

ILLINOIS ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Illinois Department of Children and Family Services

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Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Table of Contents

Acronyms.....	2
Chapter 1 – General Information.....	5
State Agency Administering Programs	5
Collaboration.....	7
Chapter 2 - Assessment of Performance.....	17
Child and Family Outcomes	17
Systemic Factors	46
Statewide Information Systems.....	46
Case Review System.....	50
Quality Assurance System.....	57
Staff and Provider Training	61
Service Array and Resource Development.....	70
Agency Responsiveness to Community	73
Foster Parent Licensing Retention and Recruitment.....	79
Chapter 3 – Plan for Improvement.....	87
Chapter 4 – Update on Service Description.....	118
A. Safety Intervention Services.....	118
B. Permanency Services.....	151
Populations at Greatest Risk of Maltreatment.....	165
C. Well-Being Services.....	169
Title IV-B Federal Fiscal Year Programs.....	197
D. Chafee Foster Care Independence Program (CFCIP).....	200
Education and Training Voucher Program.....	228
Chapter 5 – Program Support.....	232
Learning and Professional Development	232
University Partnerships	236
Chapter 6 – Consultation and Coordination Between States and Tribes	250
Chapter 7 – Monthly Caseworker Visit Formula Grants	254
Chapter 8 – Adoption and Legal Guardianship Incentive Payments.....	256
Chapter 9 – Child Welfare Waiver Demonstration Activities.....	258
Chapter 10 - Quality Assurance/Continuous Quality Improvement.....	259
Chapter 11 – Financial Information.....	269
Attachments – Family First Booklet 2020	
Acting Director’s COVID-19 and Modification to In-Person Contact Memo	
FY21 Strategic Education Plan - Draft	
Addenda –	
A Training Plan	
B Disaster Plan	
C Healthcare Oversight and Coordination Plan	
D Diligent Recruitment of Foster and Adoptive Homes	
E CAPTA	
F Citizen Review Panel	

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Acronyms

Acronym	Translation
ACF	Administration for Children and Families
ACR	DCFS Administrative Case Review
AFCARS	Adoption and Foster Care Analysis and Reporting System
ASFA	Adoption and Safe Family Act
AIP	AFCARS Improvement Plan
AOIC	Administrative Office of the Illinois Courts
APT	Agency Performance Team
BMN	Beyond Medical Necessity
BSF	Be Strong Families
CAC	Children's Advocacy Centers
CANS	Child and Adolescents Needs and Strengths
CAP	Community Assistance Programs
CAPTA	Child Abuse and Prevention Treatment Act
CASA	Court Appointed Special Advocate
CAYIT	Child and Youth Investment Teams
CBCAP	Community-Based Child Abuse Prevention
CCAC	Chicago Children's Advocacy Center
CCA-I	Child Care Association of Illinois
CCC	Continuity of Care Center
CCPP	Community College Payment Program
CDRT	Child Death Review Team
CERAP	Child Endangerment Risk Assessment Protocol
CFCIP	Chafee Foster Care Independence Program
CFRC	Children & Families Research Center
CIPAC	Court Improvement Program Advisory Committee
CIPP	Clinical Intervention for Placement Preservation
CLSA	Casey Life Skills Assessment
COA	Council on Accreditation
CPCT	Child Protection Circuit Teams
CPDC	Child Protection Data Courts Project
CQI	Continuous Quality Improvement
CRMR	Case Review Monthly Roster
CSSP	Center for the Study of Social Policy
CWAC	Child Welfare Advisory Council
CWEL	Child Welfare Employee Licensure
CYCIS	Child and Youth Centered Information System
DASA	DHS Division of Alcoholism and Substance Abuse
DCFS	Illinois Department of Children & Family Services
DHR	Illinois Department of Human Resources
DHS	Illinois Department of Human Services
DHS/DD	DHS Office of Developmental Disabilities
DMH	DHS Division of Mental Health
DQE	Division of Quality Enhancement
DVIP	DCFS Domestic Violence Intervention Program

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

EAP	Educational Access Project
EFSP	Extended Family Support Program
ETV	Education and Training Voucher
FAC	Family Advocacy Centers
FCURP	Foster Care Utilization Review Program
FISP	Field Implementation Support Program
FOIA	Freedom of Information Act
FPSS	DCFS Foster Parent Support Specialist
FTS	DCFS Family-Centered, Trauma-Informed, Strength-Based
GAL	Guardian ad Litem
HMR	Home of Relative
IB3	Illinois Birth to Three Waiver
ICC	Interagency Coordinating Council
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IF/R	Intact Family Recovery
IIAA	Illinois Inter-Agency Athletic Association
ILO	Independent Living Option
IPS	Intensive Placement Stabilization
ISBE	Illinois State Board of Education
LOS	Length of Stay
MAC	Maintaining Adoption Connections
MARS	Management Accounting and Reporting System
MCH	Maternal and Child Health
MIECHV	Maternal Infant Early Childhood Home-Visiting
MPEEC	Multidisciplinary Pediatric Education and Evaluation Consortium
MY TIME	Mentoring Youth to Inspire Meaningful Employment
NCTSN	National Child Trauma Stress Network
NPP	Nurturing Parenting Program
OCFP	DCFS Office of Child & Family Policy
OER	Outcome Enhancement Review
OETS	DCFS Office of Education and Transition Services
OIG	DCFS Office of the Inspector General
OITS	DCFS Office of Information Technology Services
PAS	Permanency Achievement Specialists
PAT	Parenting Assessment Team
PEP	Permanency Enhancement Program
PHP	Psychiatric Hospital Program
PII	Permanency Innovations Initiative
PIP	Program Improvement Plan
POS	Purchase of Service
PRIDE	Parent Resources for Information, Development, and Education
RYAB	Regional Youth Advisory Boards
SACWIS	DCFS Statewide Automated Child Welfare Information System
SAF	Substance-Affected Families
SCAN	Statewide Committee on Child Abuse and Neglect
SPD	Statewide Provider Database
SYAB	Statewide Youth Advisory Board
TARGET	Trauma Affect Regulation, Guidance for Education and Therapy
TFFH	Treatment Foster Family Home
TI-EBP	Trauma-Informed Evidenced Based Practices

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

TLP	Transitional Living Program
TPR	Termination of Parental Rights
TPSN	Teen Parent Services Network
TRPMI	Therapeutic Residential Performance Monitoring Initiative
UIR	Unusual Incident Report
YHAP	Youth Housing Assistance Program

Additional frequently used terminology:

Abbreviations	What they mean
DCFS, IDCFS, The Department	Illinois Department of Children and Family Services
P 300, Procedures 300	Child Protection procedures/processes
P 315, Procedures 315	Permanency Planning procedures/processes
POS, private agencies	Purchase of Service, our private agency partners

Chapter 1 – General Information

Introduction

This is Illinois' first Annual Progress and Services Report (APSR) update to the 2020-2024 Child and Family Services Plan (CFSP). The year has been one of rewards and challenges. New DCFS leadership arrived in May 2019, with a revitalized emphasis on safety first, quality over compliance, and stabilizing the workforce. The FY 2020 began with an increase of calls to the State Central Registry reporting abuse and neglect. This resulted in an increase of child protection investigations and subsequent increase of both intact family and foster care cases.

