYTD survey receive a \$25 e-gift card for their participation. It is hopeful this will increase the level of participation of both in and out of care youth required to complete a survey.

### **Illinois Title IV-E Adoption Assistance Program Improvement Plan (PIP)**

On March 10, 2022, Illinois received approval for its IV-E Adoption Assistance PIP (Attachment 3) submitted January 27, 2022. The PIP includes updates to IDCFS stopping the practice of automatically terminating or suspending adoption assistance agreements when children re-enter foster care; efforts to identify and make appropriate adjustments to any title IV-E payments that

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were discontinued as a result of Illinois' practice going back to 2012; and Illinois' plan to rectify this issue in the short and long term so that title IV-E adoption assistance payments are not automatically stopped if an adoptive child re-enters foster care. The first quarter of the PIP began April 1, 2022 and quarterly progress reports will be submitted to the regional office reporting on the progress of implementation of the actions outlined in the PIP; the first quarterly report is due on July 1, 2022 and every 3 months thereafter. The state will have one year to complete this PIP and bring the state into compliance with title IV-E state plan requirements.

Since implementation of the Adoption Assistance PIP, IDCFS has initiated policy revisions and identified specific youth and families impacted by the prior practices on subsidy termination when youth re-enter foster care. Next steps will include notifying families potentially impacted and explaining the appeal process.

### **Illinois Family First Prevention Program Improvement Plan (PIP)**

This plan is in development currently. One of the main topics to address in the Title IV-E PIP is to clarify the definition of a foster home and to discontinue allowing foster parents to provide respite for children if those children exceed the foster home licensed capacity.

**Include information on how the CQI/QA system was utilized to identify and inform revisions needed to the goals, objectives, and interventions:** Particularly with the CFSR 3 PIP, the state has utilized the CQI system to identify what strategies are working, which ones are not, whether changes are needed to activities and overarching interventions. The Q3 and Q4 Progress Report reflects that CQI activity.

The NYTD PIP, Adoption Assistance PIP, and Family First PIP have been managed by using the Plan, Do, Study, Act CQI process. Each of these improvement plans began with identification of a problem, followed by exploration of the problem and underlying causes. Once the problem and its root causes are understood, a plan to correct the issue was put into place. The changes are now monitored to determine if they are having the desired effect.

### **Implementation & Program Supports**

- *Align implementation support across the CFSR PIP and CFSP.*
- *Identify the additional supports needed to achieve and sustain each goal and objective*
- *Plan a timeline for ensuring the supports are or will be put in place. (Examples of implementation supports include: staffing, training and coaching, financing, data systems, policies, physical space, equipment, and memoranda of understanding with tribes, other agencies and organizations.)*

The CFSP Goals are primarily the CFSR 3 PIP Goals and strategies, thus implementation is aligned in that regard. Various program descriptions also included goals specific to those programs and were integrated throughout the CFSP and subsequent APSRs. Similar to most other jurisdictions, child welfare positions in Illinois are experiencing high turnover, high vacancy rates, and difficulty recruiting new staff. There have been a number of different in person recruitment events and online social media messaging campaigns to promote employment opportunities. DCFS also recently advocated for and achieved rate increases in a number of contracts to better recruit and retain service providers and staff. The increases included salary increases for caseworkers, supervisors, and support staff at private child welfare agencies; a cost-of-living increase for foster parents; increased hourly and salary rates for childcare workers and professional staff in congregate care programs; and funding for additional support staff at private child welfare agencies to enhance permanency, recruitment, and licensing. The salary increases for CBP caseworkers and supervisors reduce disparity between public and private sector by bringing private sector salaries to 80% of the AFSCME starting point, with the aim of achieving 90% eventually. Hourly pay for childcare workers increased from \$16.62 to \$19.62 per hour.

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Contracts for community-based partner agency were revised to include funding for new positions that serve as support staff to enhance safety for intact families, enhance permanency for youth in care, and enhanced foster home recruitment and licensing. The adjustments also included increased support for CBP liability insurance and worker benefit packages.

Illinois is receiving support from the Capacity Building Center for States in the implementation of some of the PIP strategies, such as expansion of child and family teams to intact families, implementation of Motivational Interviewing for interventions with families, and supporting continuous quality improvement processes and decision-making. Illinois also has contracts with multiple universities that support performance improvement efforts by assisting with data analysis, evaluating programs and interventions, and supporting efforts to address racial equity in services provided. DCFS works with consultants with expertise on implementation support to improve scaling of interventions targeted to improve outcomes for children and families. DCFS is piloting different approaches to ongoing field support to build engagement and intervention skills for front line staff and supervisors. Prior implementation efforts support the need for practice supports in the field, such as coaching. The pilots of different types of field support will inform decisions on the number of positions that may need to be added to provide sufficient support for practice improvements in direct service with families. DCFS is working with Illinois Central Management Services to increase workspaces available in a number of areas around the state to accommodate the additional positions that have been added to meet the needs of families served. DCFS, in collaboration with the Department of Innovation and Technology (DoIT), is in the process of upgrading the technology that supports the work of child welfare in Illinois. Development and Implementation of a Comprehensive Child Welfare Information System (CCWIS) is occurring concurrently with implementation of the SAFE Practice Model to ensure consistency across these complex projects. The contracts with vendors for both projects include considerable technical assistance to ensure successful implementation and sustainability. These efforts will extend throughout and beyond the coming year.

As described in Chapter 1, IL DCFS is engaged in partnerships with other state agencies to work collaboratively on improvements to the delivery of emotional and behavioral health services to youth. These efforts could result in the need for new or revised information sharing agreements.

As described in Chapter 2, IL DCFS there were ongoing enhancements to initial staff training over the past year, including enhancements to the simulation training for child protection staff. The Office of Learning and Professional Development (OLPD) uses pre and post surveys to evaluate the transfer of learning during initial and ongoing training and is working toward a more comprehensive training evaluation process to ensure staff have the necessary knowledge and skills. OLPD continues to offer Core Practice Model training and added a Foundations for Supervisors during the second quarter of state fiscal year 2021, which continued into FY22. The Safety First; Safety Always series of trainings has continued during the past year and includes Workplace and Field Safety. The Safety series has been converted to an on demand virtual training and the Workplace and Field Safety training is facilitated live. An on-demand training for staff and caregivers for working with or caring for LGBTQI+ youth was launched in calendar year 2021 and over 80% of direct service staff completed this training by December 31, 2021. OLPD has also provided training on Family First Prevention Services and Motivational Interviewing from fall 2021 into spring 2022 as a live facilitated three-day training for intact workers and two-day training for permanency and adoption staff. Implicit Bias training was mandated for direct service staff and over 85% of targeted staff completed this training between summer and fall in 2021. All of these training initiatives are aligned with goals and strategies for performance improvement outlined in the CFSR Round 3 PIP.

The following information summarizes work with university partners that support child welfare work in Illinois.

**The Child Welfare Research Collaborative (CWRC), Jane Addams College of Social Work, University of Illinois at Chicago**

This section describes the research activities that the Child Welfare Research Collaborative (CWRC) at the Jane Addams College of Social Work at the University of Illinois at Chicago will conduct for the Illinois Department of Children and Family Services in FY 2023. This 1st year of a 3-year contract will continue to address evaluation needs of programs serving youth at high risk for placement instability and low rates of reunification and adoption. It includes interrelated projects focused on service needs and support of effective services for children and adolescents with complex behavioral needs. As in the past, these projects will be designed based on an active collaboration model. CWRC staff will provide research expertise while DCFS administration specifies specific areas of research evaluation need, meets with CWRC staff on a regular basis, and provides direction regarding specific research questions and supports data collection. This process produces evaluation results that are targeted to address questions that are most relevant to the Department and client needs.

Placement and Stability Services:

CWRC will support DCFS's goal to provide appropriate, effective services to children and adolescents in foster care with complex needs to better support placement stability and permanency. In the next fiscal year, this support will include completion of a follow up D-CIPP study focused on barriers to stability and permanency outcomes.

Youth Needs and Service System Gaps Contributing to Instability and Long-term Foster Care

The Youth Needs and Service System Gaps study was initiated in FY22 to identify service system issues that contribute to poor case outcomes. The Clinical Intervention for Placement Preservation (CIPP) program plays an important role in improving these outcomes by reducing risk for subsequent moves and helping maintain youth in community-based placements when possible.

Analysis of administrative data indicates that improvements in placement stability in the year following CIPP meetings have occurred over time. However, most of the youth served by the program continued to experience one or more moves after the meeting. Also, consistent with this finding the permanency outcomes were low in FY20 with just 14% achieving permanency within a year after the meeting. In addition, hospitalizations, detentions, and runaway episodes occurred more frequently in the following year (17.5%, 8.8% and 13.4%, respectively).

These findings suggest that despite the success of the program in supporting community-based placements, additional supports are needed to further increase placement stability, which in turn supports adoption and subsidized guardianship for youth who are not able to be reunified.

The Youth Needs and Service System Gaps study involves collection of data from foster parents and caseworkers at a point when children and adolescents have a high risk for instability, providing an opportunity to identify key service system gaps. Foster parents will report their perceptions of the youth's need for specific supports and services that impact their decision to provide continued care. Caseworkers will provide information on the availability of a range of specific services and supports for youth on their current caseload. The survey data will be linked to administrative data to estimate the extent of service gaps and identify regional differences.

Youth Well-being and Needs After Exiting Foster Care. This study will provide information about wellbeing and needs of youth after their exit from foster care at age 21. Previous CWRC studies conducted with the D-CIPP program from 2018-2020 with over 700 individuals participating in a D-CIPP meeting have provided an understanding of the potential impact of D-CIPP on goal completion, service delivery, and youth outcomes 2-3 months after the D-CIPP. In these studies,

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youth report a high level of confidence in their ability to manage after leaving care, and caseworkers generally reported that youth were placed in housing prior to exiting care where they could remain after their exit. This study will provide information on youth wellbeing in critical areas including employment, housing stability, medical care, and parenting.

Data Agreement

The data sharing agreement between the Jane Addams College of Social Work CWRC, DCFS and Chapin Hall Center for Children will be maintained throughout the contract period. DCFS allows Chapin Hall to provide regular updates to the Integrated Data Base to the CWRC. The purpose of access to the Integrated Data base, CANS data and other DCFS-related data is to facilitate analysis of data required for this project.

**Chapin Hall Center for Children at the University of Chicago**

Services provided under this contract include research, evaluation, and implementation support for the management of improved client outcomes and system-level performance under the Department's requirements for Federal funding and its obligations to the Federal court under the B.H. vs. Smith court decree. Chapin Hall also provides other reports to DCFs as needed. There are a total 21 projects anticipated in FY23; among these are 19 continuations from FY22 and 2 new projects. Projects include research, evaluation, and implementation support that rely upon complex longitudinal datasets and analysis. Projects support State initiatives, Federal requirements, and consent decree obligations.

Description of Services:

1) Immersion Sites Evaluation

Chapin Hall conducts the evaluation of the DCFS implementation of a Core Practice Model via Immersion Sites. The Core Practice Model utilizes a Family-Centered, Trauma-Informed, Strengths-Based (FTS) curriculum that includes a Model of Supervision (MoSP) and training and coaching in child and family team meeting facilitation. Front-line staff across the state have or will be retrained using this curriculum and supervisors have or will be taught how to manage, coach, and evaluate regional front-line staff in their daily engagement and decision-making with children and their families. In addition, DCFS partners with its contracted providers to broaden the array of services that are available to children and their families at the selected immersion sites. The Chapin Hall evaluation of Immersion Sites is a cohort study.

2) Families Together Evaluation (previously Therapeutic Foster Care Evaluation [TFC])

The Therapeutic Foster Care (TFC) Pilot evaluation ended in FY22. (Evaluation report is available as an attachment to this document.) The evaluation measured the congruence of the program to the core values and guiding principles and its effectiveness in deflecting youth from higher end care or moving youth from higher end care into the community. In FY22, Chapin Hall began planning for the evaluation of the Lutheran Social Services of Illinois (LSSI) Families Together Model, which includes Keeping Foster and Kin Parents Supported and Trained (KEEP), Generation Parent Management Training - the Oregon Model (Generation PMTO), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

3) Residential Monitoring Evaluation (TRPMI)

Chapin Hall conducts the evaluation of the Residential Monitoring Program. The provision of Therapeutic Residential treatment occurs in a complex environment that precludes a causal attribution related to monitoring. Chapin Hall developed an evaluation design that can detect differences between historical trends in practice and adherence to new protocols, known as an interrupted time series study. This requires documentation of baseline practice using existing monitoring tools as well as building upon these tools to provide mechanisms for capturing data on adherence to evolving performance expectations. The evaluation also incorporates components that assess organizational culture in residential facilities. In this way, the evaluation may inform DCFS of the likely impact of Residential Monitoring on both the quality

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of care and on child and youth outcomes. Chapin Hall also provides implementation support to the planning and implementation of a proposed new monitoring model under the B.H. consent decree.

4) Regenerations/RUR (Release Upon Request)/CQI

The evaluation of the Regenerations Pilot as part of the B.H. consent decree concluded in FY22. (Evaluation report is available as an attachment to this document.) In follow-up to the evaluation phase, Chapin Hall will provide two separate areas of ongoing support. The first area is to support DCFS and the two providers, Lutheran Child and Family Services of Illinois (LCFS) and Youth Advocate Programs (YAP), with the implementation of the Regenerations model in the Central and Southern regions. Chapin Hall's anticipated scope in these new regions includes providing implementation supports and developing a continuous quality improvement (CQI) structure. The second area of support is to continue the CQI support that is already provided to the Cook County Regenerations team in their effort to expand referral pathways into the program.

5) Residential Care Research

Chapin Hall will support the implementation of a new approach to the administration of out-of-home care including residential care, by engaging in data analysis to examine changing utilization patterns over time, inform placement decision-making, and the development of home-based alternatives to congregate care for youth in or at-risk of entering out-of-home and residential care. The focus of this work will be to continue analytic procedures to inform the development of metrics to monitor and guide performance as well as to inform the implementation of various initiatives aimed at reducing the use of congregate care. These analyses will guide recommendations around development of community-based resources for youth in need of intensive services and supervision and early identification of youth in need of high-end care. It will also help the Department prepare for and implement changes in the use of residential care required by the Family First Prevention Services Act (FFPSA).

6) Strategic Implementation Support

Chapin Hall provides targeted strategic consultation to the Department to help leadership meet their strategic objectives. With the release of the Report of the B.H. Expert Panel (Dr. Mark Testa, UNC and Marci White, MSW), joint filing of the B.H. Plan, and subsequent judicial and legislative mandates, there are requirements of the Department that represent opportunities for innovation and improvement if implemented soundly and in a manner consistent with research evidence. Some of the targeted strategic consultation activities focus on providing support for B.H.-related work such as incorporating evaluation considerations into implementation plans and providing data-informed guidance on implementation planning decisions.

7) Continuous Quality Improvement (CQI) Framework

Chapin Hall provides support to DCFS to develop an enhanced statewide quality improvement process involving both DCFS and private agency stakeholders and ensure that identified outcomes and benchmarks are aligned with Federal reporting requirements, court mandated system improvements, and DCFS strategic objectives.

8) Early Childhood Court Team (ECCT) Evaluation

The Early Childhood Court Team (ECCT) is a therapeutic dependency court that utilizes judicial leadership informed by the developmental needs of infants and toddlers. The therapeutic court model was initiated in Miami, Florida and later adopted by Zero-to-Three (ZTT) as the Safe Babies Court Teams (SBCT; Zero to Three, 2014). SBCTs seek to minimize the inherently adversarial nature of court processes through increased communication, knowledge of child development, and mediation and coordination that prioritizes the urgency of this developmental period and expedites permanency.



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- 9) Evaluation of the Illinois ECCT Project includes process and outcomes studies. The outcome study focuses on permanency rates and whether in the ECCT context permanency rates change. The theory of change frames the evaluation. We continue to work with DCFS on the theory of change as a living document.
- 10) Home Visiting Evaluation  
DCFS is requesting an evaluation waiver for the two home visiting interventions, Healthy Families America (HFA) and Parents as Teachers (PAT), which are both listed as “well-supported” on the Title IV-E Prevention Services Clearinghouse. Chapin Hall at the University of Chicago will be responsible for implementing the Continuous Quality Improvement (CQI) plan for both home visiting interventions to monitor fidelity to the HFA and PAT models, to ensure that results of that monitoring will be used to improve practices, and to measure the outcomes that are achieved.
- 11) Youth Empowerment Survey Support (YES)  
The Illinois State Legislature enacted SB1743 (P.A. 101-166) which requires the Department “to develop and process a standardized survey to gather feedback from children who are aging out of foster care and from children who have transitioned out of the foster care system” in coordination with the Foster Care Alumni of America Illinois Chapter, the School of Social Work at the University of Illinois at Urbana-Champaign, and the Department's Statewide Youth Advisory Board. According to the legislation, the survey should include questions about “the children's experience with and opinion of state foster care services, the children's recommendations for improvement of such services, the amount of time the children spent in the foster care system, and any other information deemed relevant by the Department.” The Department is required to administer the survey to “all youth participating in transitional living programs, independent living programs, or Youth in College and to all youth receiving scholarships or tuition waivers under the DCFS Scholarship Program” every 5 years and submit a report based on the survey results to the Governor and the General Assembly. Chapin Hall prepared the first report at the end of last year. The Department has decided to administer the survey annually, rather than every five years, and has asked Chapin Hall to revise the survey, analyze the survey data, and prepare an annual report.
- 12) Intact Family Services  
Building on foundational analytic and program design work for Intact Family Services completed in FY21 and guided by the Systemic Review of Critical Incidents in Intact Family Services issued in 2019, Chapin Hall continued to provide analytic and implementation support for key program improvements in FY22. Specifically, Chapin Hall partnered with Department leaders to improve Intact Family Services processes and practices for case closures, family engagement, and CWS Referral Program monitoring. Throughout, Chapin Hall facilitated the rigorous use of administrative data and other information sources, collaborative process and program design, and best practices for implementation.
- 13) Center for State Foster Care and Adoption Data (FCDA)  
As part of its membership to Chapin Hall's Center for State Child Welfare Data, DCFS provides Chapin Hall electronic foster care records. Chapin Hall transforms those records into a longitudinal file that is uploaded to a web-based analytic interface that allows authorized users to answer mission-critical questions about trajectories and outcomes for children in foster care. The tool enables analysis at the state, county and child level as well as comparisons to other jurisdictions.
- 14) Data Support  
Chapin Hall maintains an Integrated Database that is based on DCFS administrative data. Chapin Hall maintains the Integrated Database to have an available and supported file of DCFS data by which it can complete rigorous research, analyses, data integration, and evaluations for DCFS on an ongoing basis. The Integrated Database is also the primary information source

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for the other projects specified in this contract, although additional data sets, e.g., Chicago Public Schools, IL Department of Human Services, and other state agency data are often leveraged and linked to DCFS data to deepen and enrich analyses. Further, at the request of DCFS leadership, Chapin Hall provides prepared datasets derived from the Integrated Database to the University of Illinois at Urbana-Champaign, Child and Family Research Center; the University of Illinois at Chicago, College of Social Work; and others to support work those institutions conduct for and on behalf of the Illinois child welfare system.

15) Safety Assessment (formerly CERAP Review)

In FY22 Chapin Hall worked with DCFS to adopt and plan for implementation for enhancements to improve front-end safety assessment, based on the FY20 review of the Child Endangerment Risk Assessment Protocol (CERAP). DCFS announced a decision to plan for the implementation of the SAFE Model of safety assessment. Chapin Hall has been assisting with broad plans for implementation and collaborated with the purveyor of the SAFE Model to discuss implementation considerations. In FY23, implementation planning will continue, and Chapin Hall will provide support for changes to business processes that may include guidance for training, IT, and policy refinement. The Chapin team will also develop plans for continuous quality improvement of new safety assessment strategies, including plans for ongoing monitoring and the development of metrics and indicators. This work will provide valuable information to inform the Department's future direction for training the workforce and implementing reliable and valid decision-making support tools.