A worldwide pandemic of a coronavirus led the Illinois Governor to order Shelter in Place from March 21 through May 28. DCFS, private agencies, and service providers primarily worked remotely during this time with precautions in place for caseworker in person contacts and video conferencing encouraged when possible. Courts were closed and convened in emergency hearings only. An exception to the Shelter in Place order included "essential workers," those in child protection that continued to complete in person contacts during investigations. Noteworthy is the 50% + decrease in calls of abuse and neglect resulting in significantly fewer investigations that occurred during this time. It is unknown how reports, investigations, and cases will be affected as the Shelter in Place order is lifted. As the FY comes to a close Illinois has passed a state budget that provides DCFS with increased funding for needed positions and improved service array.

Throughout a year of partnership and collaboration with Children's Bureau, Capacity Building Center, Administrative Office of Illinois Courts (AOIC) stakeholders, and even through a pandemic, Illinois continues to develop and refine the CFSR Program Improvement Plan (PIP) to address needed improvements identified in the May 2018 CFSR. A PIP Measurement Plan has been endorsed by Children's Bureau and the PIP Baseline was finalized in March 2020. PIP Measurement reviews will take place June through November 2020.

State Agency Administering Programs

Illinois' Department of Children and Family Services (DCFS) is the state agency designated to administer and supervise the administration of child welfare services, Title IV-B, subpart 1 and 2 and the Title IV-E of the Social Security Act. In addition, the Department is designated to administer the Chafee Foster Care Independence Program and the Child Abuse Prevention Treatment Act.

DCFS provides comprehensive social services and child welfare programs that include protective services, protective child care, family services, foster care and adoption. In addition, DCFS licenses and monitors all Illinois child welfare agencies and more than 14,000-day care centers, homes, group homes and day care agencies in the state.

The Department of Children and Family Services (DCFS) consists of a central office, and four regions, Cook County, Northern, Central and Southern. Each region is divided into field service areas. The general statewide management and support functions of the agency are currently

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

performed at the central office level. The State Central Register (which includes the child abuse hotline) is also a central office function.

Unique to Illinois is the volume of care provided by private agencies. More than 85% of the care and services offered to Illinois child welfare cases are provided by the private sector. Private agencies provide services via contracts with DCFS. DCFS selects community-based agencies and organizations to provide a full continuum of services.

An array of service provision is available for children and families. DCFS makes contract dollars available to private agencies to provide day-to-day operations. These can include case management services, family preservation and support services, family foster care, kinship care, adoption, respite care, institutional care, group care, independent living skills and transitional living skills. This arrangement allows voluntary agencies to assume the traditional responsibilities of the state, while keeping ultimate responsibility and oversight with DCFS and the Illinois General Assembly.

DCFS was intentional about including stakeholders at every level throughout the process of preparing for CFSR Round 3 and developing the PIP. Those efforts have evolved into workgroups to plan strategies for improvement and implementation. DCFS is prioritizing efforts to make data more accessible and to use data to drive decision making at all levels. There is agreement that meeting compliance objectives has not resulted in improved practice and outcomes and that a balance with quality work is critical.

As the Illinois Child Welfare community of DCFS, private agencies, judicial partners, university partners, community providers and many more stakeholders to the child welfare system continue the implementation and work of the Program Improvement Plan (PIP) and the 5-year Strategic CFSP, there is ongoing commitment to improve safety assessments, early and often engagement with families and rigorous ongoing training and support for staff.

Link to the DCFS Organizational Chart:

https://www2.illinois.gov/dcfs/aboutus/director/documents/dcfs_orgchart.pdf

Link to 2019 APSR:

https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/APSR_FY19.pdf

Mission, Vision and Values

Mission: To promote prevention, child safety, permanency and well-being. We bring the voices of Illinois children and families to the forefront, building trusting relationships that empower those we serve.

Vision: Communities strengthening families to ensure every child is safe, healthy and productive at home and in school.

Values:

We value Safety

We value Trust.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

We value Compassion.
We value Accountability.
We value Responsiveness, Relationships and Respect.
We value Empathy.

Collaborations

DCFS has long standing collaborations with a number of agencies and entities across the State. In preparing for the CFSR (Child and Family Services Review) numerous private child welfare agencies, court systems, federal partners, service providers, biological, foster and adoptive parents, and youth were called upon to participate. Since the CFSR, these groups and individuals have continued to be active partners as the work together has involved the Illinois PIP (Program Improvement Plan), the BH Implementation Plan, the FFPSA (Family First Prevention Services Act), as well as other endeavors. A description of some of these collaboration efforts will begin below. Others will be found in the following chapters.

Administrative Office of the Illinois Courts (AOIC)

The Administrative Office of the Illinois Courts (AOIC) is invaluable in our joint work toward improving the work shared in child and family safety, permanency and well being.

The AOIC assists the Supreme Court with its general administrative and supervisory authority over all Illinois courts. The AOIC's Court Services Division - Courts, Children and Families Unit (CCFU), on behalf of the Supreme Court of Illinois, is responsible for administering the federally funded State Court Improvement Program (CIP) Basic, Data and Training grants. The purpose of the CIP is to: "1) promote the continuous quality improvement of court proceedings in child welfare proceedings and 2) enhance and expand collaboration between the judicial branch of state government, the title IV-E/IV-B agency and tribes to improve child welfare outcomes." The CCFU also works to support the mission, vision, and core values of Illinois' CIP of ensuring safety and stability for children and families involved in juvenile abuse and neglect court system and to improve timely permanency in Illinois. The unit includes four staff positions: CCFU Manager, CIP Coordinator, CIP Grants Program Developer, and CIP Administrative Assistant.

The AOIC's CCFU works with statewide and local court partners, such as: juvenile abuse and neglect court judges and attorneys, educational institutions, governmental agencies, nonprofit organizations, legal services providers and other child welfare stakeholders to initiate statewide and local interagency collaboration and support court improvement efforts as it relates to children and families involved with the judicial system. These efforts focus on improving the quality of legal representation for children and parents, promoting coordination between local courts and child welfare stakeholders, developing judicial and attorney trainings, building capacity to collect local child protection court data, and ongoing collaboration with state level IDCFS partners.

As of May 1, 2020, the Courts, Children, and Families Unit (CCFU) of the AOIC's Court Services Division became its own division. Therefore, the CCFU has now become the Courts, Children, and Families Division (CCFD). The CCFD will continue to administer the Court Improvement Program (CIP) and collaborate with key court stakeholders. The Supreme Court of Illinois supported the creation of the Division to expand its work to other critical court matters related to children and families. In addition to current responsibilities, the CCFD will focus efforts on addressing court issues related to dually involved youth, domestic violence, and human trafficking. The CCFD staffing structure remains the same, however the CCFU Manager has been

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

selected to lead the CCFD and was promoted to Assistant Director of the Court, Children, and Families Division.

Current initiatives continuing into FY20:

CCFD/CIP staff actively participates in on-going working meetings with our DCFS partners and actively contributes to drafting and refining the court strategies and activities that were included in the proposed Illinois' 2018 CFSR Program Improvement Plan (PIP), as well as the continued work on that document.

In November 2019, DCFS and CCFD/CIP staff participated in a full day on-site working meeting with the Children's Bureau in Chicago, IL to review and receive feedback regarding the second PIP submission. In order to address federal feedback related to the court strategies, CCFD/CIP later hosted six separate full day in-person working meetings at the AOIC office (2-Chicago Office, 4-Springfield Office) with DCFS staff and PIP consultants to vigorously work to refine those court strategies and activities that needed improvement and/or clarification for the third drafted PIP submission.

In January 2020, DCFS submitted the third PIP proposal and by March 2020 the state received noticed it was not approved. By April 2020, the Children Bureau provided DCFS and CCFD/CIP written feedback related to areas needing improvement. However, the Children's Bureau indicated the overall court strategies and activities are rather strong but requires minimal clarification and refinement to better connect to Illinois' 2018 CFSR findings. Currently, multiple weekly phone calls and remote meetings (due to COVID-19) are occurring between PIP partners to reconsider if/which strategies are appropriate and/or realistic to be included in the plan, restructure the written format, and strengthen written strategies and activities for a fourth PIP submission. Therefore, detailed court strategies, activities, and timelines will be provided once Illinois' PIP proposal is approved by the Children's Bureau.

Title IV-E/IV-B Review: CCFU staff will continue to collaborate and participate in the upcoming Title IV-E/IV-B review with IDCFS's Office of Federal Financial Participation. Detailed activities and timelines are yet to be determined. Update: The Title IV-E/IV-B Review has not yet occurred. Therefore, detailed activities and timelines are yet to be determined.

Family First Prevention Services Act: In November 2018, Illinois submitted a request to delay implementation of the Title IV-E provisions for 2 years, with the option of beginning implementation sooner upon statewide readiness. CIP is required to provide training for judges and attorneys on the FFPSA. The CCFU Manager is Co-Chair of the FFPSA Legal & Policy Committee, which is one of eight workgroups developing an implementation strategy for Family First. Also, the CCFU Manager and CIP Coordinator are co-leads on two subcommittees, working closely with IDCFS and justice partners to create court-related forms and training development. By September 2019, CIP will begin to provide initial FFPSA training to juvenile abuse and neglect court judges and attorneys throughout Illinois. FFPSA CIP Judicial and Attorney training will be on-going and with varied delivery methods. A detailed training schedule will be finalized once IDCFS is ready to implement FFPSA. Update: Although the structure of the FFPSA Planning Committee and subcommittees was significantly changed during 2019, CCFD/CIP staff continues to be actively involved and participates in weekly planning meetings as members of the full FFPSA Planning Committee and multiple subcommittees.

During 2019 and as part of the former FFPSA Legal & Policy subcommittee, CCFD/CIP worked collaboratively with DCFS to develop a motion for the 60-day QRTP court hearing. DCFS is

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

currently working through logistics as to which staff will be responsible for filling of the motion. CCFD/CIP also worked closely with the subcommittees judicial partners to draft a 60-day QRTP hearing court order form to be presented to the Conference of Chief Judges for approval. In January 2020, the Conference of Chief Judges approved the 60-day QRTP court order.

As a result of DCFS's decision to delay FFPSA implementation, CCFD/CIP did not provide the initial FFPSA judicial and attorney training by September 2019, as indicated above. DCFS is working to submit to the Children's Bureau a completed FFPSA implementation plan by June 30, 2020. Therefore, CCFD/CIP developed a FFPSA judicial and attorney training plan and presented it to the full FFPSA Planning Committee in January 2020. This training plan outlined both in-person and remote training curriculum and tentative dates for roll-out.

In preparation for the QRTP process beginning with the June 30th submission of the FFPSA implementation plan and to maintain social distancing due to the COVID-19 pandemic, CCFD/CIP is preparing to host a remote training on June 24, 2020 for judges and attorneys specific to the QRTP process. May 2020, the Illinois Supreme Court Judicial College granted CCFD/CIP approval of training content and set the training date. CCFD/CIP is currently working to identify appropriate presenters, coordination of training logistics and technical needs. Once DCFS receives approval of the FFPSA implementation plan, CCFD/CIP will host additional judicial and attorney trainings with a broader focus on content related to FFPSA.

AOIC-IDCFS Joint Court Report Pilot Project: CIP federal funding requires AOIC and the Department to identify a joint project to address court reform issues and work to improve the safety, well-being, and permanency of children in foster care and strengthen the legal and judicial system. In 2017, based on the size and quality of court reports provided by the caseworkers, the AOIC and IDCFS identified the need for a uniform court report that provides the number of days the child has been in placement and other key information for the court to make appropriate findings and decisions. The Mt. Vernon Immersion Sites participated in the development and testing of the new service provider court report. Changes in leadership at IDCFS slowed down the original timeline. In December 2018, Lake County Immersion Site agreed to pilot the court report. Preliminary discussions and planning are taking place. Once the pilot process is completed in Lake County the court report will continue to be rolled out to additional counties. Detailed timeline is to be determined. Update: The overall goal of the AOIC-DCFS Joint Project is to work towards improving timely permanency for children and families in Illinois. Initially, CIP staff and previous DCFS administration identified the need to develop and implement a uniform court report in two pilot sites. As a result of three changes in DCFS leadership and staff, the joint project continually lost momentum and eventually stalled. Therefore, CCFD/CIP and current DCFS Legal staff agreed it was best to move forward and redirect efforts by identifying another joint project. Therefore, a quality hearing court project was developed to work towards improving timely permanency in Illinois. Additionally, this joint project is included in the proposed PIP as an identified court strategy, therefore additional details and specific timelines will be provided upon PIP approval.

The CCFD/CIP is leading in the development and implementation of a quality hearing court project to implement a quality hearing practice with an emphasis on family engagement leading to timely adjudication and timely permanency. During 2019, four counties (Lake, Sangamon, Madison, Marion) and one Cook County courtroom were identified based on geography, size, and a mix between counties participating in the CPDC Project and counties that have not participated in the Project. CCFD/CIP also worked to develop a Quality Hearing Self-Assessment that will soon be disseminated to judges, attorneys, and agency supervisors within the identified counties.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Project activities to still occur include data collection for counties not participating in the CPDC Project and court hearing observation in each county. Building on data collected and current Illinois bench cards and bench book, a retired judge and the CCFD/CIP will develop a script and modified bench card. Participating judges will be asked to engage in modified courtroom practices and use the script and bench card that includes key questions to ask each party and courtroom stakeholders, as well as on how to engage parties. Attorneys and key DCFS/POS staff will be included in the planning and will receive the bench card. All participating judges will be trained on how to use the bench card and expectations of the project, including quality hearing practice, the importance of monitoring timelines of federal permanency guidelines, inquiring about appropriateness of the permanency goal, permanency and review hearings and TPR filing, the tenants of procedural fairness and family engagement.

Coaching and technical assistance will be provided throughout the Project, both at specific points in the timeline and as needed, by the CCFD/CIP and retired judge. These engagement practices will be implemented from the first appearance and continue throughout the life of the case. Data collection, court hearing observation and data sharing will occur on an on-going basis throughout the Project.