16) Family First

Chapin Hall began working with Illinois in FY20 to plan for the implementation of services, interventions and strategies to meet upcoming federal requirements around the Family First Prevention Services Act, in both the areas of family preventive services and community-based alternatives to congregate care for youth in care. In FY22, the state implemented the prevention plan as well as the shift to Qualified Residential Treatment Providers (QRTPs) to reduce its reliance on congregate care. Both streams of work continue in FY23 as the state continues to build on the successes of initial implementation phases and address ongoing challenges.

17) YV LifeSet Evaluation

Chapin Hall is evaluating the Youth Villages LifeSet program which has been implemented by selected private agencies that provide transitional living program (TLP) and independent living opportunity (ILO) services for transition age youth-in-care. The LifeSet evaluation includes activities to monitor program entries and exits, the quantity, quality, and structure of LifeSet services, and the impact of these services on youth outcomes. The evaluation includes two phases, a descriptive only component (Phase I) and a descriptive and comparative component (Phase II). In Phase I, which was completed in FY22, Chapin Hall conducted interviews with the LifeSet supervisors and provider agency administrators to learn about program implementation and uptake. In addition, Chapin Hall used DCFS administrative data and program data collected by Youth Villages to provide a descriptive summary of the youth who entered the LifeSet program. In Phase II, which will begin in FY23, Chapin Hall will use the findings from Phase I to develop interview and focus group protocols to assess LifeSet youth and LifeSet specialists' experiences with the LifeSet program. Also, in Phase II, Chapin Hall will use DCFS administrative data and Youth Villages program data to evaluate selected placement stability, function, and safety outcomes among youth who receive LifeSet services compared with a similar group of youth who received traditional TLP or ILO services.

18) Motivational Interviewing (MI) CQI

DCFS is implementing Motivational Interviewing (MI) as a prevention service under the Family First Prevention Services Act (FFPSA). Because MI has been rated as Well-supported by the Title IV-E Clearinghouse, the evaluation will be conducted under an evaluation waiver and be called a CQI plan. The evaluation will include a process study and an outcome study. DCFS

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will work to implement MI with fidelity. Information collected by DCFS for that purpose will be shared with Chapin Hall for use in the process study. In addition to documenting implementation fidelity, the process study will describe staff experiences with MI. For the outcome study, Chapin Hall will describe child welfare outcomes for children and families assigned to MI-trained caseworkers in comparison to children and families served prior to MI implementation.

19) Multisystemic Therapy (MST) CQI

DCFS and selected private agencies are implementing Multisystemic Therapy (MST) as a prevention service under the Family First Prevention Services Act (FFPSA). Because MST has been rated as Well-supported by the Title IV-E Clearinghouse, the evaluation will be conducted under an evaluation waiver and be called a CQI plan. The evaluation will include a process study and an outcome study. DCFS and selected private agencies will work to implement MST with fidelity. Information collected by DCFS and selected private agencies for that purpose will be shared with Chapin Hall for use in the process study. In addition to documenting implementation fidelity, the process study will describe child, family, and staff experiences with MST. For the outcome study, we will describe outcomes for children and families prior to and after completion of MST.

20) Trauma-focused Cognitive Behavioral Therapy (TF-CBT) Evaluation

DCFS and selected private agencies are implementing Trauma-focused Cognitive Behavioral Therapy (TF-CBT) as a prevention service under the Family First Prevention Services Act (FFPSA). The evaluation will include a process study and an outcome study. DCFS and selected private agencies will work to implement TF-CBT with fidelity. Information collected by DCFS and selected private agencies for that purpose will be shared with Chapin Hall for use in the process study. In addition to documenting implementation fidelity, the process study will describe child, family, and staff experiences with TF-CBT. For the outcome study, Chapin Hall will describe outcomes for children and families receiving TF-CBT in comparison to similar children and families.

21) Children's Behavioral Health Transformation

22) Effective March 1, 2022, the Governor appointed Dana Weiner (Senior Policy Fellow at Chapin Hall) as the Director of the Children's Behavioral Health Transformation Initiative and engaged Chapin Hall to provide research and data support to this important initiative. Ms. Weiner's appointment follows the recommendation of an interagency workgroup consisting of all Illinois child serving agencies – DJJ, HFS, DHS, DCFS, ISBE and Public Health. Illinois recognizes that there are longstanding issues with how these agency's programs are designed and funded to provide support and resources for youth with the most complex emotional and behavioral health needs. In this role, Dr. Weiner will engage the state agencies, providers, families, experts, and other stakeholders; oversee completion of gap analyses and other research; and make recommendations to the administration about how to improve the children's behavioral health system. The goals of this work include ensuring that (1) youth with significant emotional and behavioral health needs receive the community and residential services they need to thrive; and (2) parents, guardians, and family members have transparency and clarity about where to go to access assistance for their children and the process for finding and getting placed in appropriate services.

23) Wraparound Evaluation

DCFS is implementing Wraparound to provide coordinated and supportive, family-driven, and strengths-based planning for youth and families in DCFS care. Wraparound is being offered in Immersion Sites by selected providers. Chapin Hall will work with Immersion Site Directors, DCFS, and provider agencies to support the implementation of high-fidelity Wraparound and conduct a process and outcome study. Chapin Hall will use fidelity assessment data and client information submitted to WrapStat, the national Wraparound evaluation data tracking system,

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to examine implementation. We will review program monitoring data and other DCFS administrative records to describe the array of support services and use of flex funds. Chapin Hall will develop a sampling plan and interview protocol to gather input and feedback on program activities, training, challenges, and perceived benefits of Wraparound from the perspective of Wraparound staff and clients. Chapin Hall will use administrative and program data to provide a descriptive analysis of youth and families who are referred for Wraparound services. For the outcome study, Chapin Hall will examine youth strengths and needs, caregiver strengths and needs, reunification, and placement rates among clients who received Wraparound. The evaluation plan will be developed collaboratively with DCFS, provider agencies, and Northwestern CANS data support team. The evaluation will be designed to reinforce and build upon the existing data on the effectiveness of Wraparound as well as meet the evaluation standards of the Title IV-E Prevention Services Clearinghouse.

### **Child & Family Research Center, University of Illinois at Urbana-Champaign, School of Social Work**

The Children and Family Research Center (CFRC) per the B.H. Consent Decree, acts as an independent monitor of the Department of Children Family Services. In partnership with DCFS, the Children and Family Research Center (CFRC) establishes the deliverables that are directly related to the Department's monitoring and evaluation needs under different legislative and court mandates. The Children and Family Research Center (CFRC) conducts research, evaluation, and practical support to inform child welfare policy and improve child welfare practice in the state of Illinois. To support the Department's efforts, the Center proposes to engage in the following activities in FY2023:

- Illinois Child Death Review Teams Annual Evaluation  
Since the implementation of the child death review process, individuals and agencies responding to child deaths have come to understand the importance of a coordinated, multi-agency response. Recommendations from the CDRTs have helped to develop, streamline, and implement better practices regarding child safety. Since FY2003, the Children and Family Research Center has collaborated with the Department and the CDRT Executive Council to analyze information on child deaths in Illinois and write the CDRT annual report.
- B.H. Monitoring Report and Data Analysis  
As specified in the 1996 *B.H. et al. vs. McDonald Joint Memorandum in Support of Agreed Supplemental Order*, the CFRC is "responsible for evaluating and issuing public reports on the performance of the child welfare service system operated by DCFS and its agents."

Each year since 1997, the CFRC has produced an annual report that describes the Department's performance in several key areas including child safety, continuity and stability of family relationships, legal permanence, and child and family well-being. To produce these monitoring reports, the CFRC has been given access to DCFS administrative data and has developed, in consultation with the Department and counsel for the plaintiff class, a set of outcome indicators that provide quantitative measures of progress toward meeting the goals that are set forth in the consent decree: "The Research Center will develop technologies and methods for collecting data to accurately report and analyze these outcome indicators. The Research Center may revise these outcome indicators after consultation with the Department and counsel for the plaintiff class to the extent necessary to improve the Center's ability to measure progress toward meeting the outcome goals" (Joint Memorandum, p. 4).

- Illinois Child Welfare Outcomes Data Center  
Each of the indicators found in the *B.H. Monitoring Report* is available on the Center's website in the "Data Center." In the Data Center, users can look at data for each indicator for the state of Illinois, or by various geographical subgroups. Indicators can also be examined by child demographic characteristics (age, race or gender). Breaking the data out in this manner allows

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for any interested party to look at the data for a community, and to see its impact across both demographic and geographic domains. In addition to the indicator data, the Data Center includes a "Population Data" section which focuses on more general statistics regarding the child welfare population of Illinois, including child reports, family investigations, and breakouts of allegation types.

- BH Case Practice Review

Case Practice Review is a practice-improvement approach designed to assess current outcomes and system performance by gathering information directly from families, children and service team members. Illinois will use an individualized review instrument that includes the Federal on-site review instrument and may also include supplemental quality focused questions. Case review is part of the larger process for the examination of the Family-centered, Trauma-informed, Strength-based model of practice that includes a Model of Supervision and effective utilization of Child and Family Team meetings.

The Illinois design for what is being called Outcome Enhancement Review (OER) is a complete process of weighted sampling, documentation review, interview and supervisor/caseworker debriefing. The Case Practice Reviewer will be responsible for setting up interviews for each case. Interviews may be in person or by phone depending on case specifics. Case Practice Reviewers may be called upon to assist in aggregating findings, analysis of findings and presentation of findings as appropriate. In some instances, an abbreviated OER may be utilized. Case Practice Reviewers may be utilized as Team Leaders to a case review process and as a Quality Control component for ensuring validity to a review process.

- Foster Care Utilization Review Program

The Center's Foster Care Utilization Review Program (FCURP) is a program contracted by the Illinois Department of Children and Family Services (DCFS) and works in close partnership with DCFS' Office of Quality Enhancement (OQE) to primarily support Continuous Quality Improvement (CQI) activities, such as managing the state's CFSR 3 PIP Measurement Reviews.

- Computer Support and Data Archive

The computer support and data archive team facilitate the research done by CFRC staff by maintaining several multi-user Linux servers. The Linux machines host the CFRC Data Center that contains summary statistics on child welfare measures which can be viewed by various geographic breakdowns as well as child demographic characteristics such as age, race, and gender. One of the Linux servers is dedicated to the analysis of the DCFS SACWIS and CYCIS (Legacy Golden Copy) databases that are downloaded from the DCFS Data Warehouse on a quarterly basis. Updated data are loaded into the servers so that multiple researchers can access it at any time using SAS data analysis software.

- Evaluation of the Simulation Lab Training

The Illinois Department of Children and Family Services (DCFS) began providing experiential training to new investigators in 2015 through a partnership with the Child Protection Training Academy (CPTA) at the University of Illinois at Springfield (UIS). New child protection investigators come to a simulation center for a week at the end of their Foundation training to participate in simulations of real-life situations that DCFS investigators encounter. A second simulation center was opened in Chicago in April. The CFRC has worked with the Department and the CPTA to develop a research agenda related to the simulation training; program evaluation activities to date have examined the design and implementation of the program and have assessed its impact on investigators' experience of their work and turnover. CPTA also collaborated with CFRC to develop a method to track progress during the simulation training week using a daily standardized trainee self-report measure. Evaluation findings show that the investigators who received the simulation training rated their foundation training higher,

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reported less difficulty acquiring certain skills on the job, and had lower turnover intention and a higher retention rate within 24 months compared to those who did not receive this training.

- Evaluation of the Youth Advocate Program (YAP)

The Youth Advocate Program (YAP) provides services to DCFS youth ages 12-21 who are at risk of incarceration and/or injury due to fragile family situation, placement, involvement with police or juvenile probation, and who may live in neighborhoods with a strong gang presence. Youth released upon request from detention will be given priority. YAP provides an intensive intake, assessment, treatment planning, and service process to promote permanency by maintaining, strengthening, and safeguarding family functioning 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. DCFS is interested in an evaluation of YAP in order to 1) describe the characteristics of the youth who were served by YAP, 2) describe the services provided to youth and families in the program, 3) determine if services were provided in a manner consistent with the principles of wraparound services, and 4) describe the outcomes of the youth involved in the YAP.

The CFRC will develop a survey data collection instrument that will be used to gather information from youth and families served by YAP regarding the services they received. The CFRC will also analyze SACWIS data and data collected by the YAP in order to answer the research questions. CFRC will obtain UIUC and DCFS IRB approval before data collection with youth and families will begin. CFRC will analyze the survey data, SACWIS data, and YAP data, and the results of the analyses will be included in a program evaluation report that is provided to the Department.

Post-Adoption

CFRC will develop and maintain collaborations with appropriate state and local community officials for applied research, analysis and technical assistance activities that improve outcomes for children and families served by public child welfare systems. CFRC provides technical assistance to IDCFS and agency staff to facilitate coordination of post permanency services. CFRC reviews monthly/quarterly reports of Maintaining Adoption Connections programs as well as of statewide Adoption Preservation and Respite programs, reviews provider requests for extension of services, reviews fiscal reports, enters metrics into DCFS Reconciliation system, and prepares vouchering documents.

**Technical Assistance Plan for FY2023**

IL DCFS received support from the Capacity Building Center for States and this support will continue into FY23. A summary of this work follows:

**Project 1: CFTM Implementation**

Project Timeframe: April 2022–March 2023

Project Description: The Center will provide consultation to DCFS staff to continue to determine readiness for implementing CFTMs, further develop and adjust the implementation plan, and support through coaching, modeling, and mentoring preparation and facilitation of CFTMs.

- Center for States team:
  - Liaison/Project Lead, Mona Davis, is responsible for oversight of service delivery.
  - Evaluation Coach, Charlie Ferguson, is responsible for evaluation planning and monitoring.
  - Project subject matter experts (SME), Lucia Weiss and Kay Massler, is responsible for providing coaching and consultation to support the implementation of CFTMs.
  - Family consultant, Arlene Jones, is responsible for coaching the state to build skills on family engagement and use of the model.

**Project 2: Strengthen Change and Implementation Practices**

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Project Timeframe: April 2022–February 2023

Project Description: The Center will provide consultation, coaching, and facilitation to support Illinois DCFS in the application of sound Continuous Quality Improvement (CQI) strategies for the refinement of their SPICE meetings and process. The Center will support Illinois DCFS in adapting change and implementation tools to utilize with current initiatives and to further develop a reporting process.

- Center for States team:
  - Liaison/Project Lead, Mona Davis, is responsible for oversight of service delivery.
  - Lead Project SME, Marc Slager, is responsible for providing guidance and technical expertise to support the enhancement of the state's CQI strategies.
  - Evaluation Coach, Colleen Killian, is responsible for evaluation planning and monitoring.

### **Project 3: Motivational Interviewing Implementation**

Project Timeframe: April 2022–November 2022

Project Description: The Center will provide support through consultation, coaching, and facilitation to assist Illinois DCFS in developing an implementation and training plan for Motivational Interviewing. Support will be provided to integrate Motivational Interviewing into the agency's practice model, policies, and practice.

- Center for States team:
  - Liaison/Project Lead, Mona Davis, is responsible for oversight of service delivery.
  - Project SME, Sherrie Spilde, is responsible for providing coaching and consultation to support the implementation of Motivational Interviewing.

### **Progress Measures**

Illinois uses Power BI to provide access to the CFSR statewide data indicators, which can be sorted and filtered in various ways. Since the Illinois rate of maltreatment in foster care rose dramatically in recent years, DCFS worked with the Child and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign to create a maltreatment in foster care dashboard. This dashboard is now available to all DCFS and private sector child welfare staff through the intranet site (DNet). DCFS also has agency performance dashboard measures available on the intranet site and this dashboard is in the process of being updated and revised to provide a more balanced view of performance that includes quality measures rather than just compliance measures. Specific data is cited, as relevant, in the assessment of progress for each of the goals reported in the CFSR 3 PIP report (Attachment 1).

The CFRC also published Racial Disproportionality in the Illinois Child Welfare System: FY2021 Report in October 2021<sup>3</sup>. The report includes an absolute racial disparity index (RDI) and a relative RDI to look at disparity at six decision points in child welfare services for children who are Black (not Hispanic), White (not Hispanic), and Hispanic (any race). The absolute RDI compares the disproportionality at each decision point to the general population and relative RDI compares the disproportionality at each decision point to the prior decision point to see if disproportionality increases or decreases at the various decision points. The study found that when compared to their percentage in the general child population, Black children were over-represented and Hispanic children were under-represented at every decision point in the child welfare system over the prior seven years. White children, in contract, were proportionally represented.

The over-representation among Black children in the child welfare system was particularly high for children who remained in substitute care more than three years, as it was almost three times their percentage in the Illinois population. Regional analysis indicated that the highest rates of

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<sup>3</sup> [https://cfr Illinois.edu/pubs/rp\\_20211021\\_FY2021DisproportionalityReport.pdf](https://cfr Illinois.edu/pubs/rp_20211021_FY2021DisproportionalityReport.pdf)

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disproportionality for Black children occurred in the Northern region and were the lowest in the Southern region.

Public Act 102-0451 requires DCFS to submit an annual Racial Disparities Report, with the first submission due December 31, 2022. The Office of Racial Equity Practice was established during the past year and will collaborate with internal and external stakeholders to support further analysis of racial disparities to inform policy and practice changes that can reduce or eliminate disparities.

Illinois regularly accesses the OMS to review its data collected during PIP Measurement Reviews, specifically to explore progress toward improvement goals, and to prepare PIP Performance Tables submitted to the Children's Bureau in the late winter/early Spring, which describe performance and underlying contributors. Commonly used reports include complete OSRI, Face Sheet Report, State Rating Summary, Item Rating Summary, Ratings by Case, Item Specific Reports (all), and the Multi-Item Data Analysis Tool. All of these reports were used in one fashion or another to draft the Outcomes section of Chapter 2. Some of these reports are reviewed and discussed in various staff meetings, such as leadership meetings, strategy meetings, division meetings, and all-staff meetings.

Due to consistently lower permanency performance in Cook region, this area was the focus of quality improvement efforts referred to as a regional support team. The team looks at permanency data from different perspectives in an effort to identify practice changes that can be tested to assess the impact on permanency rates. The DCFS permanency teams decided to focus on quality child and family team meetings as an intervention to decrease the time to permanency and the private agency permanency teams decided to partner with the court stakeholders to decrease court-related permanency delays. Administrative data and case review data are reviewed regularly to assess progress toward improved permanency performance.

### **Progress Benchmarks**

The progress on the majority of CFSP goals is described in the CFSR Round 3 PIP Progress Report through quarters 3 and 4 (Attachment 1). At the time of this submission, the progress report for quarters 5 and 6 was not yet finalized. The strategies in the CFSR Round 3 PIP are intended to positively impact the following high-level goals:

**Goal 1:** Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate.

**Goal 2:** Ensuring stability, family connections and timely permanency for children.

**Goal 3:** Ensuring the well-being needs of children and families to include educational needs and physical/mental health needs of children in foster care and in-home cases are met and families have enhanced capacity to meet the needs of their children.

**Goal 4:** Strengthening an accessible service array needed by children and families, continuous quality improvement and foster/adoption recruitment and retention systems.