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 create opportunity to promote and enhance "meaningful and on-going collaboration" between the courts and IDCFS. 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 each year and as needed. Recent meetings have included joint review of the 2018 CFSP findings and explanation of the PIP/CFSP/APSR/OER. Although the APSR is a built-in mechanism to annually assess and report progress of the CFSP 5-year-plan, as a result of CIP and IDCFS joint attendance at the Children's Bureau State Planning Team meeting (Apr. 22-24th) in Washington, DC, it was determined to also utilize the CIPAC quarterly meetings as an opportunity to collaboratively update and assess progress. Update: APSR 2020: During this reporting period, several new DCFS representatives were invited to join the CIPAC due to multiple staff changes as a result of DCFS new leadership. CIPAC quarterly meetings centered around enhancing focus and understanding of the federal Child and Family Services Review (CFSP) and Program Improvement Plan (PIP), increase knowledge of the court's role and involvement in the CFSP/PIP process and implementation of FFPSA, and advisory of various court improvement program initiatives.

Additionally, five key CIPAC members were invited to be participants of a ten member state leadership team at the National Judicial Leadership Summit IV on Child Welfare in Minneapolis, Minnesota on September 24-25, 2019. This event was designed to bring together key leaders of the legal and judicial community and child welfare agency around a new national vision for ensuring the well-being of children with their families. Illinois' Summit Leadership Team consisted of the IL Supreme Court Justice, AOIC Director, CCFU Manager (currently CCFD Assistant Director), Acting Director of DCFS, DCFS Deputy Chief of Staff, two trial court judges, DCFS General Counsel and a guardian ad *litem*, assistant state's attorney, and parent attorney.

Key leaders continue to meet weekly, performing urgent and coordinated response to meet the safety needs of children, families, state agency and court personnel and to ensure legal rights of our children and families during the COVID-19 crisis. Coordinated COVID-19 related responses include:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- As part of the AOIC website, CCFD/CIP developed a *Child Welfare and the Illinois Courts* page to provide COVID-19 court and child welfare related resources and links.
- CCFD/CIP is hosting weekly phone meetings with Summit leadership team to stay abreast of any urgent and immediate court and state agency matters related to COVID-19 response.
- CCFD/CIP is hosting statewide meetings for all juvenile abuse and neglect judges (initially weekly, now bi-weekly) to provide judges “open space” to discuss concerns, and/or share information regarding how various courts are handling certain types of JA hearings, whether the hearings are occurring in-person, remote hearings, and/or implementing a hybrid method, etc.
- In addition, representatives of DCFS Operations and General Counsel participated in a Q & A call for judges (April 22) and four regional (May 19-Southern, May 21-Central, May 26-Northern, May 28-Cook) teleconference for attorneys to provide opportunity to ask questions and receive clarifying information regarding DCFS procedures related to visitations, services, and submission of court reports during the COVID-19 stay-at-home-order.
- CCFD/CIP, in collaboration with the Illinois Supreme Court Guardian ad Litem Education Committee and Committee on Judicial Education of the Illinois Judicial College, developed and hosted a webinar on April 17, 2020 for judges and attorneys on *Conducting Remote Hearings in Child Protection Cases*.

Child Protection Data Courts (CPDC) Project: Through the CPDC Project, the CCFU continues to collect and analyze child protection court performance measures, demographic information and case characteristics in child abuse and neglect cases. Currently, ten counties collect CPDC Project data, including a multi-disciplinary team to review data and determine system change. The CPDC Project sites track case demographic information as well as 18 of 30 nationally recognized child protection court performance measures. Data coders perform manual data collection on all closed juvenile abuse and neglect cases within the current calendar year. The CPDC Project sites bring their teams to an annual CPDC Project Networking meeting. CPDC teams engage in collaborative learning, information sharing, and receive their CPDC data reports. The CPDC data reports help drive discussions on identifying strengths/areas needing improvement and helps foster local data-driven court improvement efforts. The CPDC Project Networking meetings will occur September 2020 (reporting 2019 data), 2021 (reporting 2020 data), 2022 (reporting 2021 data), 2023 (reporting 2022 data), 2024 (reporting 2023 data). Update: The CPDC Project sites have coded data for juvenile abuse and neglect court cases that closed during January-December 2019. CPDC data coders have been submitting 2019 coded court cases to the AOIC during January-May 2020. CCFD/CIP data analyst has begun to analyze the 2019 data to be sent to the CPDC national expert consultant for data report writing. CPDC Project sites will be provided individual county data reports during Fall 2020. The annual CPDC Project Networking in-person meeting is tentatively scheduled for September 18, 2020. However, CCFD/CIP is currently discussing considerations to host a remote networking meeting to adhere to social distancing standards.

2019 CPDC Coded Data on Closed Court Cases (Submitted as of May 2020)									
County A	County B	County C	County D	County E	County F	County G	County H	County I	County J
49	41	27	174	39	*	20*	194	177	*
Submission of coded data is pending									

BH Consent Decree

The B.H. Consent Decree is an omnibus decree that touches many aspects of the Illinois child welfare system. The B.H. class members are defined as children and youth in the legal custody of the Department and placed somewhere other than with their parents. The plaintiffs' counsel in the case is the ACLU of Illinois, assisted by private law firms, and the current Expert Panel consists of Marci White and Dr. Mark Testa. The case is currently pending in the United States District Court for the Northern District of Illinois before the Honorable Jorge Alonso.

In December 2014, the plaintiffs' counsel filed a Motion to Enforce the Consent Decree alleging that DCFS did not have sufficient placements or services for youth in care with significant emotional and behavioral health needs. In April 2015, the Court appointed a panel of experts to evaluate the services and placements provided to plaintiff class members with psychological, behavioral or emotional challenges. In July 2015, the Expert Panel submitted a report to the Court outlining specific findings and making six recommendations for systemic change at DCFS. In October 2015, the Court adopted the Expert Panel's findings, subject to certain revisions, and reappointed an Expert Panel. On September 28, 2016, the court entered a court-ordered B.H. Implementation Plan. The Implementation Plan sets forth the specific steps DCFS will take to begin addressing the six recommendations and the specific needs of children and youth in care with psychological, behavioral or emotional challenges. The BH recommendations are as follows:

Recommendation #1: Institute a children's system of care demonstration program that permits POS agencies and DCFS sub-regions to waive selected policy and funding restrictions on a trial basis in order to reduce the use of residential treatment and help children and youth succeed in living in the least restrictive, most family-like setting.

Recommendation #2: Engage Department offices in a staged 'immersion' process of retraining and coaching front-line staff in a cohesive model of practice that provides children and their families with access to a comprehensive array of services, including intensive home-based services, designed to enable children to live with their families.

Recommendation #3: Fund a set of permanency planning initiatives to improve permanency outcomes for adolescents who enter state custody at age 12 or older either by transitioning youth to permanent homes or preparing them for reconnecting to their birth families reaching adulthood.

Recommendation #4: Retain an organizational consultant to aid the Department in "rebooting" a number of stalled initiatives that are intended to address the needs of children and youth with psychological, behavioral or emotional challenges.

Recommendation #5: Restore funding for the Illinois Survey of Child and Adolescent Wellbeing that uses standardized instruments and assessment scales modeled after the national Survey of Child and Adolescent Wellbeing to monitor and evaluate changes in the safety, permanence, and well-being of children for a representative sample of DCFS-involved children and their caregivers.

Recommendation #6: The implementation plan will provide for the Department to contract with an external partner to perform an effective residential and group-home monitoring program. The Department shall use an external partner for that function until such time as the Department has sufficient staff with the necessary experience and clinical expertise to perform the function internally and further has developed an in-house program that can monitor residential and group-home placements effectively.