As noted in the attached PIP progress report for the first goal, IL continues efforts to support and reinforce consistent and effective safety assessments by investigators and intact caseworkers to reduce recurrence of maltreatment and continues efforts to better support kinship caregivers immediately after placement begins to reduce maltreatment in foster care. Some of the key activities for kinship caregiver support include a role for DCFS clinical staff in Child and Family Team Meetings, which was unable to be expanded beyond Immersion Site teams due to unanticipated staffing shortages in the Clinical Division. General efforts to support caregivers that are implemented by the Office of Caregiver and Parent Support, Permanency, Strategy and Performance Execution, and in collaboration with other state agencies are anticipated to mitigate any potential impact on achievement of PIP goals.



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Supervisors are the primary coaches for much of this work and the Model of Supervisory Practice and Foundations for Supervisors are part of the framework of support for the supervisors. Additional training and written guidance have been provided to court personnel regarding intact family services through collaboration between DCFS and the Administrative Office for Illinois Courts (AOIC). Collaborative efforts across divisions have been implemented to increase licensure rates for kinship caregivers, although an increase is not yet evident in the licensing data, which shows statewide rates between 37% and 38% of kinship caregivers licensed.

For the second goal, there are four strategies to shorten lengths of stay and move children to permanency sooner through Child and Family Team Meetings, shorter timeframes to adoption finalization, increased use of subsidized guardianship as a permanency option, and a quality hearing project. The data from Administrative Case Review indicates some improvement in quality Child and Family Team Meetings as an intervention with families and a slight increase in guardianship exits to permanency as of May 2022 compared to May 2021. Executive scorecard data reports a decrease in the average number of days from Termination of Parental Rights (TPR) to adoption decrease by three months for children who had a finalized adoption during the second quarter of state fiscal year 2022 (October 2021 to December 2021), as compared to the prior quarter.

For the third goal, the four strategies to improve child well-being include implementation of the Core Practice Model through change management, increased family and youth engagement through Child and Family Team Meetings, improved academic support to children/youth behind grade level, and addressing data needs to ensure well-being of children served. Much of the work toward this goal involves improved use of available data to drive improvement efforts. In the context of building the new CCWIS system, internal Information Technology (IT) resources are dedicated to building the new system and all unnecessary updates to current systems have been put on hold to be addressed in the new system. As a result, some key activities have been difficult to report on directly and implementation efforts must be evaluated with the closest available measures. Within the strategy to increase family and youth engagement, a key activity to expand the Early Childhood Court Team outside of Cook County was unable to be implemented within the anticipated timeframe due to impacts from the COVID 19 pandemic. Despite efforts by DCFS to recruit additional jurisdictions, none were willing to implement the Early Childhood Court Team while still trying to recover from the sudden transition to virtual platforms for hearings and backlogs of cases that resulted in several areas around the state. IL is still hopeful that the program can be expanded in the next few years and efforts to recruit jurisdictions continue.

For the fourth goal, the three strategies to improve systemic factor include use of qualitative case review data to inform CQI efforts, improved recruitment, retention, and training of foster and adoptive parents, and expansion of evidence-based and trauma-informed services to address safety and mental/behavioral health needs of children, youth, and families. Through implementation of key activities in the PIP, there have been ongoing incremental improvements to the CQI system with wider distribution of data on performance. With support from the Capacity Building Center for States, DCFS and private agency leaders have received technical assistance in how to implement and evaluate practice improvements. DCFS has improved stakeholder collaboration and communication through the Stakeholder Collaborative and will continue to find additional ways to include internal and external stakeholders to inform performance improvement planning. DCFS initially experienced success in expanding contracts for evidence-based interventions, although some providers have since chosen to discontinue contracts to provide these services. DCFS has held meetings with the providers to discuss the challenges with implementation and barriers that include workforce and financial concerns due to the complexity of some of the models. Statewide collaborate efforts across human service agencies are underway to expand behavioral health services to meet the increased demand.

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In addition to the CFSR 3 PIP Progress Report referenced and attached, DCFS conducts PIP Measurement Reviews using the OSRI and OMS, as noted in detail in Chapter 2. The year 2 measurement results indicated that DCFS is currently not on track to achieve the established goals for 8 of the 10 items for measurement. (Items 1 and 14 were met in Year 1.) DCFS leadership has explored and discussed the various factors that impact performance on these items. Workforce challenges are considered to be critical in impacting the implementation of interventions to increase effectiveness. As noted in the CFSR 3 PIP Progress report (Attachment 1), a number of key activities were renegotiated to reduce the scope due to capacity limitations that were a barrier to expansion.

Despite the lack of progress reported on the 8 items through our PIP Measurement reviews, administrative data is starting to show some improvements on key performance indicators. For goal 1 related to safety, the indicators include the CFSR maltreatment in foster care rate and the CFSR recurrence of maltreatment rate.

The maltreatment in foster care rate has declined as noted in a prior section of this document. From the CFSR dashboard in Power BI with data as of August 14, 2022, the rate of maltreatment in foster care per 100,000 days in care was at 18.5 for the 12-month period ending May 31, 2021, was at 16.3 for the period ending January 31, 2022, and was at 15.3 for the period ending April 30, 2022. The most recent rate might rise a bit with possible data lags, although the trend is positive.

The recurrence of maltreatment rate shows a slight improvement from 14.4% for the 12-month period ending July 31, 2020 to 13.9% for the period ending July 31, 2021. Another key performance indicator for safety is the tracking of victims assessed when child protection initiates an investigation. Child Protection Area Administrators conduct file reviews and document results on five key performance indicators, including child victims seen and assessed for safety. For reviews conducted during the week of June 27, 2022, the compliance review data (current as of August 9, 2022) shows that documentation of all child victims seen was present in 100% of cases reviewed in Central and Southern, in 73% of cases reviewed in Cook, and 71% of cases reviewed in Northern. For the same indicator, data from reviews conducted during the week of June 28, 2021 show documentation that all child victims were seen in 86% of cases reviewed in Central, 83% of cases reviewed in Southern, 59% of cases reviewed in Cook, and 58% of cases reviewed in Northern.

DCFS leadership is collaborating across divisions to develop work plans to support improved performance in:

- Resource development to better support youth in family settings;
- Caseworker engagement with families;
- Quality child and family team meetings as an intervention with families;
- Quality living arrangements through increased licensure of foster homes and improved monitoring of residential treatment programs;
- Timely permanency by expanding the use of subsidized guardianship when appropriate; and
- Feedback loops to monitor quality services to children and families.

DCFS leadership is also advocating to conserve limited resources by aligning improvement plans across different contexts to the extent possible and to focus on discontinuing activities that do not support progress toward our prioritized goals to the extent possible.

The DCFS leadership prioritized goals are the following:

- Ensuring the safety of Illinois children through primary and secondary prevention activities. Progress on this goal will be measured by reduced numbers of substantiated abuse or neglect

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reports, reduced rates of recurrence of maltreatment, and reduced rates of maltreatment in foster care.

- Ensuring safe and timely discharge to permanent families for youth in care through increased support to families for reunification and active efforts toward guardianship or adoption when reunification is not appropriate. Progress on this goal will be measured by increased permanency rates for the three CFSR permanency measures (Permanency in 12 Months; Permanency in 12 Months for Youth in Care 12-23 Months; Permanency in 12 Months for Youth in Care 24 or More Months).
- Ensuring the well-being needs are met for children served through DCFS services. Progress on this goal will be measured through assessments of youth in care in the domains of cognitive/education well-being, physical well-being, emotional/behavioral well-being, and social well-being. Since DCFS does not have definitive measures for the four domains identified, the Child and Adolescent Needs and Strengths (CANS 2.0) is used as an indication of the extent well-being needs are met. Additional information on the domains is considered in the assessment such as medical records, treatment reports, developmental/educational records, and information about social connections and relationships.
- Building capacity to achieve safety, permanency, and well-being goals through workforce development, stakeholder engagement, resource development, and intentional diversity, equity, and inclusion efforts.
- Strengthening Continuous Quality Improvement cycles throughout the system, which requires technology and data systems that can provide accurate, reliable, timely, and relevant data to those who need it.

### **Feedback Loops**

DCFS has increased the use of surveys and focus groups with relevant stakeholders to better understand the impact of various interventions on those involved in implementation. For example, the expansion of child and family team meetings as an intervention with intact families in Cook region includes asking the parents to complete a survey after each child and family meeting. The survey results will be aggregated and provided to the involved workers with the request that they share those results with the families that were asked to complete surveys. The survey results will also be used in planning additional pilots or expansion of the work beyond the Cook pilot site.

Surveys were offered during spring 2022 for youth in care to respond anonymously and voluntarily to report how they identify their sexual orientation and gender identity. The survey results will be used to ensure services and supports are appropriate to reflect the diversity of youth in care. Direct service staff were also surveyed about how they collect and record demographic information for clients and how best to collect and record data on sexual orientation and gender identity in the future. DCFS is also working with internal and external stakeholders to review and revise existing survey tools.

IL DCFS developed the Stakeholder Collaborative to add another feedback loop for internal and external stakeholders. The Stakeholder Collaborative is attended by a representative for each of the advisory boards and councils for them to share information with each other, hear updates on policy or practice changes, provide policy or practice change recommendations to DCFS, and communicate information back to the represented boards and councils. The group meets monthly with at least one representative from DCFS leadership that communicates information between DCFS leadership and the Stakeholder Collaborative.

## Chapter 4 – Quality Assurance (QA) System

***Building on information provided in the 2020-2024 CFSP and subsequent APSRs, address the following in the 2023 APSR:***

*Assess the progress in making planned enhancements in capacity to the state's current CQI/QA system. Include information on training or other supports to enhance the capacity of CQI/QA staff to develop analytic questions, generate appropriate measures, understand how to evaluate outcomes during the phases of implementation, and account for variation in populations that impact the ability to observe improvements over time.*

Several efforts have occurred during this APSR cycle to enhance capacity of the state's current CQI/QA system:

- Chapin Hall collaboration to develop the CQI training (with a focus on Plan-Do-Study-Act) which was delivered to all DCFS QA/QI staff and DCFS executive leadership. There is a plan to distribute the training as an On-Demand training available on the VTC so that all private agency CQI staff can receive the training. The training would also be available to any other staff in DCFS and private agencies who would like to attend. The On-Demand CQI Training will be available and accessible by both DCFS and private agency staff on the VTC site in September 2022;
- Consultation and technical assistance (TA) from Center for States to support data use within CQI teams (SPICE, Stakeholder Update Collaborative, CWAC, etc.);
- Crisis Intervention Team (CIT) provides Grand Rounds for all DCFS and private agency staff, quarterly, to review findings (Please see Chapter 2 of this 2023 APSR, QA Systemic Factor, for a description of both CIT and Grand Rounds);
- QEST receives consulting from the Center for States for the CFTM implementation, and conducts presentations of their collected data;
- ACR staff receive coaching from CWG to enhance their CQI skills; and
- Ongoing training and coaching for CFSR 3 PIP review staff (reviewers and QA staff).
- Addition of "Data For CQI" tab on the DCFS Intranet that makes various data reports available and also provides information about accessing additional data; examples of how the data can be used in CQI cycles is also provided.

*Provide any relevant updates on how CCWIS enhancements or updates have or will be used to support CQI/QA and how the agency ensures coordination of CCWIS Data Quality Plan and Biennial Review strategies with ongoing CQI/QA activities.*

The CCWIS Data Quality Self-Assessment tool will be used to ensure alignment with CQI work. DCFS has structured the contracts with CCWIS vendors requiring the use of the Self-Assessment tools. This includes assistance from the System Integrator and the Trusted Partner vendors in completion of the tool as well as verification by the Independent Verification and Validation vendor in adherence to the Data Quality Plan developed based upon the tool. Our new CCWIS will make our data more accessible to staff and those working to support the use of data in our CQI PDCA cycle, within the CQI groups we have running (SPICE, RSTs, others forthcoming, etc.). This will ensure that we can more easily collect, access, and use data within those structures to plan/do/check/act.

*If not already addressed in the "Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes" in Section C3, describe how the CQI/QA system was used to revise goals, objectives, and interventions.*

Please see Chapter 3

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*If not already addressed in “Progress Made to Improve Outcomes” in Section C3, describe how information generated or acquired as part the CQI/QA system or for specific projects was used to measure progress on achieving goals, objectives, and interventions.*

Please see Chapter 3

*If not already described in “Collaboration” in Section C1, describe how feedback loops are being utilized as part of the CQI/QA process to provide information that parents, families, youth, young adults and other system partners and stakeholders will find useful to assist the state in system improvement efforts.*

Please see Chapter 1

*Describe the state’s current case review instrument and the extent to which the state is using the data collected through federal Onsite Review Instrument (OSRI), and made available in OMS reports or data extracts, as part of the state's ongoing QA/CQI process.*

Please see Chapters 2 and 3

*Provide an update on the state’s efforts to move towards or sustain the ability to conduct a State-Led Review Process for future rounds of CFSRs and to inform ongoing CQI/QA processes. (Appendix A of Technical Bulletin 12for more information.)*

Illinois intends to conduct a State-Led CFSR for Round 4. The state has been utilizing the OSRI and the OMS since 2018 to conduct reviews and is using the federal tools/process strictly over a 6-month period to collect data for PIP Measurement/Monitoring, annually since 2019 (See Chapter 2). Our federal partners conduct Secondary Oversight of our PIP Measurement Reviews, and the state actively uses the feedback to inform all aspects of QA and training specific to the reviews. The state has a well-trained team of reviewers, QA staff, and sampling staff. The team meets weekly from January – December every year, and most weekly meetings involve an aspect of training. The team uses Teams as a centralized location to store and archive all review-related documents, trainings, and other materials. The data collected during PIP Measurement Reviews is analyzed monthly and reported to the Deputy Director of Quality Assurance (formerly Quality Enhancement) and the Chief Deputy Director of Strategy and Performance Execution for further distribution. Quarterly data updates are similarly reported, for State-level data: Combined (Foster Care and In-Home), Foster Care only, and In-Home only. These data are further communicated via all-staff announcements on the DCFS Intranet, and via email to all DCFS and private agency staff and include high-level analysis of trends/findings. Individual case review findings are shared item-by-item (focused on the Purpose of Assessment, during a “Feedback Conference”) directly with assigned caseworkers and supervisors, in order to allow for discussion. Direct service staff are encouraged to share system-level barriers, and to use the case review findings as it applies to other cases on the team.

The Department continues OER reviews using the federal tools (OSRI & OMS) between February – May (annually), however these are primarily intended to maintain the skillset of the team, and to onboard and prepare new staff for the PIP Measurement Reviews. During this “Off-Season” period of reviews, we follow the federal case elimination criteria but allow for some flexibility – for example, we do not schedule a back-up case for review, nor do we drop a case if we don’t get a particular interview during the review week.

During FFY22, ongoing training and coaching was provided for CFSR 3 PIP Measurement Reviews staff as follows:

- Coach training (January);

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- Mini-Trainings for all review staff (covering topics such as: Reviewing Investigations cases; Assessing Items 5 and Item 6, and writing accurate narratives; Assessing parent and youth “Voice & Choice” in Item 13; Archiving Review Materials; etc.);
- Weekly all-team calls that primarily focus on status of securing samples but also includes new information/updates/needs (for example, attend to provision of adoption support services to foster parents if the goal is Adoption).

Additionally, the entire team was asked to attend (and provided invites to) all of the Round 4 National Calls and take notes. Review leadership has not gone into more detail with the entire team because Illinois is still deep into Round 3 PIP Measurement Reviews and does not want to confuse reviewers nor change our approach. As Illinois gets closer to the end of Round 3 (3/31/2024), review leadership will shift its focus to more intentionally prepare the team for Round 4. Illinois has reviewed the Round 4 OSRI to begin noting changes, and also checks the portal regularly for updated documents related to Round 4. Illinois will ensure that all review staff (and any volunteers) are fully and properly trained in advance of Round 4, including conducting practice reviews and educating the state about the process.

Please also see Chapter 2, Systemic Factor: Quality Assurance, for more information.

## Chapter 5 - Update on Service Descriptions

### Special Note Regarding the Pandemic:

During the COVID-19 pandemic, updated guidance regarding health and safety measures and in-person contacts was, and continues to be, provided based on current recommendations by the Illinois Department of Public Health (IDPH). Beginning very early in 2020 and through the present date, all DCFS and our private agency partners have been continually assessing the status of the COVID-19 public health crisis and its impact on the safety of in-person contacts, and special considerations have been and continue to be taken. Illinois child welfare agencies and staff continue to meet the needs of our children and families served as well as meet emergency and critical needs as they arise.

All in-person contacts, caseworker and family visitation, as well as court hearings and services with families resumed once it was determined that contact could be maintained safely. Weekly in-person home visits on all cases utilizing appropriate PPE and asking COVID-19 prescreening questions has continued.

### **Chapter 5A: Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)**

#### **Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)**

*Describe the activities, including provision of adoption and post-adoption supports, that the state has undertaken since the submission of the 2022 APSR to support the families of children adopted from other countries and any changes to the activities the state plans to take to support children adopted from other countries.*

Illinois DCFS has support services available for adopted children and their families that reside in Illinois. Children residing in Illinois that were adopted from other countries are eligible for these services, although DCFS does not currently have the technical supports to identify these children when their families seek services outside of the DCFS contracted providers. DCFS is currently working on replacing the current multiple data systems with a Comprehensive Child Welfare Information System (CCWIS) over the next five years. Given that our current systems are targeted to be replaced, it has not yet been decided if changes to the current systems will be approved to begin tracking adoption preservation services for children adopted from other countries prior to replacement of these systems. In the meantime, manual tracking began July 1, 2019:

Category	FY'20	FY'21	FY'22 by Q3
Total number of NON-DCFS adopted children served	255	157	176
International Adoption	53	51	52
Non-DCFS-domestic adoption	202	106	124

The children reflected in the chart can receive Adoption/Guardianship Support and Preservation Services (ASAP) which may include S.T.A.R.T. training tools for families, trauma informed therapy, Trust Based Relationship therapy, Advocacy and Respite. In comparison with FY21, we expect the numbers to increase.

DCFS has a PATH Beyond Adoption Support phone line with a toll-free number that is answered during business hours and can accept voicemail messages at any time. PATH stands for Partners

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Available to Help. The phone line is there to help connect families with DCFS Post Adoption staff, to help families find local services in the community, to allow families to report changes in their address to Post Adoption staff, for those with a subsidy to ask about coverage in the subsidy agreements, to get legal assistance around issues of guardianship or the death or illness of a caregiver, to locate a support group, and to seek respite services and family therapy. DCFS has also launched a PATH Beyond Adoption web site to provide information on post-adoption supports available. There are also business cards to market the web site and phone line that can be distributed generously in many venues. DCFS publishes Post Adoption and Guardianship Services booklets that can be accessed from the web site or are otherwise available through DCFS.

Many DCFS partners are involved in our supportive services to adoptive families. Be Strong Families holds parent cafés. Illinois Adoption and Guardianship Support and Preservation Programs are located throughout the state and can provide assistance prior to a crisis. During the COVID-19 crisis, additional supports were provided to all adoptive families virtually – from webinars to support groups. The links and information could be found on the PATH Beyond Adoption/Guardianship website, as well as the DCFS website and social media outlets.

***Services for Children Under the Age of Five (section 422(b)(18) of the Act)***

- *Describe the activities the state has undertaken since the submission of the 2022 APSR to reduce the length of time children under the age of five are in foster care without a permanent family.*
- *Describe the activities the state undertook in the past year to address the developmental needs of all vulnerable children under five years of age, including children in foster care, as well as those served in-home or in a community-based setting.*

The Early Childhood Court Team (ECCT) program is designed to support families that have infants or toddlers under the age of 4 that are currently involved in child welfare services in Illinois. The inherently adversarial nature of court processes is mediated by increased communication, mediation and coordination that prioritizes the urgency of this developmental period and seeks to expedite permanency. Parents in ECCT have greater access to Child and Family Team Meetings, which occur more frequently than for families not involved in ECCT. Parents in ECCT also have greater access to evidence informed therapeutic parenting services, such as Nurturing Parenting Program (NPP) and Child Parent Psychotherapy (CPP). The ECCT program was implemented with two court rooms in Cook County in 2017. Although feedback from involved parents indicates strong engagement in planning and services, there have not been significant improvements in timely permanency for the involved children. Cook County permanency performance is well below performance in other regions, which suggests additional barriers to permanency that are not as severe in other areas of the state. DCFS continues to invite court stakeholders in ECCT to focus on the child's sense of time to maintain a sense of urgency for permanency and to continue to identify and address permanency barriers.

There has been a heightened focus to explore all permanency options available, specifically return home for children under the age of five, whenever possible. Additionally, there has been additional education provided on minimum parenting standards to assist field staff with advocating for return home as the primary option, whenever possible. There is a focus to address the primary reason for intake first, to ensure all baselevel services are completed and children can return home safely. There has also been an increase in the use of subsidized guardianship so that children can have a permanent family earlier on in a child's life.

In keeping with the Erikson Institute's mission to use knowledge in the service of children and promote equitable access to responsive resources and support, the DCFS Early Childhood Project began in 1998. This groundbreaking collaboration between Erikson's Graduate School in Child Development and Illinois Department of Children and Family Services (DCFS) sought to increase access of child welfare involved children and families to early childhood services. The Erikson



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DCFS Early Childhood Project's expertise includes: child development, attachment, family centered assessment, the impact of trauma on young children and knowledge of systems that serve children. The Erikson Institute DCFS Early Childhood Project brings this expertise to their partnership with the child welfare system with the goal of identifying the needs of child welfare involved young children and their families and connecting them to support. These efforts are directed at Erikson and DCFS's shared goals of promoting child well-being.

The Erikson Institute's understanding of the centrality of the relationship between a young child and their caregivers led to the work of the Project being relationship based. This means provide flexible, empathic, Individual support to families and child welfare professionals to support effective engagement of families in early childhood services and identify barriers to engagement.

In FY 21, the Erikson institute DCFS Early Childhood Project performed individual outreach to the case managers of 7604 children to support assessing the needs of the family and young children and linking to needed service. The Project served 4,486 children through:

- 2348 Relationship Based referrals to Early intervention
- 372 Relationship Based referrals to Special Education
- Provided community screening resources to case managers for 2864 children
- 369 Relationship based referrals to Home Visiting
- Attended 291 Clinical Intervention and Placement Preservation staffings
- Completed 993 Assessments

Project staff partner with case managers and parents and caregivers to build bridges, frame referrals around the concerns expressed by parents and case managers and offer guidance as to what the services can help with. The Erikson DCFS Early Childhood Project also works closely with the providers who families are referred to help them understand the challenges these vulnerable families face and how those may interfere with engagement. In FY 21 the Project provided 2698 consultations to child welfare professionals.

- The Erikson Institute DCFS Early Childhood Project seeks to encourage equitable access to services by helping to increase family understanding of service benefits and respecting families' voice regarding their service choices. Post-referral follow-up and troubleshooting is also provided for children who are referred to Early Intervention services to ensure that these services are put in place. The Project collects data on these efforts to support linkage and engagement. Thus far in FY22, the Erikson Institute DCFS Early Childhood Project has facilitated 1590 referrals to DHS Early Intervention for children in care. As part of these efforts, the Project not only assured referral to DHS Early Intervention, they followed up with DHS Early Intervention to assure that the caregivers of the child engaged with the DHS Early Intervention Service Coordinator. The Project also provided re-referral and connected case managers, caregivers and DHS Early Intervention staff when the evaluation process was interrupted or failed to occur. Issues such as caregivers and placement changes, agency changes or interruption in services due to family issues. These barriers were addressed through connecting Early Intervention with the appropriate caregiver and/or professionals.
- The Erikson Institute DCFS Early Childhood Project has attended 223 DCFS CIPP staffings thus far in FY22 to offer early childhood consultation, and supported linkage to early childhood services when needed. The Project provided additional support in the form of 76 case reviews at the request of child welfare teams.

Since the start of FY22 the Erikson Institute DCFS Early Childhood Project directly facilitated 146 direct referrals for case study evaluations through Chicago Public Schools for children in care three to five years of age to determine if they needed early special education services. The Project supported case managers in making referrals for case study evaluations for an additional 277 young children in care at school districts across the state. These efforts include staff creating partnerships with the 25 agencies statewide who administer DHS Early Intervention, and the

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Chicago Public School system, as well as case managers. Additional information about quality improvement efforts and efforts to address trends for young children by the Erikson DCFS Early Childhood Project, as well as cross system relationship building may be requested.

There has been a heightened focus to explore all permanency options available, specifically return home for children under the age of five, whenever possible. Additionally, there has been additional education provided on minimum parenting standards to assist field staff with advocating for return home as the primary option, whenever possible. There is a focus to address the primary reason for intake first, to ensure all baselevel services are completed and children can return home safely. There has also been an increase in the use of subsidized guardianship so that children can have a permanent family earlier on in a child's life.

A new database was launched in July 2022 which focus on permanency for all youth in care – called 'I Deserve A Home'. This database highlights all elements it relates to the permanency status of a youth in care: permanency goal, legal status, permanency screening, status of parental rights. Additionally, there is a commitment and barriers section which will provide a summary with action steps needed to move a child to permanency. This tool will assist with moving a youth in care towards timely permanency.

***Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19) of the Act)***

- *Provide an update on the steps the state has taken or will take to compile complete and accurate information on child maltreatment deaths to be reported to National Child and Abuse and Neglect Data System (NCANDS), including gathering relevant information on the deaths from the relevant organizations in the state including entities such as state vital statistics department, child death review teams, law enforcement agencies, or offices of medical examiners, or coroners; and*
- *Provide an update on the steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts. Provide a copy or link to any comprehensive plan that has been developed.*

All entities such as law enforcement agencies, coroners, and medical teams are mandated to report suspicious deaths to the State Central Registry. The child death review teams (CRDT) review children who have died in Illinois and will conduct further inquiries if the child was currently involved with the Department or had been within the previous one year. All child deaths reported to the child abuse hotline are investigated if they meet the state defined definition of a child/abuse neglect maltreatment. Such reports that are indicated remain on file for 50 years.

All investigations are reported per NCANDS guidelines. DCFS continues to administer the Child Death Review Teams as outlined by Illinois Statute (20 ILCS 515). Within this process, the 9 multi-disciplinary teams throughout the State meet several times per month to provide in-depth review of recent child deaths. Recommendations from these teams are approved by the Executive Council and then discussed with the Director of DCFS. The Director is required to respond to each of these recommendations.

While this program has no direct clients, it serves to advise and strengthen various systems through the review of child fatalities and the recommendations made based upon these reviews. The following are types of recommendations made following the review of a child fatality:

- 1) Case-specific – immediate actions which must be taken on a specific child welfare case; usually related to siblings of the deceased or other children still in the home
- 2) Primary prevention – focus on public awareness or public education issues (e.g., drowning prevention, firearm safety, seat belt/car seat campaigns, safe sleep practices)
- 3) DCFS system – focus on the programs, policies, and procedures of DCFS (e.g., safety and risk assessment, foster parent training)

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4) Other agency/system – focus on agencies or systems outside the parameter of DCFS (e.g. public health, state’s attorney’s office, legislation)

The multi-disciplinary teams that conduct the reviews in each region of the State include: pediatricians, child welfare experts (both private and public), prosecutors, local law enforcement, psychologists, public health, schools, coroners, hospital staff, and State Police. While the majority of recommendations from the review teams are directed at the State Child Welfare Agency (DCFS), the teams do make recommendations to any other organization that can benefit from addressing any systemic issues identified in the review.

The overall goal of the program is to reduce the number of child deaths, which is difficult to measure. Over the past several years, the majority of deaths reviewed have been those related to unsafe sleep practices. The Executive Council submitted a Safe Sleep Strategic Plan with several recommendations geared at reducing deaths due to unsafe sleep practices. DCFS and the Executive Council are working together to implement portions of this plan. In the past year, they collaborated on developing a training for staff related to educating parents on safe sleep practices. This training was mandatory for all DCFS and private agency staff.

The Office of the Inspector General also conducts a review of child death cases in Illinois. The annual report can be found at:

[https://www2.illinois.gov/dcfs/aboutus/OIG/Documents/OIG\\_Annual\\_Report\\_2022.pdf](https://www2.illinois.gov/dcfs/aboutus/OIG/Documents/OIG_Annual_Report_2022.pdf)

The Office of the Inspector General makes recommendations in response to each of the cases reviewed and included in the report. The Office of the Inspector General also promotes error reduction and provides several resources to prevent harm to children that can be accessed by DCFS and private agency staff on the internal DNet web page. The resources include information about safe sleep practices, child developmental chart, advising parents on difficult phases of child development, talking with medical professionals, safe sleep scenarios, parenting guides, information about brain development, and information about bruising.

Illinois DCFS has contracted with a vendor to implement a new practice model for assessing safety that includes assessing the protective capacity of caregivers. The new model will be implemented over the coming years. In the interim, direct service workers have been receiving ongoing training related to safety through our Safety First; Safety Always series, which includes content on the importance of reviewing and considering family history in the context of assessing safety.

The goal for CDRT in FY 22 and in the years to come will continue to be to reduce the number of child deaths in the State of Illinois. The CDRT completes an Annual Report that is provided to the Governor, General Assembly and the people of Illinois. The CDRT members are appointed by the DCFS Inspector General and are not under the purview of the Department.

During the COVID Pandemic, the teams met via videoconference. Currently, teams are meeting again in-person with an option for participants to attend via videoconference if they desire.

The most recent completed report is for deaths that occurred in 2019.



CFSR Maltreatment  
In Foster Care.pptx



CDRT Presentation  
October 2021.pptx



2019 Child Death  
Review Teams (CDRT)

[https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/CDRT\\_2019.pdf](https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/CDRT_2019.pdf)

The 2020 Child Death Review Team report should be out in October 2022. All investigations are reported per NCANDS guidelines. DCFS continues to administer the Child Death Review Teams as outlined by Illinois Statute (20 ILCS 515). Within this process, the 9 multi-disciplinary teams throughout the State meet several times per month to provide in-depth review of recent child

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deaths. Recommendations from these 9 local teams are then sent to the Executive Council for approval and then forwarded to the Director of DCFS. The Director and Executive Council meet on a bi-monthly basis to discuss the Executive Council’s recommendations and the Department’s responses to those recommendations. The plan may be accessed here:

[https://www2.illinois.gov/dcf/aboutus/newsandreports/Documents/CDRT\\_2018.pdf](https://www2.illinois.gov/dcf/aboutus/newsandreports/Documents/CDRT_2018.pdf)

DCFS included strategies and key activities within the CFSR Round 3 PIP as a form of secondary prevention to reduce recurrence of maltreatment through intact family services in response to a Chapin Hall study of critical incidents. Strategies include a review of all intact family services cases prior to an unsuccessful closure and increased use of court oversight on intact family cases that have high risk but where the children are not at imminent risk of serious harm that would warrant removal from the home.

<https://www.chapinhall.org/research/dcf-child-fatality-cases/>

***Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 (COVID-19)***

- *Provide a final update on the use of the CARES Act supplemental title IV-B, subpart 1 funding*
- *If the state was unable to spend all of the funds, describe the challenges and barriers that prevented timely use of funding.*

For service months March 2020 through July 2020, the Department issued supplemental maintenance payments of \$100.00 per month per youth for youth-in-care. This \$1,625,609 in supplemental CARES / Title IV-B subpart 1 funding was used to partially offset these payments that were made to youth placed with unlicensed relatives. The qualifying payments made to youth in unlicensed relative care for the months March through June, 2020 are in the table below:

<b>Service Date (Month)</b>	<b>Sum of Payment Amount Supported by Service Date</b>	
202003	\$	454,400.00
202004	\$	492,000.00
202005	\$	535,061.95
202006	\$	581,006.00
<b>Grand Total</b>	<b>\$</b>	<b>2,062,467.95</b>

***Chapter 5B: Mary Lee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)***

*Briefly describe the services provided since the last APSR and highlight any changes or additions in services or program design for FY 2023 and how the services assisted or will assist in achieving program goals, including efforts to target services to previously underserved populations. Provide an update to the services the state offers under each category (family preservation, family support, family reunification, and adoption promotion and support services.)*

The program categories listed below are consistent and synonymous with the program categories described in prior APSR submissions:

- Family Preservation Services: Intensive Family Preservation/Intact Family Services;

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- Family Support Services: Extended Family Support Services; Family Habilitation; Family Advocacy Centers;
- Family Reunification and Time Limited Family Reunification Services; and
- Adoption Promotion and Support Services: Intensive Adoption Preservation, Maintaining Adoption Connections, Older Caregiver Programs, Post-adoption counseling, therapy, therapeutically prescribed day care programs and Adoption Respite.

### **Family Preservation Services**

#### **Intact Family Services**

The Intact Family Services (IFS) program is designed to work with families voluntarily who have come to the attention of the Department of Children and Family Services (DCFS) as a result of an indicated finding from a child abuse/neglect investigation, as a result of an unfounded investigation if approved by the Office of Intact Family Services, or involuntarily when ordered by the court to provide services as defined in Procedure 302.388. IFS are meant to provide reasonable efforts to preserve families to enable children to remain safely at home and avoid separation and/or placement of the children. Primary components of this performance driven program include:

- professional assessment of family issues that lead to the Department's involvement;
- provision of direct intervention and linkage to community services; and
- monitoring of safety and wellbeing of children, including report to hotline if immediate safety issues are present.

IFS is a statewide program, and services are provided by DCFS staff and contracted private agency staff.

Below is a brief review of some of the improvement measures taken by the Intact program in the past fiscal year:

- A focus review was conducted on intact cases that have been open for more than one year as the number of these cases were increasing. Case staffing's were completed to determine if cases could be closed safely and appropriately. During the months of August and September 2021, intact conducted a case closing project where a total of 81 intact cases were successfully closed statewide by the DCFS intact teams. This is significant in that barriers were eliminated so that these families could successfully close their case.
- DCFS seeks to increase engagement through enhanced implementation of the child and family team meeting (CFTM) and has been meeting with the Children's Bureau Capacity Building Centers (The Center). Challenges associated with contacting and engaging parents in IFS cases were found.
- Caseworkers did not routinely engage fathers in safety/risk assessments and did not retain fathers through case planning processes and interventions.
- Illinois DCFS and private agency IFS providers have struggled with full implementation of CFTMs, as advance preparation with families and professional team members for CFTM is time intensive. More importantly, many staff are resistant to change as CFTM require skillful facilitation, organizing and documentation through shared power and navigating conflict, resistance, and complex needs of children and family members.

The Center has been providing coaching and consultation to Illinois DCFS staff around the following activities:

- Support IL leadership in establishing an inclusive team for this change and implementation effort.
- Assist in determining readiness for implementing CFTM with IFS in Cook County.
- Provide guidance in the development of an implementation plan to strengthen practice and improve outcomes with IFS in Cook County

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- Provide coaching and consultation to assist DCFS in defining their CFTM model and fidelity measurement process.
- Support DCFS and private agency IFS teams through coaching, modeling and mentoring preparation and facilitation of CFTM.
- Provide project evaluation development support, and assist DCFS in building an evaluation plan for their Increasing Family and Youth/Child Engagement through Implementation of CFTMs

The focus of the intact program has been the integration of the Family First Prevention Service Act (FFPSA) plan. Through this plan, families receiving IFS may be eligible to receive evidence-based intervention to address parenting and mental health needs. The plan has increased the capacity to deliver community-based interventions and improved the service planning process for Intact cases. Therefore, families who receive IFS, are eligible for a child-specific prevention case plan and for evidence-based interventions supported by FFPSA.

### **Evidenced-Based Interventions**

There has been engagement and outreach activities done to increase referrals for all EBI providers which began in April 2021. The Regional Implementation Support Specialists began by making direct contact with contracted Intact Family Services providers and DCFS Intact Family Services. The 5 Evidenced Based Interventions which have expanded capacity throughout the state were reviewed. The Family First Interventions are:

- Positive Parenting Program (Triple P)
- Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)
- Child Parent Psychotherapy (CPP)
- Nurturing Parenting Program (NPP)
- Multi-Systemic Therapy (MST)
- Healthy Families America (HFA)

As of April 21, 2022, 439 referrals have been submitted through the provider portal. Of those, 263 appear to have been appropriately submitted. There are several identified areas that are delaying the process of referrals. The total number of clients served under Family First thus far is 1,874. Intact families continue to be the largest population served.

Each of these programs has intake criteria specific to the services offered. For example; Positive Parenting tends to focus toward parents with pre-teens and teens, Trauma focused is a response set intervention with children and youth who have experienced trauma and is a 'healing' approach, Healthy Families America is a Home Health Visitor program geared primarily toward pregnant women and mothers with younger children. Nurturing is oriented toward families with infants and toddlers and oriented toward parent child interaction.

### **Motivational Interviewing**

Motivational Interviewing was introduced as an additional support. The key elements are implementation activities, vision and core practice model which are firmly rooted and grounded in the Department's focus on Safety, Permanency and Well-Being as it relates to the children, youth, and families served. Motivational Interviewing is collaborative, goal oriented, and strengthens personal motivation, and it partners with the caregiver to create action plans.

Since October 2021, there have been 920 staff who have completed FFPSA Motivational Interviewing training. With the extension of this training requirement to both permanency and adoption workers and supervisors, there are more staff with the need to enroll and complete training. There has been a total of 2,843 notes where at least 1 MI Technique was identified as being employed.

- Northern Region - 873
- Central Region- 757

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- Southern Region - 511
- Cook – 702

### **SAFE Model**

Chapin Hall provided a Systemic Review of Critical Incidents in Intact Family Services to predict death/serious/egregious harm among children receiving Intact Family Services (IFS) during the IFS episode or within 1 year of the IFS episode. From this analysis, agencies were provided with a list of characteristics to identify cases at the greatest risk of severe harm. This review highlighted the need for a safety assessment that could capture these families that are at highest risk of severe harm. The SAFE practice model will be implemented FY23 across all divisions within the Department.

### **Family Support and Reunification Services**

#### ***Kinship Navigator Funding (title IV-B, subpart 2)***

- *To assist title IV-E agencies in preparing to participate in the new title IV-E Kinship Navigator program, Congress, in each of FYs 2018-2021, set aside funding appropriated under title IV-B, subpart 2 to make grants to states to develop, enhance or evaluate kinship navigator programs. See ACYF-CB-PI-21-06 for more information.*
- *In the 2023 APSR provide an update on:*
  - *How the state has used FY 2021 funds;*
  - *How kinship caregivers are made aware of kinship navigator programs and resources (e.g., through a kinship navigator hotline and/or resource website); and*
  - *The accomplishments achieved with use of the funds appropriated in fiscal FYs 2018 – 2021 to develop, enhance, expand or evaluate kinship navigator programs in the state, including, if available, any estimate of families served in the previous year.*

#### **Extended Family Support Program (Utilizing Kinship Navigator Funding)**

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

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

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

DCFS has used Kinship Navigator funding to enhance the EFSP. In short, the enhancements to the program include every fundable activity mentioned in ACYF-CB-PI-2-06 being met. In FY20, DCFS hired a Kinship Navigator Ombudsperson (KNO), who has worked with the Department on Aging (DoA) to reconvene the Kinship Navigator Task Force. KNTF tries to educate caregivers and advocate to resolve barriers to services for relative caregivers.

The KNO was hired to improve the performance of the EFSP Providers. She completed the first evaluation on services provided by each agency in January 2021. Towards the end of FY21, the KNO completed a full case review which included a similar evaluation conducted on the providers six months earlier. She is currently completing another file review on the same agencies.