The Implementation Plan contained various pilot projects that addressed each of the Expert Panel's recommendations and was premised on the experimentalist approach. Each pilot had an evaluation component that would provide data and other information that would help the Department, the Expert Panel and the plaintiffs' counsel determine whether the pilot should be

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

fully implemented across the state. The Department regularly filed Triannual Status reports to inform the court on the progress of the pilots and the overall Implementation Plan.

The Department's progress toward reform in the Implementation Plan was measured by the Overarching Outcome Measures. The Overarching Outcome Measures consist of safety, and permanency measures that are currently utilized by the federal government in the Child and Family Service Review (CFSR) to assess progress for children and youth in the class. DCFS is also using wellbeing measures developed by the Illinois Child Welfare Advisory Committee (CWAC) Sub-Committee on Wellbeing:

- Maltreatment in Foster Care
- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in foster care 12 to 23 months
- Permanency in 12 months for children in foster care 24 months or more
- Placement Stability
- Re-entry to foster care in 12 months
- Health and educational wellbeing indicators

In December 2018, retired Judge Hon. Geraldine Soat Brown was appointed as a Special Master in the BH Consent Decree. The Special Master's role is to facilitate the exchange of information between parties and to resolve disputes. In January 2019, the parties began meeting regularly with Judge Brown. At this time, there is not a specified end date to Judge Brown's appointment.

With the assistance of the Special Master, the parties revised the format for the Triannual Reports. The parties are also currently in the process of developing a Superseding Implementation Plan.

There is alignment between DCFS' PIP for the CFSR and the BH Implementation Plan. One of the key permanency strategies included in the PIP is the implementation of the Core Practice Model (CPM) throughout the state. While the CPM is currently being implemented in the 4 Immersion Sites and the Southern Region, the plan is to achieve statewide implementation by 2020. Given the current challenges with implementation, however, the target completion date will need to be reassessed. Another key permanency strategy in the PIP that aligns with the BH Implementation Plan is the use of Subsidized Guardianship as the first permanency option once reunification is ruled out. This strategy may also require addressing adaptive challenges (attitudes, assumptions, etc) before we see systemwide improvement.

As it relates to Family First, both Traditional Residential Monitoring and TRPMI (Therapeutic Residential Performance Monitoring Initiative) will be significantly impacted. Currently there are various workgroups meeting to determine statewide readiness and to plan for implementation.

Stakeholders and Consumers

In order to better understand and meet the needs of the families and children served, staff engage and build relationships with DCFS primary consumers: youth in care, birth parents, (with a growing opportunity to focus on fathers), foster caregivers, adoptive parents, and alumni of foster care.

Boards and Councils: DCFS has 18 advisory councils, 11 which are supported by statute, and 7 which are not. In Summer 2020, DCFS is relaunching its ICWA (Indian Child Welfare Act) council.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

In total, there are 429 members of the public (290 statutory and 139 non-statutory) who play a variety of roles and provide critical and needed feedback. These essential feedback loops ensure that the community served has a seat at the table and a voice for change.

Upon passage of State legislation, DCFS will implement a 1-year survey of older youth in care and alumni to identify access to services, supports and satisfaction with those supports. The survey was developed in conjunction with university partners, youth in care, and alumni of foster care, and it covers issues around housing, medical, employment, and incarceration. This survey is distinct and separate from NYTD (National Youth Transition Database) and will be used to create change within DCFS and collaborative opportunities with other state agencies to improve outcomes for young adults. This tool was intended to launch in April, but faced delays due to COVID-19, and its launch is now anticipated by Summer 2020.

Illinois Heart Gallery: An Illinois adoption listing service that identifies youth under the age of 18 with terminated parental rights who are available for adoption, or youth with a goal of substitute care pending termination who are found to be appropriate for listing. The Illinois Heart Gallery works toward increasing the number of youth displayed on the photo listing service.

This web-based exhibit was created to find forever families for children in foster care. The Heart Gallery aims to have professional photographs of all children who are available for adoption, as well as a brief description of the child. As part of the fast-paced social media landscape, this website provides resources so that families can meet children waiting to be adopted. Specific adoption journeys are highlighted that will inspire prospective foster and adoptive parents to consider foster care adoption. Licensed and unlicensed families can register on-line and be assisted by a member of the Adoption Listing team. An average of 40-50 children are listed on-line each month.

Illinois Heart Gallery – Adoption Listing Service

	Total Calls	Family Inquiries	Families Matched	Completed Adoptions
FY19	3171	622	33	14
FY20 (Q 1-3)	1732	498	32	10

Legislative Shadow Day: Several child welfare offices work together to support and encourage older youth to participate in this day to experience the legislative process and meet some of the lawmakers who establish the rule of law for citizens in the State of Illinois. Since 2016, both youth in care and alumni from across the State have been able to share their experiences directly with legislators to help inform and improve child welfare policy. Sadly, our legislative shadow day this year was canceled due to complications of COVID-19. However, over the last 5 years over 200 youth and Alumni have been supported in participating in this critical event.

Partnering with Parents – Birth Parent Council: There are five active Partnering with Parents (PWP) chapters that typically meet monthly throughout the state. The meetings outside of Cook County are facilitated by DCFS/POS volunteer staff while the Cook County meeting is facilitated by a Birth Parent Manager on contract with DCFS through University of Illinois Urbana-Champaign (UIUC). The Springfield and Lake County meetings regularly have 12 to 15 birth parents in attendance. Rockford and Cook County have 10 to 12 parents and Peoria averages eight to 10 parents at each meeting.

Achievements and recommendations produced during the last year (April 2019-Current)

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- 1) Disseminating Partnering with Parents (PWP) information to case workers encouraging them to engage birth parents early in their association with DCFS, with benefits being to: 1) educate and inform parents of their rights and responsibilities, 2) bridge communication gaps with field staff, and help insure that workers treat parents professionally as team members, and 3) help parents navigate the child welfare system.
- 2) Promotional cards and information forms have been developed to market the PWP opportunity and to collect contact information from parents as they become involved with DCFS.
- 3) The DCFS Partnering with Parents web page is being redesigned to be a ready reference for information, resources, and support for both parents and field staff.
- 4) Regular announcements are posted on D-net, published on the PWP web page, and distributed to Area Administrators who are being asked to engage their staff in identifying newly involved parents, engaging them in the Partnering with Parents program and to promote participation from parents already involved with DCFS.
- 5) Birth parent specific programs and resources are sought in order to provide a statewide resource base.
- 6) Summits, training, regional chapter meetings, and supports provide many valuable resources.
- 7) During the COVID-19 pandemic the program began offering virtual support via telephone meetings and online training.
- 8) Utilizing a DCFS contracted provider, weekly training/networking is being offered on Zoom, and there are plans to continue this virtual training to address availability and transportation issues parents sometimes face when asked to attend in-person meetings.
- 9) The Birth Parent Mentor and Birth Parent Program Manager regularly present at Foundation Training Classes for new casework hires.
- 10) Cook County PWP receives and distributes donations including clothing, coats and school supplies.

Recommendations:

- 1) Continue to build on the PWP framework, strengthening participation, programs, resources, web site, etc.
- 2) Finish review of the Reunification Handbook, securing approvals and publishing. Birth parents reviewed the content and have made recommendations for revision. The final draft will be reviewed by DCFS Office of Policy.
- 3) Regional Resource Fairs are being planned in place of the annual downstate Summit to recruit Birth Parents.
- 4) Formulate a plan for a statewide birth parent council with regional parent and staff representation similar to the Statewide Foster Care Advisory Council.
- 5) Plans include crafting a representative statewide council to meet regularly to directly advise DCFS administration. The birth parent population is transient and temporary, unlike other stakeholder councils such as foster and adoptive parents that engage with DCFS for an extended time. One option is to offer a flexible statewide PWP Council membership roster, relying on local

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

chapters to send a liaison and a representative birth parent to represent issues and concerns from each local chapter at each statewide meeting.

6) There are plans to draft policy establishing a more comprehensive *Birth Parent Rights and Responsibilities* that mirrors DCFS Foster Parent Law and the Youth Bill of Rights.

Illinois FFPSA

See Attachment A – Family First Booklet 2020

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. The Baseline included 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 were randomly selected according to the CFSR 3 sampling criteria and were stratified by case type (noted above) and sub-region (a case from every sub-region was reviewed every month). Between June – November 2020, DCFS will conduct its Year 1 PIP Monitoring Reviews.

The data from the PIP Baseline reviews is included in this section. Additional data included in this section includes data collected from a review of cases in which children/youth re-entered care, a review in which children were maltreated in foster care, targeted reviews of Intact Family Services cases, Quality Service Reviews (QSR), OER Plus (Supplemental Questions), and CFSR National Indicators (updates from received data profiles).

In this Chapter, at the conclusion of each Outcome section, there will be an update on the Plan for Improvement that was included in the 2020-2024 CFSP.

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, and in consultation with the Children’s Bureau, additional refinement of the goals and strategies for a revised PIP are underway. Illinois PIP planning and development is taking a different approach and format to better articulate and implement the coordinated vision for improvement. (See Chapter 3 for the revised Program Improvement Plan)

While many of the strategies and key activities are under development, revision or being carried over to the revised PIP, the current draft as written is being closed out. The final revised goals, strategies and key activities along with any data/metrics will be updated in the 2022 APSR submission.

The initial PIP draft in Chapter 3 of the CFSP 2020-2024 focused on four primary areas, cross-cutting safety, permanency and well-being outcomes:

- 1. Assessments and Services*
- 2. Early and Often Quality Engagement continuing throughout the life of a case*
- 3. Increasing, Stabilizing, and improving the Capacity of the Workforce*
- 4. Developing an Integrated and institutionalized Continuous Quality Improvement/Quality Assurance System*

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 data for Outcome S1 and S2 indicates the following results:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Outcome	PIP Baseline Results %Substantially Achieved
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	81.3% <i>(26 of 32 applicable cases)</i>
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	61.3% <i>(41 of 65 applicable cases)</i>

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

DATA:

Outcome	PIP Baseline Results %Substantially Achieved/ %Strength	CFSR 3 PIP Goal
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	81.3% <i>(26 of 32 applicable cases)</i>	
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	81.3% <i>(26 of 32 applicable cases)</i>	90%

DISCUSSION:

Item 1: PIP Baseline data related to the *timeliness* of investigations (Item 1, the only Item in Outcome S1) remains a relative strength for the state. Meeting the state mandates for *initiating* reports of abuse/neglect in a timely manner is a historical strength for DCFS. 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)
 - 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.

Item 1 is not rated solely on investigators meeting the 24-hour initiation mandate. Also assessed is the frequency of ***ongoing efforts*** per state policy in situations where the child victims were not seen during an initial attempt (called “Good Faith Attempt”). In 6 of the 32 applicable cases for this item, the child/youth was not seen at initiation, and Good Faith Attempts were not made as required per state policy (nor was there a Supervisory Waiver).

Feedback from the field suggests that the volume of new investigations often precludes investigators from conducting ongoing Good Faith Attempts as required.

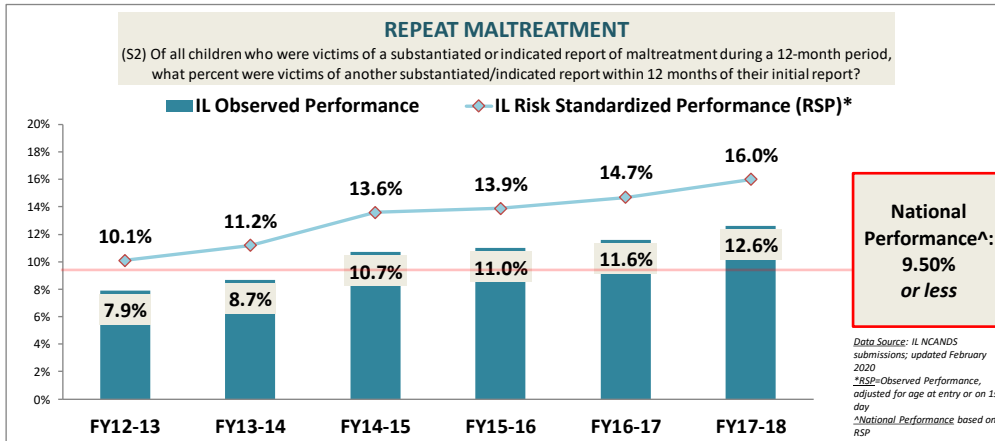
Repeat Maltreatment: In the 3rd round of the CFSRs, Repeat Maltreatment was removed from the evaluation of Outcome S1 in the case review portion of the process, and is evaluated for each

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

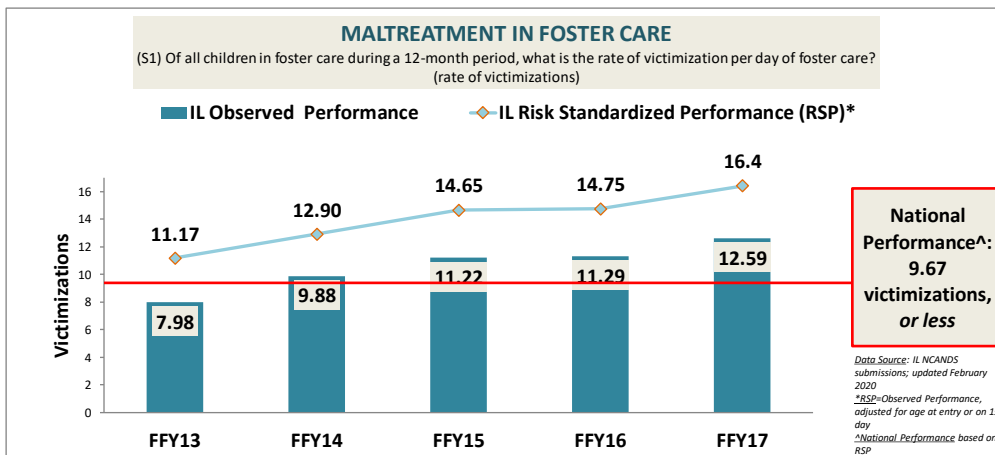
state via performance on two (2) national safety indicators. The table below reflects Illinois' most recently available performance per the CFSR 3 national indicator safety measures and illustrates that children in Illinois continue to experience more repeat maltreatment and maltreatment in foster care:

Federal Safety Indicators: Repeat Maltreatment and Maltreatment in Foster Care

CFSR 3 Safety Indicator: Repeat Maltreatment, Illinois performance (as of 2/20 Data Profile)



CFSR 3 Safety Indicator: Maltreatment in Foster Care, Illinois performance (as of 2/20 Data Profile)



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

Illinois has not met the federal national standard for either of the above indicators.