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In FY21, DCFS contracted with 16 agencies with offices in 21 cities to provide EFSP Services. In FY21, we referred 665 families for services. In FY22, we again contracted with 16 providers in 22 cities. So far, we have referred 635 families for services between 7/1/21 and 4/27/22. We referred 21.88% more families to the program in FY22 than we did at this time in FY21. We anticipate referring 750 families in FY22. Much of this increase can be attributed to the increased awareness of the program because of the KNTF meetings. A Provider that served the southernmost 15 counties in Illinois decided not to renew their contract. IDCFS is seeking to find a new provider.

Our providers reported that 100 relative caregivers already obtained guardianship in FY21. However, we are still obtaining closing reports for cases served in FY21 and believe the number will increase. Program rules do not let us assist all relative caregivers obtain guardianship (e.g., when a parent objects or when a person in the home has been convicted of a violent crime). Of the families DCFS approved to assist with guardianship, the providers reported helping 61.35% successfully obtain guardianship in FY21. Most of the remaining families did not want guardianship. Our KNO efforts to improve services may already be impacting our services. So far in FY22, 68.25% of our families have obtained guardianship (again, of the families DCFS approved that the agency to assist with guardianship).

In the summer of 2021, DCFS reviewed the cases of 179 children who were part of an EFSP case in FY17. Only 1.7% of the children were placed in care after they were served in FY17. Only 9.4% of the children were part of an intact DCFS case after being served by EFSP in FY17. Of these children 86% were being cared for by someone other than the relative caregiver served through EFSP. DCFS believes this demonstrates how successful EFSP is at preventing future DCFS involvement. It also demonstrates the importance of obtaining guardianship as we believe even fewer children would have been part of an intact case had the relative caregiver continued to care for those children.

In 2022, the Illinois Legislature passed a bill required DCFS to pilot a program to see if EFSP clients would benefit from receiving evidenced based services. DCFS will develop a protocol to implement the legislation. DCFS attempts to determine if the pilot program is evidenced based. This is the link to the legislation with an effective date of May 27, 2022.

<https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-1029&GA=102#:~:text=Public%20Act%20102%2D1029%0A%C2%A0.Effective%20Date%3A%2005/27/2022>

#### Last Years Goals

- DCFS created an EFSP website:  
<https://www2.illinois.gov/dcfs/lovinghomes/families/Pages/Family-Preservation-Services.aspx>
- The KNO includes information on kinship caregiver support groups at every KNTF. A kinship caregiver support group leader is on the KNTF Steering Committee.
- DCFS has trained homeless youth services providers, and employees from the Department of Corrections and the Department of Juvenile Justice on EFSP. These three systems serve parents who are unable or unwilling to care for their children but have identified a caregiver who can..
- IDCFS has met its goal to increase utilization of EFSP through the outreach efforts listed above.

#### **Family Advocacy Centers (FAC)**

There are thirty Family Advocacy Center providers located throughout the state with thirty-six locations. Family Advocacy Centers maintain a focused holistic prevention approach that builds on a family's existing strengths. The FAC focus is to serve a combination of families who have



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already been involved with DCFS and families who may not have been involved with DCFS but who have children age 6 and under and may be at greater risk of abuse and neglect. FACs provide support to parents to follow through on their goals that will allow them to preserve and/or reunite their families. The FACs tailor services to the unique needs of the communities they serve.

Each Family Advocacy Center provides core services, such as traditional counseling, referral and training services that are common to all and most FAC's offer additional services based on the needs of the community served. Some of the additional services that are typically included:

- 24-hour crisis response and systematic support services;
- Intensive mediation services;
- Counseling for women and children who are victims of domestic violence;
- After-school, summer and out-of-school programs;
- Parent coaching, mentoring and classes in English and Spanish;
- Execution of intervention strategies to support the family reunification process; and
- Court ordered supervised child visitation for non-custodial parents.
- Alumni youth are eligible to receive any services offered by the Family Advocacy Center closest to their geographical location.

In 2021, 96 Family Advocacy Center, DCFS and Crisis Nursery Center staff were trained in the NFSN Standards of Quality for Family Strengthening and Support practice. The standards are based on the researched and evidence informed principles of family support practice and strengthening families protective factors giving the Centers a common language and tools for evaluation. In June 2021 staff from DCFS, FACs and Crisis Nurseries became certified trainers. This will enable the Department to schedule Certification Training for the remaining staff. It also adds sustainability for the program and ability for evaluation over the long term. The first training sessions were held May 23 and 24, 2022 and a second is scheduled for June 2022. The first cohort will be re-certified later this year.

\*For further information, see 2022 APSR and the directory of FAC locations in each region of the state, available at the hyperlink below:

[https://www2.illinois.gov/dcfs/lovinghomes/families/Documents/Family\\_Advocacy\\_Directory.pdf](https://www2.illinois.gov/dcfs/lovinghomes/families/Documents/Family_Advocacy_Directory.pdf)

### **Adoption Promotion and Support Services**

DCFS implemented a Permanency Task Force in April 2019 to assist private agencies in completing subsidies for adoption. The project used DCFS staff working overtime (evenings and weekends) on subsidies to reduce delays in the time to adoption finalization. The project resulted in some recommendations to streamline the adoption process and the Permanency Task Force stopped accepting new cases in October 2020 and was discontinued during 2021 as the recommendations were adopted. In response to the recommendations, the legal screening process was examined by the Office of Legal Services to reduce unnecessary steps and consolidate forms to the extent possible. The private sector foster care agency contracts were modified to include funding for a staff position that is dedicated to permanency achievement, which includes writing subsidies. Data on adoptions finalized during October to December 2021 show a reduction of three months on average from termination of parental rights to adoption finalization when compared to the prior quarter. As these changes are implemented, Illinois expects additional decreases in the length of time from termination of parental rights to adoption finalization.

Following adoption finalization, adoptive families can experience unique challenges as family members adjust. The Adoption Promotion and Guardianship Support Services Program provides help to all adoptive families, including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS adoption preservation services are provided statewide by contracting with nonprofit agencies that serve a specific region.

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The preservation services providers' main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit. The provision of post adoption and post guardianship services to adoptive families in need continues to be a critical part of the service provision of DCFS' Post Adoption Unit.

***Division X Supplemental Funding from the Supporting Foster Youth and Families Through The Pandemic Act.***

*Provide information on how the FY 2021 supplemental funding from Division X was used to strengthen the services provided by the state under the PSSF program. Describe any challenges or barriers the state has faced in being able to use these funds. The supplemental funding, like regular appropriations, is subject to a requirement that a significant portion be spent on each PSSF service area: family preservation, family support, family reunification, and adoption promotion and support services. If the amount of supplemental funding used for each service category did not approximate 20 percent of the supplemental grant total, provide an explanation for the disproportion used in any of the service areas.*

**Fund Disbursement:** This supplemental funding, like regular appropriations, is subject to a requirement (section 432(a)(4) of the Act), that a significant portion be spent on each PSSF service area:

- Family preservation,
- Family support,
- Family reunification, and
- Adoption promotion and support services

The 'Act additionally stipulates that if the amount of supplemental funding used for each service category did not approximate 20 percent of the supplemental grant total, an explanation be provided for the disproportion used in any of the service areas. Illinois did use at least 20% of the supplemental grant total in each of the 4 PSSF service categories as required by the Division X Supplemental Funding of the Consolidated Appropriations Act, 2021. There is no need for any explanation of any disproportion in any of the service areas. Each of the 4 PSSF service categories, Illinois used at least 20% of the supplemental grant total (grant award = \$3,234,488). This was also true for the regular FFY 2021 Title IV-B subpart 2 grant award (\$13,320,380).

***Service Decision-Making process for Family Support Services.***

*The family Support Services component of the PSSF program represents an important source of funding for community-based prevention efforts. The statute specifically requires that these services be community-based. CB also reminds states that Family Support Services may include offering information and referral services to afford families access to other community services, including legal services to help families prevent evictions, loss of benefits or other issues that may make them vulnerable to entry into the child welfare system. Provide an update on the agencies and organizations selected for funding to provide family support services and how these agencies meet the requirement that family support services be community-based.*

Intact Family Services and Extended Family Support Services are provided throughout the state in all communities. Providers are located in all regions of the state and the services are primarily provided in the family home, which ensures accessibility for underserved populations. The Family Advocacy Center directory shows the locations of the programs in several areas of Chicago, suburban communities, and several of the larger towns and cities throughout the state.

[https://www2.illinois.gov/dcfs/lovinghomes/families/Documents/Family\\_Advocacy\\_Directory.pdf](https://www2.illinois.gov/dcfs/lovinghomes/families/Documents/Family_Advocacy_Directory.pdf)

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Adoption preservation services are also provided throughout the state through contracts with non-profit agencies in all regions of the state to make services accessible to those in need.

***Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)***

*In the 2020-2024 CFSP and subsequent APSRs, states were required to identify and describe which populations are at the greatest risk of maltreatment, how the state identifies these populations and how services will be targeted to those populations. In the 2023 APSR, provide an update noting any changes or emerging trends in the populations the state has identified as at greatest risk of maltreatment and how services will be targeted to these populations during the coming year.*

*This requirement represents a critical opportunity for states to convene community partners to determine how and where to target family support and child abuse prevention resources to ensure that services are easily accessible to underserved populations of children and families at risk. It is also an opportunity to determine how conditions of poverty contribute to the reporting of families to the child welfare agency and actions the agency can take to ensure that poverty is not equated with neglect.*

According to the 2018 Annual Report from the Illinois Child Death Review Team, of all deaths of children under age 18 reported to DCFS by the Illinois Department of Public Health, 63% of the deaths were children under one year of age and another 9% were between ages 1 and 4 years. The Child Maltreatment 2020 report shows the federal fiscal year 2020 total victims included more than twice as many victims under one year of age (94,067) than those age 1 (42,533) or age 2 (40,133). From the same report, 46.5% (287,273) of all child victims nationally in federal fiscal year 2020 were age birth to five years. Based on supplemental context data for Illinois from AFCARS and NCANDS submissions as of January 12, 2022, children ages birth to five years account for 58% of foster care entries in Illinois. Illinois has identified youth ages birth to five years as the population at greatest risk of maltreatment and provides interventions targeted to this population to reduce risk of harm.

References:

[https://www2.illinois.gov/dcf/aboutus/newsandreports/Documents/CDRT\\_2018.pdf](https://www2.illinois.gov/dcf/aboutus/newsandreports/Documents/CDRT_2018.pdf)  
<https://www.acf.hhs.gov/cb/data-research/child-maltreatment>

Services provided for children birth to five in care involve a variety of screenings, monitoring and referrals for services.

- Early Intervention screenings and services are provided for all youth in care; specifically, to determine eligibility for a youth and connect the minor with any needed services post assessment. Specifically, these minors are assessed to see if there are delays which can be addressed. Many of the services a youth could be referred to would include physical therapy, occupational therapy, and speech therapy if deemed appropriate. Caregiver participation is also an integral piece to the evaluation process.
- All youth in care receive medical dental and vision screenings as recommended by the American Academy of Pediatrics (AAP) for Preventive Health Care (Periodicity Schedule). All youth-in-care ages 0-5 are evaluated by their pediatricians in the following domains: behavioral, social/emotional and are linked with the appropriate services. All minors 0-5 are eligible for Early Head Start preschool to assist them with early access to education.

Home Visiting Specialists:

- Provide comprehensive assessment of the family's needs, providing regular home visits to families, referrals to families as needed.
- Assist engagement in meetings about the child welfare case, support families around service plan goals/development of their service plan. Additionally, they can offer support after the child welfare case closes.

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The Erikson Institute DCFS Early Childhood Project was originally developed to address the needs of the most vulnerable population of children involved in the Illinois child welfare system: young children. For children birth to five in care:

- The Project receives weekly notification from DCFS, and each child statewide is provided an assessment or connected to screening resources, monitoring, or provided with a referral. For children in care, the Project receives referrals from Integrated Assessment Screeners following their initial assessment, for follow-assessments (in Cook County), service referral and linkage, and monitoring of services.

For children birth to three years old in newly opened intact cases:

- The Project receives weekly notice of all young children in newly opened Intact Family Services cases, and each child and family receives outreach to their case manager about consideration of early childhood services to address developmental, mental health and enrichment needs.
- Home Visiting Specialists reach out to the portion of these identified children in Intact who are six months and younger, and additionally receive notice of children identified for home visiting service referral and linkage through referrals from Project Developmental/Infant Mental Health Specialists, Intact case managers, and DCFS Investigators.

In addition to these regular sources of case identification, any request from DCFS/POS staff and administration to the Project can result in follow up, through consultation, assessment, and/or service linkage by a Developmental/Infant Mental Health Specialist, Home Visiting Specialist, Clinical Supervisor, and/or the Project Director. The Erikson Institute DCFS Early Childhood Project provides intensive case reviews and consultations for very high-risk early childhood cases, such as those involving children with significant multiple changes of placement, cases involving infants and toddlers on psychotropic medications for behavior management, or intact cases where there remain significant risks to young children. In noting and responding to current changes and emerging trends:

- The Erikson Institute DCFS Early Childhood Project makes efforts to link with Home Visiting programs, include collecting information to best target the needs of the most vulnerable young children two and younger involved in Intact family Services. A target population that has been identified as most in need and most responsive to prevention efforts is mothers who are pregnant or families with child 6 months old or younger. The Project receives notice of children six months or younger in Intact cases which are then automatically assigned to Home Visiting Specialists, and DCFS has developed a policy in which Intact workers can contact [DCFS.HomeVisiting@illinois.gov](mailto:DCFS.HomeVisiting@illinois.gov) for identification and consultation for pregnant mothers. Intact caseworkers are being educated on this updated policy through the Family First Prevention Service Act curriculum. For 2021, 34 pregnant mothers were identified. Many of these pregnancies were considered: 1) high-risk due to medical concerns or pregnancy with twins or triplets; or 2) had past experiences of high-risk pregnancies, premature births, children born with low birthweight, and infant mortality.
- The Project recognizes that for children in care, there was a notable uptick in the number of CIPP (Clinical intervention and Placement Preservation) and clinical staffing's attended by the Project staff from FY20 (260) to FY21 (291). This is due to an increase in the number of young children in care identified with significant needs requiring additional follow up and intervention. In FY22, because the number of CIPP/Clinical staffing's to which the Project was invited continued to be higher (31 more in FY21 than FY20), and there was not an increase in Project staff, the Project has been unable to attend all the CIPP staffing's for Birth-to-Five-Year-old's for which it received invitations. The Project received notification of 214 CIPP/Clinical staffing's for children in care between July 1, 2021 and March 31, 2022 and attended 171 of those staffing's. It is important to note that the number of staffing's reported includes those meetings for which the Project receives email notification. It is not known whether there are additional

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CIPPs or Clinical staffing's for children in care Birth to Five for which the Project did not receive an invitation.

- The Project has observed that for children in Intact Family Services, there has been a notable increase since around the beginning of the pandemic in the number of families where domestic violence has been identified, reflecting what providers of domestic violence services have also noted during this period. Developmental/Infant Mental Health Specialists continue to participate in consultations with DCFS Domestic Violence Consultants in collaboration with DCFS and CBP case management staff for families where the risks are especially high or difficult to address to ensure that the needs of young children impacted by domestic violence are included in consideration of the family's needs.

***Kinship Navigator Funding (Title IV-B, subpart 2)***

- *How the state has used FY 2021 funds;*
- *How kinship caregivers are made aware of kinship navigator programs and resources (e.g., through a kinship navigator hotline and/or resource website); and*
- *The accomplishments achieved with use of the funds appropriated in fiscal FYs 2018-2021 to develop, enhance, expand or evaluate kinship navigator programs in the state, including, if available, any estimate of families served in the previous year.*

Kinship navigator funding supported the Extended Family Support Program described on pages 128 through 130.

***Chapter 5C – Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits (section 436(b)(4)(B)(i) of the Act)***

*In the 2023 APSR, describe:*

- *How the Monthly Caseworker Visit Grant has been used in the past year to improve the quality of caseworker visits; and*
- *Continued action steps to ensure that statutory performance standards are met. If the state has missed previous performance standards, describe the reasons the state's performance has fallen short and the steps the agency will take to ensure compliance.*
- *As applicable, information on policies, procedures, or training to support quality virtual caseworker visits to ensure children and youth's privacy and safety when in-person visits are not able to be safely conducted.*

See Addendum F: Statistical and Supporting Information for the data on Monthly Caseworker Visits from October 1, 2021 through March 31, 2022 as of 5/9/22.

Monthly compliance reporting at the caseworker, agency and team levels are provided through SACWIS, Quality Enhancement, and the Performance Monitoring Data Site. The data site also provides reporting at the case level, which allows DCFS as well as DCFS and private agency supervisors and managers to identify and monitor the extent of and need for caseworker visit activity.

Departmental Procedures 315 (Permanency Planning) addresses caseworker interventions and contacts made during the delivery of child welfare services. Specifically, section 315.110(b)(2) requires that the assigned caseworker shall visit a child in substitute care in the child's living arrangement at least once every two weeks for the first month immediately following initial placement or change in placement; and at least once every month thereafter, unless the supervisor, based on the assessment, determines and documents in the service plan that the child requires more frequent or less frequent contact.

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Workers are required to focus on these discussion and observation points during their visits with children in care:

- safety (verbal children must be interviewed outside of the presence of their caretaker),
- progress in care,
- needs being met,
- physical observation of safety and well-being,
- school success or daycare provision,
- visitation with parents and siblings if siblings are placed separately, and
- mental and physical health needs.

For FFY 2021, DCFS completed 92% of monthly in person contacts taking place with children between October 1, 2020 and September 30, 2021. This rate reflects an improvement from 90% during FFY2020. During the pandemic, Illinois quickly transitioned casework practices for visitation with children in substitute care. This practice carried into FFY2021 and helped to improve our in person contact requirements. Considering the many challenges presented by the pandemic and the lack of universal access to video conferencing technology, the rate of 92% compliance is a positive reflection of the efforts on the part of the front-line staff.

The Department is committed to improving performance through a monthly tracking report provided to both DCFS and private agency administration with a listing of every child where an in-person contact is missing. Feedback from these reports have indicated that, while some visits are missed for varying reasons, it is often due to: a forgotten data entry, a caseworker behind in case notes, and/or caseworker turnover where a caseworker separates from the Agency and does not complete documentation. By providing close to “in real time” data about individual in-person visits each month, data entry has shown improvement.

Grant monies have focused on training caseworkers and tracking caseworker activities in preparation and completion of case contacts with children to improve the quality of case contacts. The Department is utilizing the grant monies specifically in the implementation of Program Improvement Plan (PIP) strategies and activities that coach and support quality contacts through the Child and Family Team meetings, the Model of Supervisory Practice and improving quality contact with children placed in unlicensed relative and fictive kin homes. Last year it was intended that an increase of staff using University Partnership contracts would further support the quality of caseworker visits. Due to the COVID pandemic the focus shifted to supporting and maintaining the front-line staff. As COVID restrictions begin to ease, preparations are underway to add a staff position that will specifically provide and support coaching, monitoring and improvement for both DCFS and private agency caseworkers and supervisors. It is important to note that how steps taken to improve the quality of caseworker visits are funded does not detract from the fact that the Department is taking steps to improve the quality.

Chief Deputy Director of Intact and Permanency receives monthly reports to track the cumulative progress towards the 95% compliance as well as the list of specific youth that are missing the documentation in SACWIS. In addition, a work plan is proposed to specifically address the issue of increasing the compliance as well as the quality of the visits with children. The Agency Performance Monitoring and Execution unit has been working on a case review tool to better inform DCFS teams and agencies regarding their compliance and quality performance in this area. In addition, practice priority questions and quality ratings have been added to the Administrative Case Review to report on both the compliance and quality of the caseworker visits with youth.