Maltreatment in Foster Care: In the Fall of 2019, UIUC/Children and Family Research Center (CFRC) completed a replication of its' 2015 study that looked at variables associated with maltreatment in care. In the 2015 study, the variables that were more closely associated with maltreatment in care were casework contact within the last 60 days and whether the child was in an unlicensed HMR home. The 2019 study confirmed those findings, as well as identified the following variables most strongly related to maltreatment:

1. Whether the child and the foster caregiver received a contact from their caseworker within the prior 30 days

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

2. Children who were placed in a “home of parent” placement
3. Children in unlicensed kinship placements
4. Caseworker caseload
5. Prior indicated maltreatment report in substitute care

In the Spring of 2020, a qualitative case record review of children maltreated in foster care was conducted at the request of the B. H. Experts. UIUC/Foster Care Utilization Review Program (FCURP) and DCFS Office of Quality Enhancement (QE) reviewed 236 of 1129 (indicated) reports made in FFY19. Twenty-two reports were dropped from the analysis as during the review it was clear that the reported maltreatment occurred prior to placement into foster care. Seventy-five percent (75%) of children maltreated in care were placed in a relative home (16% of which were licensed), in a parent home, or in a fictive kin placement (also 16% licensed). Parents were the most frequent perpetrator (44%). As with previous findings, the data revealed that the practice of “placing” children with their parents while retaining legal guardianship instead of discharging to reunification with an order of supervision was a common theme and resulted in those children being included in the numerator for this indicator. The data importantly suggests that the quality of assessments and visits specific to risk is insufficient with parents (versus relatives and fictive kin). Returning children to parents is a critical time in the life of a case and requires additional support from the agency, not less. Returning children to parents also requires a significant amount of preparation, and the data suggest that is not happening (with an observed high degree of need for the parent(s) and the child(ren), and the maltreatment happening soon after reunification).

It is known that there is significant turnover in the field, and new/inexperienced caseworkers may possibly be fearful or uncertain of parents (perhaps having no children of their own). This, along with the overall lack of supportive supervision, contribute to insufficient assessments, missed opportunities, and results in maltreatment in foster care.

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

Goal #1: Children and families will have reduced incidents of maltreatment in care; reduction in recurrence of maltreatment through accurate use of valid and reliable safety assessment tool, access to appropriate and timely services and court oversight when appropriate.

Strategy 1.1: Ensure safety to children by building capacity and confidence of workers in the use of formal and informal safety assessments, throughout involvement with DCFS, that includes a primary focus on improving the accurate utilization and understanding of the CERAP, developing a safety plan when needed, and safety plan monitoring.

EVALUATION

This strategy is being carried over into the revised PIP. The strategy has been simplified and is now stated in the PIP as “Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers.”

- Key activities related to updated CERAP and safety training for both DCFS and POS staff and supervisors was completed as of 2/28/20. The goal was for 85% of staff to complete training. The goal was achieved at 97%.
- This training has been converted to an online self-directed delivery for sustainability
- The Model of Supervisory Practice training will support supervisors to coach and develop staff to make practice changes and is included in the revised PIP.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- DCP teams have been focusing on five key practices that they believe contribute to improved safety for children, including ensuring that all child victims have been seen. By tracking these five behaviors since October of 2019, improvements have been seen with consistency in all five practices and three of the five behaviors reached or achieved the target of 90% as of 06/23/20.

Strategy 1.2: Provide appropriate and timely assessment and connection to services through implementation of a Birth to Three program for assessment and improvement (not to be confused with the Birth to Three Waiver)

EVALUATION

This strategy has been discontinued. The Birth to Three initiative was the focus of a previous DCFS Director and utilized partnership with the Department of Public Health and a specific CQI model that is no longer being supported.

Strategy 1.3: Enhance the current service array to ensure families and children have appropriate individualized services that are accessible to them

EVALUATION

This strategy and key activities are under development and included in the revised PIP.

Strategy 1.4: Ensure continued safety in voluntary Intact services through improved criteria for case closure and improved criteria for orders of protective supervision and continuance under supervision.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process.

- A survey to be sent to juvenile court judges was developed (Jan. 2020) but dissemination has been delayed due to COVID-19 pandemic. Dissemination of the survey is to be determined.

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

DATA:

Illinois' performance in Outcome S2 and related Items continues to highlight 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):

Outcome	PIP Baseline Results %Substantially Achieved/ %Strength	CFSR 3 PIP Goal
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate	61.3% <i>(41 of 65 applicable cases)</i>	

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	76.9% <i>(10 of 13 applicable cases)</i>	86%
Item 3: Risk and Safety Assessment and Management	61.3% <i>(41 of 65 applicable cases)</i>	67%

The following is the PIP Baseline data broken out by case type:

	Foster Care Cases			In-Home Cases		
	%S	#Y	#Appl	%S	#Y	#Appl
Item 2	70.00%	7	10	100.00%	3	3
Item 3	65.00%	26	40	60.00%	15	25

DISCUSSION:

Item 2: Very few of the 65 reviewed cases were applicable in Item 2, which evaluates efforts on the part of the agency to protect children in their own home (through the provision of safety-related services) and prevent removal or re-entry. The reasons why most of the cases did not apply for this item were: 1) no safety concerns noted (perhaps high risk, but not imminent), 2) only a safety plan was needed to protect the children, or 3) the child was in care for the entire review period and there were no other children at home.

During the CFSR 3 (2018), Illinois’ results for Item 2 was 31% Substantially Achieved; during the Baseline, the data was significantly different. Because of the difference in these results, Illinois requested additional oversight from our federal partners on completed Baseline cases for this item, which resulted in two cases changing from Strength to Area Needing Improvement (resulting in 76.9% Substantially Achieved).

Ten (10) of the 13 cases applicable for Item 2 were rated a Strength because safety concerns were addressed through appropriate and adequate safety-related services, or the child could not be protected in the home with services and therefore removal was necessary. Practice concerns for Item 2 included: removing add-on children based on prior history alone (of parental substance abuse, and not making new assessments of risk and safety), inappropriate assessments and/or lack of provision of safety-related services. Please see Chapter 4a for more information on safety and prevention services provided in Illinois. Safety-related services that could be assessed in Item 2 include the following programs: Intact Family Recovery, Safe Families, High-Risk Intact, Family Unification Program, Crisis Nurseries, Home Visiting Nurses, Child Advocacy Centers, Recovery Homes, and Norman Funds (cash assistance).

Item 3: For Item 3, 61.3% of cases were rated a Strength. For the cases that were rated an Area Needing Improvement (ANI), the lack of ongoing (formal or informal) assessments that accurately assessed all of the risk and safety concerns for the child in foster care and/or any child(ren) in the family remaining in the home was the cause. The lack of accurate assessments is reflective of the quality of caseworker visits with children and parents (see data in WB1, items 14 and 15).

Feedback from the field suggests that staff turnover is a persistent factor in the quality of assessments and visits, as with turnover often comes 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, 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 is particularly

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

problematic for private agencies (and has been for years), but more recently DCFS is experiencing increased staff turnover as well.