### **Chapter 5D: Adoption and Legal Guardianship Incentive Payments (AIPP) (section 473A of the Act)**

*In the 2023 APSR, describe:*

- *How Adoption and Legal Guardianship Incentive Payment funds received by the state have been used in the past year and the services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds in FY 2023.*
- *Any changes, issues, or challenges the state has encountered to the plan outlined in the 2020-2024 CFSP and subsequent APSRs for timely expenditure of the funds within the 36-month expenditure period.*

Prior to FFY14, DCFS had not received an Adoption Incentive Payment since FFY10. The large number of children in placement in the mid-1990s enabled DCFS to achieve a significant number of adoptions in those earlier years and the resulting adoption incentive awards to DCFS were therefore substantial. However, with the decrease in the foster care population to one third the number of children in care during those peak years, even fairly high percentage rates of adoption did not result in recent incentive awards. With a change in regulations, which create a modified program of Adoption and Legal Guardianship Incentive payments, the situation is now different and DCFS may again find encouragement for improved performance through fiscal incentives. For FFY14, half of the incentives were calculated on a 2007 base (prior methodology) and the second half calculated using the new methodology.

DCFS did receive an award for FFY14 performance in FFY15 totaling \$2,761,500 (please note that due to some corrections needed to AFCARS data, the final FFY14 award was not actually received until FFY16 but is still labeled as a FFY15 grant award). Beginning in FFY15 and forward, the incentive is calculated based solely on the new methodology. Since FFY14, DCFS has received the following awards:

FFY15	\$ 2,761,500	
FFY16	\$ 1,017,500	
FFY17	\$ 1,082,000	
FFY18	\$ 3,598,500	
FFY19	\$ 4,059,500	
FFY20	\$ 4,059,500	
FFY21	\$ -0-	Decrease in adoption numbers attributable to COVID-19 slow down
<b>Total</b>	<b>\$13,223,000</b>	

Regarding permissible uses of AIPP funds: Title IV-E agencies receiving adoption and legal guardianship incentive awards must spend the funds for services (including post-adoption services) and activities allowable under titles IV-B and IV-E of the Act. Incentive funds expended by the title IV-E agency may not be used as non-federal (i.e., state, local, or tribal) matching funds for federal financial participation. Payments must be used to supplement and not supplant federal or non-federal funds for services under title IV-B or IV-E. DCFS has elected to use the AIPP funds to expand existing adoption preservation and permanency improvement services. Using fiscal year 2014 as a base, DCFS on average increased adoption preservation services expenditures by 24% in fiscal years 2015 to 2018 and increased family preservation services by 10% during that same time period. The additional investment in preservation services amounted to more than \$4.8 million more expended in each of those four fiscal years. And, additional future expansion has or is being planned as noted below.

Therapeutic day care services continue to be assessed on individual youth needs. Any additional funding or contracts based on individual youth needs are added as determined to be appropriate.

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After some review of client needs, psychologists and additional therapist were added to a few of the Adoption and Guardianship Support and Preservation contracts (ASAP) in FY'20 to work with higher needs families. These additional investments and ongoing review of additional service needs are planned to be sustained in fiscal years 2021 through 2024.

**Title IV-E Adoption Assistance Program Savings Reporting**

- *Provide an update to the services the state provided to children and families using the Adoption Savings since the submission of the 2022 APSR.*
- *If needed, provide an update to the services the state expects to provide to children and families using the Adoption Savings over the next year.*
- *Provide an estimated timetable for spending unused savings calculated for previous years.*
- *Discuss any challenges in accessing and spending the funds.*

As a Title IV-E agency, DCFS is now required to calculate and report annually the savings from the agency de-linking of Title IV-E adoption assistance eligibility from the Aid to Families with Dependent Children (AFDC) eligibility requirements, the methodology used to calculate the savings, how savings are spent, and on what services. DCFS uses the actual case identification methodology specified by the Secretary of the Department of Health and Human Services. DCFS must spend the savings on Titles IV-B and IV-E programs; 30% of which must be spent on post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% must be spent on post-adoption and post-guardianship services. DCFS must also use the savings to supplement and not supplant any Federal or non-Federal funds used to provide any service under Titles IV-B or IV-E.

FFY 2021: DCFS calculated \$6,749,286 in FFY2020 Applicable Child Savings - Maintenance, and \$1,730,939 in Applicable Child Savings – Administration, for a total of \$8,480,225. A minimum 20% must be spent on Adoption Preservation Services (\$1,696,045) and up to 10% (\$848,023) can be spent on post-adoption services, post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care. DCFS met this requirement spending \$1,738,855 on Adoption Preservation Services and \$805,213 on foster care prevention services. The final report showing the entire \$8,480,225 was fully expended in FFY 2021 for qualifying purposes, was submitted by the October 30, 2021 due date. In the FFY21 submission of the CB-496 Part 4 (Annual Adoption Savings Calculation and Accounting Report), DCFS recognized and expended cumulative savings from FFY 15 through FFY 21 of \$42,479,133. In fiscal years 2019 and 2020 the following increases were made, and these increases have been maintained for fiscal years 2021 and 2022:

- Adoption Support and Preservation (ASAP) has been increased \$2.371m.
- Respite programs tied to ASAP have been increased \$165,000.
- Training in this area is increasing \$244,000.
- Adoption listing services, which will also assist families who wish to adopt in the licensing process across the state, increased \$310,000. And,

The Family Matters program helps with educational advocacy for adoption and guardianship cases; assists with death and incapacitated subsidy cases to transition back in to permanent placements; acts as a liaison with the court system, and other legal matters for adoption and guardianship cases. Total increase is \$461,000.



**Chapter 5E - John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act) and associated programs.**

*Provide an update on the state's activities to collaborate with and solicit feedback from diverse groups of youth and young adults about their service needs and desired outcomes for the Chafee programs. Include information learned from YAB, town halls, virtual forums, and other state activities. Provide an overview of how the information collected was used to inform service delivery and how the agency has provided feedback to participating youth/young adults on the impact of their input.*

The Illinois DCFS Statewide Youth Advisory Board (SYAB) is an official state board. The SYAB continues to develop recruitment and retention strategies of board members.

- Input from the Regional and Statewide Youth Advisory Board did not specifically contribute to the development of this Plan, but the input gathered from youth at regional and statewide meetings is always considered when developing new, and working to improve existing, older youth services and programs. For example, On July 30, 2021, a bill regarding Guardian at Litems (GAL) that the SYAB had contributed language for and advocated for and contributed language was signed into law by Governor Pritzker- SB 755 (GAL Bill). Contributing to legislative change is a hallmark of what SYAB does and the team is pleased to continue that trend. Also, the SYAB successfully partnered with the DCFS Office of Communications to finalize a flyer on the GAL Bill. This flyer will be made available to all youth in care.
- Upon the request of the DCFS Director, the Statewide Youth Advisory Board (SYAB) and adult partners have successfully launched and convened meetings for the newly formed Youth Advisory Affinity Groups (YAAGs) for Lesbian Gay Bisexual Transgender Questioning Intersex+, Latino, and African American communities. The SYAB is proud to have convened the first meeting for the LGBTQI+ Youth Advisory Affinity Group in August 9th, 2021. This group will allow youth and allies of the LGBTQI+ community to come together to discuss ways to improve services and policies. Additionally, in pursuit of a more dynamic diversity, equity, and inclusion (DEI) lens for our young people, we expanded our relationship with Dr. Shantá Robinson- Assistant Professor in the School of Social Service Administration at the University of Chicago. Dr. Robinson presented on November 6, 2021 for the SYAB, exploring equity on both a societal and individual level. Affinity groups meet on a monthly schedule through Zoom.
- Youth board leaders also met with the DCFS Quality Enhancement Division to review and discuss the annual youth survey and provide recommendations on enhancing the survey in a way that will allow the Department to better understand the quality and effectiveness of services provided to the youth.
- SYAB members participated in a CASA panel (with more than 60 Casa volunteers) to discuss the importance of YAB and share concerns that impact youth in care while also providing recommended solutions to the identified concerns.
- The regional youth boards partnered with Illinois Children's Mental Health Partnership to identify specific concerns and solutions to address youth mental wellness. Concerns and solutions provided will go to the Governor's office for consideration.
- The Statewide and Regional Youth Advisory Boards continued to meet during the COVID 19 pandemic virtually through the Zoom application. The Board meetings implemented a hybrid meeting structure in April 2022 of youth participating in person and via remote/Zoom application.
- The Department submitted an application that was approved for the Division X Technical Assistance Project. The proposal was driven by feedback gained from youth in care who had completed at least one year of community college who participated in a survey as part of a

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larger research study conducted by the University of Illinois at Urbana Champaign School of Social Work and Chapin Hall at the University of Chicago. The Project goal is to enhance college readiness and supports available to young people transitioning to post-secondary education. The Illinois Team has met with the Division X TA Team on May 9, 2022 and June 6, 2022 and will continue to meet regularly through the project period that ends September 30, 2022. The initial Illinois Team engaged 3 former youth in care. The ongoing Illinois team also included a representative from the Illinois Community College Board, Department staff, and researchers representing three universities. In addition, two Fellows were selected through a recruitment and interview process. The Fellows have lived experience in the Illinois foster care system and still participate in the Youth in College program. The Fellow positions are paid federal positions.

The Project has an Action Plan with the goal of increasing support for community college- P2P or peer ambassador programs. The team has established the following action steps:

- Develop an asset map of available resources within the counties, state, and among national organizations based on the needs of youth and young adults;
- Research and identify existing College Ambassador Programs and share promising elements, including their engagement models and training examples.
- Identify and assess postsecondary partnerships to establish a pilot site for the College Ambassador Program and support the development of initial partnership with pilot site

The Team has divided into sub-groups to work on the different tasks with an Illinois Fellow facilitating the work. The full Team continues to meet bi-monthly as a check in with the full Federal Division X team.

- In 2019, the Illinois State Legislature enacted SB1743 (P.A. 101-166) which requires the Illinois Department of Children and Family Services “to develop and process a standardized survey to gather feedback from children who are aging out of foster care and from children who have transitioned out of the foster care system.” The Department is required to submit a report based on the results of the foster care survey to the Governor and the General Assembly. The first report was due December 1, 2021 and a report is required every 5 years after. A demographically diverse sample of 260 young people completed the survey who had experienced different types of placements and spent varying amounts of time in care. Young people were provided a \$10 gift card for completing the survey. The survey will be open again for respondents effective May 2, 2022 with all responses/ feedback gathered to be included in the next report due December 1, 2026. The information and open-ended feedback gained from young people will drive program/service enhancements and expansions.

*Briefly describe the services provided since the last APSR, highlighting any changes or additions in services or program design for FY 2023 and how the services assisted or will assist in achieving program goals. Indicate how these activities have been integrated into the state’s continuum of services and align with the state’s vision.*

Youth successfully transitioning to independence should be notified by their caseworker of the cessation of any benefits that may occur at the time of transition as well as services for which the youth may be eligible after becoming emancipated. The completion of the youth’s transition plan at age 17 provides structure for preparation activities. DCFS continues the Countdown to 21 Program to help youth transition to self-sufficiency through planning meetings at age 19 and age 20.75 to review transition planning that was initiated at age 17 and to review any remaining needs the youth has prior to emancipation. Youth ages 14-21 are encouraged to be involved in an educational, workforce, or vocational training program. DCFS OETS is currently updating all pages on the DCFS website pertaining to services/programs offered by that office as a resource for youth.

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The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). In FY 22, the Northern Illinois University Access Project Program Plan was modified, and the Education Advisors resumed the role and responsibility to provide education intervention, support and resources to Youth in Care enrolled or eligible for enrollment in K-12 school. The NIU Education Advisor will document efforts to support the student in the system, and continue to work with the student, caseworker, foster parents, school personnel and student to ensure the youth educational rights are not being violated.

The programs available below via contracts with community-based providers deliver education, employment, pregnant and parenting teen support, life skills, and financial literacy instruction to youth in care to assist in the preparation of young adults to be successful as independent adults post DCFS care. The Department is committed to the long-term stability of older youth in care and after they age out of the Department's care.

**Program Client Utilization Data for the OETS through the 3<sup>rd</sup> Quarter of SFY 22 are on the following pages**

**Educational Programs**

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>		
		Q1	Q2	Q3
<b>COOK COUNTY</b>				
Project STRIVE-Youth Guidance	190	65	100	128
Project STRIVE-Metropolitan Family Services	60	35	30	31
ASN/Fostering Learning Program (FLP)	333	151	177	145
UCAN Residential School	based on intake	0	0	0
Lawrence Hall Residential School	based on intake	5	10	6
Thresholds Residential School	based on intake	0	0	1
UCAN Educational Mentoring	50	40	33	42
CYC-Education Support	160	67	78	71
Breakthrough Urban Ministries	30	9	10	10
Major Adams Community Committee	30	9	10	10
Loyola-First Star	30	18	18	18
<b>STATEWIDE</b>				
NIU – Education Access Project	All eligible are served.	479	514	550
Kaleidoscope-Find Your Future	25	23	19	26
<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>		
<b>DOWNSTATE</b>		Q1	Q2	Q3
ISU – First Start	30	3	3	7

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Alternative Schools Network-YS3 Chicago/Cook County	<i>Monthly Capacity-200 Students</i>	<i># of Youth Served</i>
	July	158
	August	156
	September	169
	October	178
	November	174
	December	169
	January	163
	February	166
	March	161

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>		
COOK COUNTY		Q1	Q2	Q3
LUV Institute	60	15	12	18
ASN/Added Chance	225	53	61	64
MY TIME/LH	120	35	36	27
DOWNSTATE				
Building Futures – SIUE/East St. Louis	20	11	11	11

**Community Service and Support Programs**

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>		
		Q1	Q2	Q3
BSF-Statewide Youth Advisory Board	155	33	81	124
COOK COUNTY				
AMYS-D-CIPP	1000	311	270	211
Be Strong Families	1758	761	645	748
UCAN-Cook County Life Skills	46	47	35	28
DOWNSTATE				
Youth Service Network – Life Skills Training	50	11	6	5
It’s Our Little Story – Life Skills Training	50	12	17	10
Southern Illinois Collegiate Common Market – Life Skills Training	170	23 comple ted	19 comple ted	23 comple ted
Illinois Interagency Athletic Assn – Recreation for Residential Youth	1,000	262	207	294

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**Pregnant and Parenting Teen Programs**

Program Name	Contract Capacity	# of Youth Served		
		Q1	Q2	Q3
COOK COUNTY				
Metropolitan Family Services	45	29	22	23
UCAN/TPSN	1000	796	802	799
DOWNSSTATE				
Anointed Youth Development	40	6	5	5
Crittenton Center	30	10	8	8
Springfield Urban League	10	1	0	0
Cunningham Children's Home	10	9	9	6
Chestnut Health Systems	35	15	15	14
Hoyleton	20	9	0	0

**Financial Literacy**

Program Name	Contract Capacity	# of Youth Served		
		Q1	Q2	Q3
Cunningham Children's Home		1	1	1
Southern Illinois Collegiate Common Market	10	0	2	0
It's Our Little Story	50	1	3	2
Youth Service Network	50	1	2	1

- Total Statewide Youth in College/Vocational Training (YIC/VT) Youth in Pay Status as of 4/4/2022: 136; 51 are 21+ years old
- Total DCFS Scholarship Recipients in Pay Status as of 4/4/2022: 168; 84 are 21+ years old
- Total Youth in Care to access the Employment, Job Training, Apprenticeship Incentive Program as of 4/25/2022: 129

**Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.**

- Provide information on how the agency used the additional funding provided by Division X during FY 2021, when the additional flexibilities were in place (e.g., the ability to serve youth up to age 27 and the ability to exceed the limitation on the percentage of funds that may be used for room and board).
- Describe how the state has used and/or plans to use the remainder of the funding in FY 2022. (Funds must be obligated by September 30, 2022.)
- Describe accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/ young adults assisted, the amount of funding provided for direct assistance to young people, and available information on the characteristics and demographics of youth assisted.
- Provide information on the strategies the agency is using or used to engage youth/young adults and how those strategies will be incorporated for use in the future to meaningfully engage young people. Include information on any efforts to hire or contract with youth/young adults with lived expertise to support outreach and engagement efforts.
- Describe any challenges or barriers the state has experienced in being able to use the additional Chafee funds.

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Additionally, from the 2022 APSR for background information (Alumni Services):

The Department issued an Action Transmittal on February 26, 2021 (updated version on July 15, 2021) announcing expanded and extended options for assistance to older youth during the pandemic. Youth who qualify are those who are approaching age 21 or are former youth in care whose cases have closed since April 1, 2020 (an updated Action Transmittal released on July 15, 2021 changing this date to January 27, 2020). These additional funds are designated to provide extended care and placement options for youth turning age 21 who wish to remain in care (see option 1 below), a \$312 monthly payment under the Re-Entry Alternative Contract for eligible youth seeking to “re-enter” care (see Option 2 below), fund an increase to the Employment Incentive Program monthly payment, ensure housing continuation through expanded eligibility for Department housing cash assistance and advocacy programs (see Option 4 below), and supports for alumni youth (see option 5 below). This assistance is possible through and in accordance with the Supporting Foster Youth and Families through the Pandemic Act Division X of the federal Consolidated Appropriations Act of 2021 which became law on December 27, 2020 and the Illinois Gubernatorial Executive Order 2020.22 issued on April 7, 2020. Additionally, this Action Transmittal issued new procedures for the temporary DCFS Re-Entry Alternative Contract (RAC) Program.

During the current COVID19 pandemic, the FACs in conjunction with other DCFS Divisions have made concerted outreach efforts to the DCFS Alumni who have recently aged out of care around the state by performing well being checks on these youth working closely with Youth Housing Programs and Youth Cash Assistance offered by DCFS. Other DCFS Divisions are working together and utilizing the Department of Human Services Medicaid Data Base to obtain the most recent contact information for these youth. Family Advocacy Center staff have participated in various discussions with DCFS management about ways to deliver services during the ongoing pandemic and the best ways to get the word out regarding Alumni Services and other services available to Alumni through DCFS.

During the current reporting period, FACs continue to work with youth aging out of care and Alumni youth. Several providers applied for and received Emergency COVID 19 assistance grants and were able to expand emergency assistance for housing and basic essentials, including food and climate appropriate clothing.

FACs also provide general counseling, advocacy, and informal mentoring to Alumni up to the age of 30 under the Alumni Drop-In Services Program and through general community family support services beyond age 30. DCFS Alumni are eligible to receive any services offered by Family Advocacy Centers.

Since October 1, 2020, Family Advocacy Centers have worked with 287 DCFS Alumni from the community and reach out to youth aging out of care monthly with assistance from FAC Program Monitors. Family Advocacy Centers also worked with 184 DCFS Alumni with children currently involved with the Department. Of the 287 cases cited, 69 new Alumni cases were opened from October 2021 through April 2022. Currently the FACs do have basic demographic information: age, race, and geographic location although the information must be gathered by individual provider. The Department can provide this information geographically in the next report period.

The Department issued an Action Transmittal on February 26, 2021 (updated version on July 15, 2021) announcing expanded and extended options for assistance to older youth during the pandemic.

The expanded and extended options for assistance to older youth include:

A. OPTION 1: REMAIN IN CARE -

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FY22 Update: 73 youth elected Option 1: Remain in Care as described above. Those youth in remained in their DCFS approved placement post 21 (legal case closure) with no disruption to housing, services or case management.

**B. OPTION 2: RE-ENTRY ALTERNATIVE CONTRACT (RAC) –**

FY22 Update: 192 youth applied and received RAC payments under the Option 2 as described above. Payments were made directly to the youth via monthly check via US mail or direct deposit, if enrolled. These are several of the key findings under this option:

- Sixty percent of youth who applied for RAC were female (59.5%) and 67.3% were African American.
- Youth who applied for RAC were significantly less likely to be white (21% vs 32%) than youth in the Midwest study.
- Most youth (51%) reported living in their own apartment, but 21.1% of youth in their own apartments reported that their financial situation could threaten their housing. Overall, 6% reported currently experiencing homelessness, which was significantly higher than in the Midwest Study. Additionally, based on the comments in the RAC intake forms, 38% of youth were currently experiencing housing instability and might need to find new housing in the near future.
- Thirty-eight youth (36%) were parenting or pregnant at the time of intake. The majority of those (79%) were young women, with 48% of women parenting and/or pregnant. This proportion was comparable to the proportion of parenting/pregnant youth in the other two samples.
- Half of the youth were employed or in an apprenticeship program at the time of intake. Their average income was just over \$1600 a month. The proportion of employed youth in the other two samples was very similar.
- Twenty-six percent reported service needs such as counseling or domestic violence services. Given the length and focus of the intake interview, these needs are likely to be underreported.
- Sixteen percent of youth reported immediate medical needs, a similar proportion as in the comparative samples. However, RAC youth were significantly more likely than youth in the Midwest Study to have health insurance (79% vs 50%).

**C. OPTION 3: APPLY FOR SERVICES AVAILABLE TO FORMER YOUTH IN CARE –**

FY22 Update: The Department receives weekly lists from Think of Us of Illinois youth who responded to a national survey they conducted to gather input from youth on their pandemic related needs. The latest list had 114 youth on it. In response to the list, the following was completed:

- DCFS Housing Program staff followed up with youth seeking assistance in the categories of homeless, food, HUD voucher, rent, and utilities.
- Youth in care in Cook county (and their caseworkers) seeking employment assistance were sent information for Cook employment programs, Added Chance and My Time, via email.
- Youth in care seeking assistance obtaining a high school diploma were emailed information on the DCFS Education Advocacy Project's intervention, advocacy and support, as well as the process to enroll in a GED program and provided a DCFS Education Specialist's information to contact with any questions.
- Youth over age 21 were sent information regarding the Family Advocacy Centers, the services they could provide, and how to locate the closest FAC to them.
- Email sent to caseworkers of youth in care notifying them of the assistance youth are requesting.

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- Emails sent to youth requesting assistance enrolling in college about programs/assistance they are eligible for.
- Youth listed on spreadsheet in timeframe to be eligible for RAC payment looked up on system and determined one youth is eligible and not receiving RAC. One-page flyer regarding RAC assistance was emailed to him.
- Email sent to youth not eligible for pandemic funds due to being adopted or guardianship, explaining this, and giving them information for the Tuition and Fee Waiver Program, if it could benefit them.
- Emails sent to the youth on the spreadsheet requesting assistance who are in the Youth in College placement to see what their current issues are to see if assistance can be provided.

D. OPTION 4: YOUTH HOUSING ASSISTANCE PROGRAM (YHAP) –  
FY 22 Update: Between March 1, 2021 and September 30, 2021:

- DCFS referred 137 youth who were over the age of 21 to a housing advocate and they had closed cases at time of referral.
- DCFS allowed 16 youth to keep their youth housing advocacy case open when they turned 21.
- DCFS Authorized \$534,353.55 in youth cash assistance (including the housing subsidies).
- DCFS approved 146 cash requests for youth over the age of 21.
- DCFS approved housing 80 subsidies during this period.

E. OPTION 5: FAMILY ADVOCACY CENTER (FAC) ALUMNI SERVICES -

Family Advocacy Center continue to work closely with youth to support access to assistance programs and often aid youth and DCFS Alumni, as funds allow, who do not qualify for assistance through the Department due to age and length of time in care.

The Department issued an Action Transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Employment/Job Training/Apprenticeship Incentive Program (EJTAIP). These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.

FY22 Update:

- The Department issued an Action Transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Education and Training Voucher Program. These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.
  - 104 youth qualified for EIP only working 10 hours per week.
  - 61 youth received retroactive payments.
- DCFS issued pandemic payments to ETV eligible students of \$750 per term for the fall 2020 and spring 2021 academic terms and \$500 for the summer 2021 term. A \$1500 pandemic payment was paid to ETV eligible students for the fall 2021 term. In addition, the Department is awarding students up to the \$12,000 expanded limit to meet their financial needs to help ensure academic success.
- Under the ETV pandemic expansions since the 2022 APSR, 186 youth received the pandemic funds for fall 2021 term (\$1500). 124 youth have received ETV funds in excess of the pre-pandemic expansion limit of \$5,000; they have received between \$5,001 - \$12,000

The Department feels the requirement for ETV awards to be within the student's Cost of Attendance posed a barrier to fully awarding all available pandemic related ETV funds.

***National Youth In Transition (NYTD) Database***



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*Provide an update on the state's actions and plans to strengthen the collection of high-quality data through NYTD and integrate these efforts into the state's quality assurance system. To the extent not addressed in "Collaboration" in Section C1 or "Quality Assurance in Section C4, provide an update to the state's process for sharing the results of NYTD data collection with families and youth; tribes; the legal and judicial community; Independent Living coordinators; service providers and the public. Describe how the state, in consultation with youth/young adults and other stakeholders, is using the state's quality assurance system, NYTD data and any other available data to improve service delivery and refine program goals. Describe efforts to improve the awareness of NYTD and cross-system collaborations to improve reporting of NYTD data.*

DCFS has information posted on the internal D-Net site about the history of NYTD, definitions of all relevant terms, and a power point training presentation on NYTD independent living services and survey response reporting in the SACWIS system. An on-demand training for caseworkers is available via DCFS' Virtual Training Center.

DCFS will continue to request completion of the NYTD survey in each of the baseline and follow up survey years as required. Currently, information is shared with the private agencies regarding youth in their care who are in either of the populations. The caseworker and supervisor also receive direct emails for youth on their caseload in a NYTD survey population.

DCFS shares data from the independent living services reporting and surveys with Chapin Hall for research purposes.

Effective 10/1/2021 (2022A NYTD Report Period), Illinois DCFS is providing \$25 virtual gift cards to all youth who complete the NYTD survey. The survey is available via a website. The youth only need to enter their first name, last name, and date of birth to enter the survey site. At the completion of the survey the youth is prompted to enter their e-mail address to receive the virtual gift card. Through 4/20/22, 50 virtual gift cards have been requested. The goal is to continue publicizing the availability of this incentive and increase youth participate in NYTD surveys. The use of incentives for youth to complete surveys was recommended in the context of a Chapin Hall assessment of NYTD that included surveys and interviews of youth and caseworkers.

The Department participated in an onsite federal review of the NYTD reporting system June 25-29, 2019. The first NYTD Improvement Plan (IP) was submitted on 3/23/2021 and approved by the Children's Bureau on 8/11/2021. The NYTD IP Update #1 was submitted on 3/4/2022. The NYTD IP states that Illinois is in the process of developing a new SACWIS, to be known as CCWIS, system. The goal is to capture independent living services provided by the state more efficiently and in more totality. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

The NYTD IP also states that DCFS will strive to improve the reporting of independent living services, increase survey participation by out of care youth, and utilize the NYTD data for the improvement of service delivery. The Department posts NYTD data reports generated from the NYTD portal on the internal website that is available to DCFS and private agency staff. At this time, the Department has not shared NYTD data with external stakeholders in any other manner.

*Provide an update on how the state involves the public and private sectors in helping youth in foster care achieve independence. Provide examples of cross-system collaborations and the use of culturally-specific service providers. Provide information on assessments that indicate where gaps exist in engagement of the public and private sector, including potential partner organizations identified by youth/young adults.*

The State of Illinois is continuing to use a variety of means to involve the public and private sector stakeholders in helping adolescents in foster care achieve independence. DCFS has ongoing

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coordination efforts with a variety of public and private groups. DCFS takes all major policy development and implementation issues to its Child Welfare Advisory Committee, which is made up of private sector stakeholders.

DCFS also maintains a close working relationship, on program development and implementation issues, with the Child Care Association of Illinois, which includes most of the members of the state's child welfare services provider community. DCFS convenes Advisory Councils consisting of foster parents and adoptive parents. In addition, there are advisory groups for African-Americans and Latinos. All DCFS Rule changes go through a public approval process with the Joint Committee on Administrative Rules (JCAR), which allows the public to comment. DCFS staff are members of community action teams across the state to address the issue of racial disproportionality in foster care.

DCFS maintains a close working relationship with a number of other State departments, including: the Department of Human Services (DHS) in regards to TANF and Daycare; the Division of Alcoholism and Substance Abuse; the Division of Mental Health; the Division of Developmental Disabilities; a vast array of Youth Services programs and DHS-funded Medicaid services; the Departments of Employment Security and Commerce and Economic Opportunity in regards to employment programs; and the State Board of Education. In addition, DCFS maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority and the Chicago Public Schools.

DCFS contracts with private agencies for the delivery of job coaching, mentoring, financial literacy training, Regional and State Youth Advisory Board coordination, and tutoring to help prepare youth for the successful transition to independence. In addition, Illinois contracts with public and private agencies statewide for the delivery of life skills classes, trainings, and experiential activities for youth to participate in where they can learn and practice the skills necessary to make a successful transition to self-sufficient adulthood.

DCFS believes it is critically important to connect youth to public and private resources that will sustain them through life for disease prevention and health promotion:

- Local county and city public health departments offer to adolescents and young adults a broad range of health-related services.
- Federally funded Community Health Centers were established with a mission to deliver comprehensive, high-quality primary health care as well as supportive services to community residents regardless of their ability to pay. Community Health Centers are committed to the concept of the “medical home”, defined as primary care, which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Community Health Centers operate in more than 450 service locations throughout the state of Illinois.
- The Illinois Provider Directory for Children and Adolescents with Special Health Care Needs is an online resource to assist in locating health care providers – pediatricians, family physicians, pediatric specialists, occupational therapists, physical therapists, speech pathologists, audiologists, mental health specialists, pediatric dentists, and other health care providers – who serve Illinois children and adolescents with special health care needs.
- The Statewide Provider Database (SPIDER) provides a tool for staff throughout the DCFS network to identify and to locate community-based services for children and families. You may search the system with a child's CYCIS ID, select services within a given area, or obtain details about programs and services.

For downstate Illinois (defined as all regions outside of Cook County and its five Collar counties), the services provided for Pregnant/Parenting youth are provided by community-based service

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providers. DCFS contracts directly with 5 local agencies to provide specialized, supportive services for the identified Pregnant/Parenting youth. In counties that do not have a DCFS P/P contract, workers link P/P youth with community-based resources that have different funding, when available. These programs are usually funded by state or federal programs. For example, P/P youth and their children receive medical cards, participate in the WIC program, may be eligible for the Link program for food, use day care services funded by another state agency and many live - in settings funded with federal funds. When needed, DCFS program staff meet with staff from various agencies to look at the eligibility of DCFS P/P youth and the appropriateness of their use of different programs funded with state and federal money.

Youth in care in Cook County can attain a high school diploma or GED at 15 alternative high schools and the ASN Prep Institute in Chicago through the Alternative Schools Network (ASN) Youth Scholars, Skills & Service (YS3) program.

*Provide information on the services to support LGBTQI+ youth/young adults. Include information on appropriate activities and activities specific to the needs of individual youth in care, such as LGBTQI+ youth. Include information on partnerships with community organizations or resources to support resources to LGBTQI+ youth and young adults.*

Upon the request of the DCFS Director, the Statewide Youth Advisory Board and adult partners have successfully launched and convened meetings for the newly formed Youth Advisory Affinity Group (YAAG) for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex+ (LGBTQI+ ) youth. This group will allow youth and allies of the LGBTQI+ community to come together to discuss ways to improve services and policies.

### **LGBTQI+ YAAG**

The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI+) and the YAAG group meets the 4th Thursday of the month from 5:00pm -6:30pm. Since August 9, 2021, there have been 6 meetings in total and 3 this quarter.

The first meeting of the group was on August 9th, 2021, and they explored area of interest/focus, such as more education on the community, resources, and developing community. On September 28, 2021, the groups conducted vision and charter building. There was a charter brainstorm of what they want the group to look like. On December 6, 2021 they had an open forum to express concerns that they were having in regard to LGBTQI+. On January 27, 2022 the groups had a presentation from Center on Halsted about Queer Hero's and other resources this organization has. On February 24, 2022, the youth did Utopia building where they created a "world" in our affinity group that they wanted to be a LGBTQI+ friendly space. This space is now focused on "Acceptance, Love, No Judgement, Respect, and Loyalty." The last meeting on March 24, 2022, focused on peer support, how to support each other and develop a deeper sense of community.

**Demographic information:** A total of 21 youth have participated in these meetings, 3 of the youth are between 14-15, 16 are between 16-18, and 2 are between 19-21. The racial composition of the group is as follows: 10 of the youth are White, 7 African American, 3 Hispanic, and 1 that is biracial/other. The gender identity of the group is 8 female, 8 male, 4 transgender, and 1 nonbinary. Twenty of the youth resided in congregated care (group homes) and one youth resided in a foster home.

### **Latino YAAG**

The Latino YAAG meets on the 4th Tuesday of month from 5-6:30pm Since December 7, 2021, four meetings have been attempted; however, February 2022 didn't have enough youth to take place.

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A total of ten youth have participated in these meetings, the age range is as follows: 1 youth is 14 years old and 9 are between 16-18 years of age. The racial composition of the group is as follows: 1 youth is White, 2 are African American, and 7 are Hispanic. The gender identity of the youth is 6 female and 4 males. The youth reside in the following living type: 4 are in foster homes, 2 are in transitional living placements, and 4 are in group homes.

African American YAAG

The African American group meets on the 4th Wednesday of the month from 5-6pm. Since December 10, 2021, this group has attempted to have 4 meetings, January 2022 and February 2022 didn't happen due to low attendance.

The total number of youths attending this group is 9, the age range of the youth is as follow 1 youth was 15 years old, 4 were between 16-18, and 4 were between 19-21. All of the youth that attended were African American. 8 of them were female and 1 male. They reside in the following placement type: 1 was in a transitional living placement, 6 were in a group home, and 2 were in other types of placements.

DCFS collaborates with Be Strong Families (BSF) and sends monthly announcement emails to all Illinois.gov users which includes informational flyers on the YAAG group including date, time, and zoom link. BSF also does targeted outreach to POS agencies, residential facilities and ILO/TLP programs to recruit youth who are interested in serving in an advisory capacity on the YAAG's. The YAAG's are open to all youth but also includes 10 Ambassadors per group who upon application are selected and appointed for a 12-month term which includes enhanced DEI leadership training. The Ambassadors receive a monthly participation stipend and collaborate on DEI recommendations to improve services for youth in care. The DCFS-Office of DEI is active in all the YAAG's and recruits youth through various strategies of outreach that include networking with the various advisory councils and providers serving diverse populations. The DCFS-Office of DEI employs (4) DEI Administrator's over African American services, Asian-American services, LGBTQIA+ Services and Latino Services. The DEI Administrators serve as subject area experts and are present at all meetings to engage, recruit, and enhance the DEI perspective.

*Provide an update on coordinating services with "other federal and state programs for youth (especially transitional living programs funded under Part B of Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies" in accordance with the Act.*

DCFS has a collaborative process in place with the Department of Human Services' Division of Developmental Disabilities and the Guardianship and Advocacy Commission's Office of the State Guardian to ensure the appropriate, stable and complete transition of youth with developmental disabilities into adult services. This process includes the involvement of a community-based Pre-Admission Screening (PAS) agency that works to ensure all proper assessments are completed on the youth and the required documents are in order. Once the appropriate level of care is determined for the youth to transition to, the PAS agency coordinates the referral process. Recommended levels of care traditionally include CILAs (Community Integrated Living Arrangements, both 24-hour and intermittent) and Home-Based Services. For individuals with very special needs, Intermediate Care Facilities (ICF/DDs) or State Operated Developmental Centers (SODC) may be considered. The DCFS assigned caseworker also remains involved throughout this process and ensures that transitional visits occur prior to the new placement being effective. Finally, the worker will assure the vacating of guardianship or its transfer to an appropriate adult guardian.

### **Youth Housing Assistance Program (YHAP) Overview**

*Provide information on the actions taken to address the housing needs of young adults in transition from foster care. Describe how the state utilized the funds from Division X and the flexibility in using Chafee for “room and board” to support the housing needs of young adults and any lessons learned or new practices adopted as a result. Outline the federal, state, local, and public/private resources utilized to support a range of safe, affordable, and age-appropriate housing options for young people.*

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

### **YHAP growth**

Between SFY2017 (7/1/2016-6/30/2017) and SFY 2020 (7/1/2019-6/30/2020), DCFS has authorized 72% more cash assistance to 52% more youth (\$119,323.86 to 95 youth compared to \$205,510.07 to 144 youth). IDCFS has been able to keep up with the increase in Youth Cash Assistance utilization by authorizing more money to CAP contracts. In SFY21 (7/1/2020-6/30/2021), DCFS authorized \$311,365.94 to 216 youth. Part of the reason the program increased so much in SFY21 was because of the special pandemic funding and increased eligibility criteria described above. Cash assistance utilization continued to increase during the first quarter of SFY22 (7/1/2021-9/30/2022), and the last quarter of FFY 21 (4/1/2021-6/30/2021). DCFS authorized \$657,784.80 in cash assistance in FFY21 (see the special section on pandemic funding above.)

DCFS continues to work with local housing authorities who receive Family Unification Program (FUP) and/or Fostering Youth to Independence (FYI) vouchers. These programs assist youth who are aging out, or have aged out, of care obtain affordable housing. To meet federal requirements, DCFS authorize housing advocacy providers and cash assistance provider to assist these youth until they turn 23. In FFY21 (10/1/2020-9/30/2021), DCFS referred 97 youth for either a FUP or FYI voucher. In the first half of FFY22 (10/1/2021-3/31/2022), DCFS referred 112 youth for a FUP or FYI voucher. The main reason for the increase in FFY22 was because the Chicago Housing Authority was awarded 75 new FYI vouchers towards the end of FFY21.

### **Family Unification Program (FUP) and Fostering Youth to Independence (FYI) Utilization for Youth who were aging out or had aged out of DCFS care**

DCFS continues to work with local housing authorities who receive Family Unification Program (FUP) and/or Fostering Youth to Independence (FYI) vouchers. These programs assist youth who are aging out, or have aged out, of care obtain affordable housing. To meet federal requirements, DCFS authorize housing advocacy providers and cash assistance provider to assist these youth until they turn 23. In FFY21 (10/1/2020-9/30/2021), DCFS referred 97 youth for either a FUP or FYI voucher. In the first half of FFY22 (10/1/2021-3/31/2022), DCFS referred 112 youth for a FUP or FYI voucher. The main reason for the increase in FFY22 was because the Chicago Housing Authority was awarded 75 new FYI vouchers towards the end of FFY21. Last Year's YHAP Goals

- IDCFS renewed the contract of the Youth Housing Assistance Program coordinator. The program continues to grow during her tenure.
- IDCFS works toward identifying providers in underserved areas. IDCFS was able to locate providers in the western Cook County suburbs, Marion and Joliet.
- IDCFS has not been able to convince new housing authorities to apply for FYI vouchers but continues to seek relationships with providers.

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- IDCFS has continued to meet the enormous increase in referrals due to the expanded eligibility criteria caused by the pandemic.

**This Year's YHAP Goals**

- The Department will continue to work with current housing advocacy providers as well as create contracts with new providers to increase program utilization.
- The Department will continue to reach out to housing authorities to seek FYI funding to assist youth aging out of care.

*Provide an update on how the state is supporting and reaching out to youth and young adults in or formerly in foster care to promote wellness and proactively address mental health needs.*

DCFS, including staff from the Division of Clinical Services, also collaborates with the Department of Healthcare and Family Services on a variety of issues impacting Medicaid-funded services for DCFS youth in care. Such collaborative activities include participating in interagency committees that oversee particular policy areas and working with DHFS staff to resolve operational, programmatic and case-specific issues. Data sharing includes obtaining paid claims data upon request as needed for examining trends in health care services for youth in care. In addition, DCFS collaborated with the Department of Healthcare and Family Services to implement the expansion of Medicaid eligibility for former foster youth to age 26.

**Access to Medicaid for Former Foster Youth**

*Section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (“the SUPPORT Act”) made changes to the requirements related to the Affordable Care Act and the “former foster youth” or “FFY” category of young adults receiving Medicaid. On January 1, 2023, state Medicaid agencies must cover eligible “former foster youth” who age out of foster care in one state and then move to a new state. This applies only to youth who reach age 18 on or after January 1, 2023. The Center for Medicare & Medicaid Services (CMS) will be issuing further guidance to Medicaid agencies over the next few months, but the child welfare agency is a critical partner in efforts to implement this provision. CB shares CMS’s commitment to advancing health equity by addressing the disparities in access to the health care system. Creating a simplified process to cover FFY who move to a new state is one concrete action states can take to improve access to health care and address health disparities.*

- *Provide information on the title IV-B/IV-E agency’s efforts to coordinate with the state’s Medicaid agency to support the state’s implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023.*
- *Discuss efforts to provide former foster youth in your state with information and resources to support their enrollment in Medicaid in the case that they move to another state. This could include providing youth and supportive adults they identify with access to documentation, websites, contact information or other resources to facilitate enrollment.*

DCFS, in collaboration with DHS (Medicaid), with the private corporation Centene (which administers the YouthCare program in Illinois to ensure youth transitioning to adulthood and youth placed or transitioned out of state are informed and supported in these transitions. A collaborative work group meets weekly (Thursdays at 3:00 PM) to further these goals. Additionally, a Social Services Program Planner IV position has been added to the Strategy and Performance Execution team to specifically move these goals forward. This collaboration is in its early stages with a target date of January 2023.

### ***Education and Training Vouchers (ETV) Program (section 477(i) of the Act)***

*Briefly describe the services provided since the submission of the 2022 APSR, highlighting any changes or additions in services or program design for FY 2023 and how the services assisted or will assist in establishing, expanding, or strengthening program goals.*

- *Provide an update on the state's efforts to engage or re-engage students whose post-secondary education has been disrupted by the COVID-19 pandemic and national public health emergency.*
- *Describe any collaborative efforts with college campus support programs designed to increase student enrollment, retention and graduation.*

The Education and Training Vouchers Program (ETV) provides additional resources specifically to meet the financial needs for educational and training programs of youth aging out of DCFS' foster care system. The purpose of the Education & Training Vouchers program is to ensure every eligible youth has the opportunity to attend a post-secondary or career and technical education program in order to learn or enhance skills needed to make a smooth transition to self-sufficiency.

The ETV program can be used to pay the following items at an accredited post-secondary school or institution if they are included in the school's cost of attendance and are not paid by other grants/scholarships/funding:

- The amount spent for each youth varies, but an amount not to exceed \$5,000 per youth may be issued as a partial payment to the educational institution to cover school charges.
- If there is funding left of the \$5000 per fiscal year after the school or institution is paid, other cost of attendance items may be paid directly to the youth or other providers. Students have a maximum of five years or 10 semesters of access to the ETV funding.

The Department's Office of Education and Transition Services (OETS) partnered with Chapin Hall at the University of Chicago and the University of Illinois Urbana-Champaign School of Social Work in a research study on post-secondary education outcomes of community college students in foster care. The research included an administrative data analysis, document review, and interviews with 24 young people who had experienced foster care and completed at least one semester of community college. The findings include:

- Most young people in foster care who enroll in college are community college students.
- Not all young people in foster care are equally likely to enroll in community college.
- Few young people in foster care who enrolled in community college graduated.
- Students struggled in high school and were unprepared for college.
- Students navigated the transition to college with little professional guidance.
- Most students were required to take remedial courses.
- Students have a limited understanding of financial aid, including aid available through the child welfare system.
- Student engagement with Postsecondary Education Specialists varies widely.

Students want community colleges to understand their unique needs and tailor supports to address them. Community college administrators want to support students who are or were in foster care but face barriers to providing that support. The OETS will use these findings to inform services provided to students by the OETS' Post-Secondary Education Specialists, continue efforts to educate, inform, and collaborate with community college and university staff to better engage with and provide services to foster youth, and it provided data to apply for the Division X Technical Assistance Project (TAP).

The Department continued to reach out to youth who formerly accessed ETV funds to see if the youth was still enrolled in a post-secondary program and needed additional ETV funding assistance. If the student was not enrolled, assistance was offered to get the student re-enrolled.

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The Department is pursuing the development of a youth friendly, interactive “Post-Secondary Education APP” that will allow youth to obtain information about the ETV, view FAQs, and apply directly through the app for the ETV program and other Department Post-Secondary Programs. The goal through this APP, and other strategies, is to make accessing financial assistance for post-secondary education as user friendly as possible. A proposal for the APP development has been submitted to the Department’s Office of Innovation and Technology. To date, an approval and task assignment has not been received, so there is not tentative launch date. The development of an APP is also occurring with a sub-group of the Division X TAP. If development is approved, input from youth in care and former youth in care will be solicited for the design.

***Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act***

- *Provide information on how the agency used the additional funding provided by Division X during FY 2021, when the additional flexibilities were in place (e.g., the ability to pay for items not in the student’s cost of attendance). Note: The maximum award of an ETV remains \$12,000 until September 30, 2022.*
- *Describe how the state has used and/or plans to use the remainder of the funding in FY 2022. (Funds must be obligated by September 30, 2022.)*
- *Describe accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/young adults assisted and available information on the characteristics and demographics of youth assisted.*
- *Provide information on the strategies the agency is using or used to engage youth/young adults and how those strategies will be incorporated for use in the future to meaningfully engage young people. Provide information on any collaborations with higher education institutions, college campus support programs to ensure that eligible youth are accessing ETV funds.*
- *Describe any challenges or barriers the state has experienced in being able to use the additional ETV funds.*

The Department issued an Action Transmittal on February 26, 2021 announcing the temporary expansion of support to youth who are eligible for the DCFS Education and Training Voucher Program. These changes are possible through increased pandemic-related federal funding provided by the Consolidated Appropriations Act of 2021 which became law on December 27, 2020.

The changes below assist in meeting the need for increased financial support to ETV-eligible youth during the pandemic and take into consideration that there are pandemic-related obstacles to meeting usual program requirements.

- The maximum annual ETV award per youth is increased from \$5,000 to \$12,000 for the period of October 1, 2020 through September 30, 2022.
- The enrollment and satisfactory academic progress requirements (SAP) for the ETV programs were waived for young people who were unable to meet them due to the pandemic until September 30, 2021.
- ETV funds can be used for maintaining training and postsecondary education, including less than full-time matriculation costs or other expenses that are not part of the cost of attendance but would help support youth in remaining enrolled until September 30, 2021.
- The age of ETV eligibility was expanded up to age 27 until September 30, 2021.

The Department sent emails to students who previously accessed ETV funding and were between the age of 26 and 27 to notify them of extended ETV eligibility. The notification of expanded ETV eligibility and benefits is posted on the Department’s Facebook, Instagram, and Twitter pages and the Department’s website.



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DCFS issued pandemic payments to ETV eligible students of \$750 per term for the fall 2020 and spring 2021 academic terms and \$500 for the summer 2021 term. A \$1500 pandemic payment was paid to ETV eligible students for the fall 2021 term. In addition, the Department is awarding students up to the \$12,000 expanded limit to meet their financial needs to help ensure academic success. Under the ETV pandemic expansions:

- 124 youth received pandemic funds for FA 20 and SP 21 terms (\$750/term)
- 19 youth received pandemic funds for FA 20 term (\$750)
- 10 youth received pandemic funds for SP 21 term (\$750)
- 28 youth received pandemic funds for SU 21 term (\$500)
- 124 youth have received ETV funds in excess of the pre-pandemic expansion limit of \$5,000; they have received between \$5,001 - \$12,000.

*If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.*

The State is working to transition the payments made via the ETV program to an outside provider via a contract with the Department. The purpose is to expedite the time frame for the approval of ETV payments to a school, landlord, etc. or directly to a youth and the actual receipt of the payment. The State believes this will greatly improve the benefits provided by the ETV program. The goal is to have this contract in place starting State Fiscal Year 2023, July 1, 2022.

*Provide to CB an unduplicated count of the number of ETVs awarded each school year. For this reporting, states may count the combined number of ETVs awarded from both the regular and additional Division X funding (July 1<sup>st</sup> to June 30<sup>th</sup>).*

See Addendum F - Statistical and Supporting Information

### **Chafee Training**

*If needed, provide an update on the specific training needed in support of the goals and objective of the state's Chafee plan and to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand their opportunity to promote and assist youth in the transition to adulthood.*

DCFS OETS staff, including a Transition Manager in each DCFS region and two Post-Secondary Education Specialists, provide on-site and virtual training to private agency staff on request, participate in Countdown to 21 meetings with older youth in care, and participate in regional management and staff meetings when possible to educate caseworkers and other staff on the available programs and services for older youth. The OETS is committed to strengthening these training efforts in order to reach more staff and provide more technical assistance to ensure all eligible youth are accessing the programs and services designed to prepare them for adulthood.

Countdown to 21 (C21) is not a specific training but rather a model of practice that embeds youth driven transition planning through facilitated meetings at age 19 & 20.9. As part of C21 all youth are referred for financial literacy training at age 19 and completion of training is one of the eligibility requirements for youth to receive the transition fund which is approved at the 20.9 C21 meeting. DCFS employs a TOT training model for all agencies serving older youth that is offered on a quarterly basis. Agencies are required to have a certified financial literacy instructor. The requirement is outlined in all DCFS substitute care contracts and there is also a network of community providers certified to deliver the training for DCFS managed cases. The C21 program is for all youth in care age 19 + and does include expectant & parenting youth.

DCFS conducts specific training on pregnant and parenting teen issues for DCFS and private agency caseworkers. DCFS through TPSN will continue to offer Parenting Specialty Training Curricula statewide annually.

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Finally, DCFS is working to ensure information about available programs and resources for older youth is more accessible to caseworkers, foster parents, and youth by adding direct links to this information on DCFS' intra and internet web site home pages and, the OETS will continue to update and distribute the Tip Sheets on each of the OETS programs.

***States are required to consult with each Indian tribe located in the state as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care.*** There are no federally recognized Indian Tribes in the State of Illinois with which to coordinate the programs. (See Chapter 6 for additional information)

## Chapter 6 - Update on Service Descriptions Chapter 6 – Consultation and Coordination between States and Tribes

In the 2023 APSR, states must update the following:

*Describe the process used to gather input from tribes since the submission of the 2022 APSR, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the name of tribes and tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).*

Illinois does not have any Federally recognized tribes residing within the state's borders. However, there is a sizable American Indian/Alaskan Native (AI/AN) community in the city of Chicago and surrounding suburbs in the Cook County area. The rest of the AI/AN population in the state of Illinois are distributed throughout without any clearly defined areas other than the Quad Cities area and Peoria being the next largest numbers according to U.S. Census data.

The State of Illinois is actively working with the local AI/AN community. The ICWA Specialists conduct outreach mostly within the Chicago AI/AN community and there has been a strong ICWA Advisory Council comprised of various community members who are foster parents, child welfare workers and AI/AN community members.

The State has ongoing communication with the Federally recognized tribes that are identified by the youth/families in care. The ICWA Specialists mostly communicate over electronic mail and phone calls to discuss if the tribe plans to take jurisdiction and/or the tribe's preferred placement of the children in care. In Calendar Year 2021, the ICWA specialist communicated with six tribes to discuss 8 specific children. Those tribes are in various states across the country, as there are no tribes located in Illinois. To protect the confidentiality of the specific children involved, the tribes are not being identified in this public document.

In calendar year 2021, the Division of Diversity, Equity and Inclusion (DEI) received 448 claims (ICWA Intake Forms) of Indian ancestry and sent 1,700 inquiries to the Bureau of Indian Affairs, the Alaska Bureau of Indian Affairs, and Tribes to request ICWA determination letters for the 448 claims.

In calendar year 2021, The ICWA Specialist received confirmation from Tribal agents that children in 15 cases were either members, eligible for membership or potentially eligible for membership with federally recognized Tribes. Following are disposition summaries for the 15 confirmed cases:

- 1) Case closed - Child adopted by fictive kin.
- 2) Case pending - Child in home of relative placement with goal of return home.
- 3) Case pending - Adoption by family member pending.
- 4) Case pending - Adoption by traditional foster family pending.
- 5) Case pending - Child placed with fictive kin and goal is adoption.
- 6) Case pending - Child in home of relative placement and goal is adoption.
- 7) Case closed - Youth who had reached independence learned after reaching independence that youth might have Indian heritage based on information provided by an extended family member, DCFS contacted Tribe and ancestry was confirmed, DCFS facilitated communication between independent youth and Tribe.
- 8) Case pending - Intact family.
- 9) Case pending - Children in home of relative placement with goal of return home.
- 10) Case pending - Child in home of relative placement with goal of return home.

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- 11) Case closed - Division of Child Protection investigation case, and case closed after investigation completed.
- 12) Case pending - Children in home of relative placement with goal of return home.
- 13) Case pending - Child placed with fictive kin and goal is guardianship.
- 14) Case pending – Child in home of relative placement with goal of return home.
- 15) Case pending - Children placed in traditional foster home and goal is adoption.

*Provide a description of the state’s plan for ongoing coordination and collaboration with tribes in the implementation and assessment of the CFSP/APSR.*

The ICWA Program provides guidance, support, and advocacy services to help the Department meet its obligations to provide child welfare services in a manner consistent with ICWA requirements.

*Describe any barriers to this coordination and the state’s plans to address these barriers (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).*

The work of child welfare teams to provide guidance, assistance, support, resources and services for families in confirmed ICWA cases needs to be better documented in SACWIS. Currently the DCFS ICWA team is working with the agency’s technology division to digitize the ICWA verification process in SACWIS to make the ICWA verification process more efficient and improve communication between the ICWA team and the child welfare teams. After the verification process is digitized in SACWIS, the ICWA team will begin the process to request that the technology team collaborate to digitize and streamline the child welfare teams’ documentation of their work on confirmed ICWA cases.

The ICWA team plans to work with the agency’s training division to create a mandatory ICWA training module that the ICWA team will recommend that all direct service staff and managers take on a periodic basis and recommend that all newly hired (or promoted into) direct service staff and managers take during employment or promotion onboarding.

*Provide an update, since the submission of the 2022 APSR, on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children delineated in section 422(b)(8) of the Act, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements outlined in section 475(5)(C) and 475A(a) of the Act. (See 45 CFR 1357.15(q).)*

There are no federally recognized tribes in the state of Illinois. The state of Illinois prioritizes family preservation or family reunification of all youth in care. The state provides child welfare services and protections for tribal children; this includes intact services to prevent children at risk of entering foster care, services for families to work toward reunification if the children go into foster care, or perhaps to place a child in an adoptive home, legal guardianship, or other planned permanent living arrangement assuming that the tribe chooses not to take jurisdiction over the case. All the services that are made available statewide for all eligible youth are also made available to those identified as AI/AN youth.

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*Provide a description, developed after consultation with tribes, of the specific measures taken by the state to comply with ICWA. (See section 422(b)(9) of the Act.)*

Whenever the department is made aware that a family/child is reported to have AI/AN ancestry the ICWA Program is alerted and the assigned ICWA specialist will provide the technical support and advocacy services to help the department meet its obligations with federal ICWA requirements. The ICWA Specialist collaborates with the child's case management team which includes the tribal representative, to review services and participate in case planning for the child and the child's family. The ICWA Specialist also maintains communication with the child's confirmed tribe to offer follow-up and/or assistance as requested. The ICWA Specialists works as a liaison between state, federal and tribal agencies to ensure ICWA compliance.

*Describe the results of the state's consultation with each Indian tribe in the state as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care (section 477(b)(3)(G) of the Act).*

There are no federally recognized Indian Tribes in the State of Illinois. Any services that are made available to the children and families in DCFS care are made available to any AI/AN youth and families who are in DCFS care.

*Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the Chafee program.*

There are no federally recognized Indian Tribes in the State of Illinois with whom to consult.

*Describe the efforts to coordinate the programs with such tribes.*

There are no federally recognized Indian Tribes in the State of Illinois with whom to consult.

*Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.*

All families and children receive benefits and services. Any services that are made available to the children and families in DCFS care are made available to any AI/AN youth and families who are in DCFS care.

*Describe the Chafee benefits and services currently available and provided for Indian children and youth.*

The Chafee Program provides funding to assist all youth in foster care and young adults formerly in foster care with services and financial assistance to promote their transition to adulthood, including AI/AN youth.

*Report on whether any tribe requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. Describe the outcome of that negotiation and provide an explanation if the state and tribe were unable to come to an agreement.*

*States may provide this information either in this section or in the Chafee Section of the 2023 APSR but are requested to indicate clearly where the information is provided.*

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There have not been any tribes requesting to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible AI/AN children and to receive and appropriate portion of the state's allotment for such administration or supervision as there are no federally recognized tribes in the State of Illinois to develop an agreement with.

*State agencies and tribes must also exchange copies of their APSRs (45 CFR 1357.15(v) and 1357.16(d)). Describe how the state will meet this requirement for the 2023 APSRs.*

There are no federally recognized Indian Tribes in the State of Illinois with whom to exchange copies of our APSR.

*In carrying out continued collaborations and coordination with tribes on child welfare programs, states should be aware that section 479B of the Act allows federally-recognized tribes, tribal consortia, and tribal organizations to apply to ACF to receive, at tribal option, title IV-E reimbursement directly for foster care, adoption assistance, and for guardianship assistance programs. (Tribes approved to operate the title IV-E foster care and adoption assistance programs may also submit a plan to participate in the optional title IV-E Prevention Services and title IV-E Kinship Navigator Programs.) A tribe may also seek to enter into an agreement with the state to administer all or part of the title IV-E program on behalf of Indian children under the authority of the tribe. States are reminded that section 471(a)(32) of the Act requires states to negotiate in good faith with any federally recognized tribe, tribal organization or tribal consortium in the state that requests to develop a title IV-E agreement with the state. In addition, section 477(j) of the Act creates an option for tribes, with an approved title IV-E plan or a title IV-E tribal/state agreement, to receive directly from ACF a portion of the state's Chafee and/or ETV allotments to provide services to tribal youth in foster care or formerly in foster care.*

There are no federally recognized Indian Tribes in the State of Illinois to collaborate or coordinate title IV-E agreements. The services continue to be managed by the state of Illinois making sure that all AI/AN children who are in care are eligible to receive the same benefits as any other child in the DCFS system.

*The opportunity to operate a title IV-E, Chafee, and/or ETV program is not time-limited. A tribe has the discretion to determine whether or when it wants to develop its own title IV-E, Chafee, and/or ETV programs. States remain responsible for serving eligible resident Indian children who are not otherwise being served by an Indian tribe under an agreement with the state or under a direct title IV-E, Chafee, and/or ETV plan (section 301(d)(2) of P.L. 110-351).*

As there are no federally recognized Indian Tribes in the State of Illinois, the State remains responsible for serving eligible resident AI/AN children.