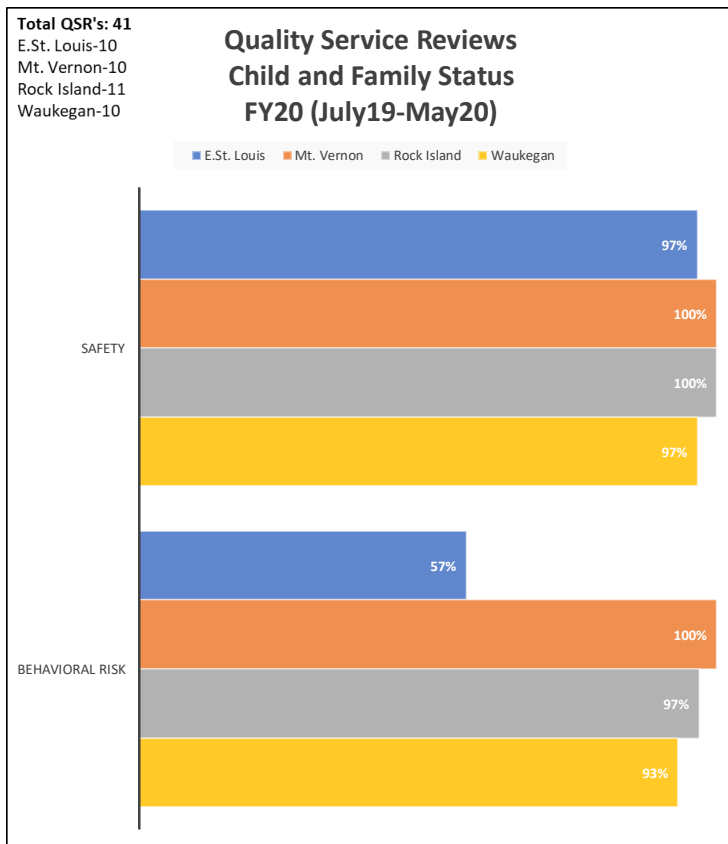
Intact Safety Reviews on Intact Cases began in the second quarter of Fiscal Year 2018. These reviews are conducted by 2 different Divisions within the Department, the Quality Enhancement Support Team (QEST) and the Agency Performance Team (APT). During the first 3 Quarters of FY2020, QEST and APT staff have completed 1606 reviews in the ICRS. 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 below, and suggest that this fiscal year there have been more cases in which the quality of assessments as it relates to safety have been insufficient:

INTACT CASE REVIEWS FY2018 (Q2-4), FY2019 AND FY2020 (Q1-3)	FY2018 Q2-4 State 3713	FY2019 Q1-4 State 5575	FY2020 Q1-3 State 1606	Trend
<small># Cases Reviewed</small>				
Are contacts with the parent(s)/caretaker(s)/child(ren) of sufficient frequency to:				
Conduct ongoing assessment of safety and identification of safety threats?	86%	79%	86%	
Ensure no significant gaps in contact?	84%	75%	76%	
Reflect concerted efforts by the worker to assist and support the family with achievement of case goals?	86%	79%	87%	
Are contacts, observations, and discussion with the parent(s)/caretaker(s)/child(ren) sufficient to assess:				
Quality of relationships/current functioning of the family?	84%	78%	83%	
Parental protective factors?	81%	77%	86%	
Child vulnerabilities?	82%	79%	87%	
Desired changes in behavior?	80%	76%	85%	
Current family stressors or challenges?	85%	80%	90%	
Are observations of the environment sufficient and utilized in decision-making regarding the impact on safety to all children in the home?				
83%	78%	82%		
Does the intact worker adequately address with the family:				
Safe sleep with children under 1 year old and as developmentally appropriate (if child is older)?	70%	74%	32%	
Assuring smoke detectors are present and working?	66%	70%	67%	
Is information from current/prior service providers obtained and utilized in the:				
Ongoing assessment of service needs?	72%	65%	57%	
Progress towards case goals?	67%	60%	55%	
Do all safety assessments:				
Support the safety decision based on relevant information gathered?	84%	79%	81%	
Identify and control safety threats?	76%	71%	43%	
Document safety interventions that are adequate and time limited?	74%	66%	20%	
Provide appropriate monitoring of the safety threats and interventions?	75%	67%	21%	
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:				
Observations?	68%	66%	45%	
Behaviors?	68%	66%	45%	
Identified needs?	74%	67%	44%	
Presence of safety issues?	71%	65%	42%	
Parental protective factors?	64%	63%	43%	
Child vulnerabilities?	66%	64%	43%	
Need for Court referral?	47%	46%	13%	
Responsibilities for the Intact Worker and Investigator?	65%	61%	34%	
Have all non-custodial parents been:				
Identified?	80%	76%	59%	
Assessed by the Worker?	44%	45%	25%	
Have all individuals living or frequenting the home been:				
Identified?	87%	81%	86%	
Sufficiently assessed by the worker?	67%	65%	62%	
Are services in place that address:				
The reason for case opening?	80%	72%	70%	
Other needs identified through the assessment process?	76%	72%	68%	
Services identified or requested by the family?	76%	74%	78%	
Is the intact worker actively engaging the child(ren)/family in discussions around:				
Service needs?	88%	80%	86%	
Safety needs?	82%	78%	76%	
Safety planning?	78%	75%	48%	
Court involvement?	66%	57%	22%	
Progress towards case goals?	77%	74%	75%	
Does this family have an open court case?				
20%	18%	11%		
Has the family been screened with the State's Attorney for court involvement as appropriate based on the dynamics of the case?				
39%	39%	14%		
Is the worker actively identifying and working to overcome barriers to service provision and safe case closure?				
84%	78%	59%		
Does supervision provide the following sufficiently?				
Identify and address key practices (contacts, safety, service identification/needs, barriers, etc.)?	74%	73%	68%	
Follow-up of direction provided during prior supervisions?	62%	64%	63%	
Documentation of critical decisions and sufficient rationale to support the decision that meets the needs of the family?	68%	66%	60%	
Based on the information reviewed, are there any current safety concerns for the child(ren)?				
34%	30%	23%		

The exact reasons for the changes in performance are unknown, but it is thought that the rate of staff turnover (particularly among POS staff) and the increasing volume of intact family cases are contributing factors.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Quality Service Reviews (QSR) are conducted monthly in the four (4) Immersion Sites (Waukegan, Rock Island, Mt. Vernon, and East St. Louis) in accordance with the BH Plan. As it relates to “Safety”, reviewers evaluate to what degree the child is protected from abuse, neglect, and exploitation by others in his/her daily settings, learning, working and recreational environments. Reviewers consider and determine: Is the child free from unreasonable intimidations and fears at home and school? Do parents and caregivers provide the attention, actions and supports necessary to protect the child from known risks of harm? Additionally, “Behavioral Risk” is evaluated (reviewers evaluate to what degree the child avoids self-harm, self-endangering situations and refrains from behaviors that may put others at risk. The data to-date indicate that safety and behavioral risk are general strengths (with the exception of behavioral risk in East St. Louis):



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

See this section under Outcome S1 (strategies focused on improving assessments and services, specifically Strategies 1.1 and 1.3).

An additional priority area/goal in the previous draft of the state PIP was “Increasing, Stabilizing, and Improving Capacity of the Workforce.”

Goal # 3: Recruit, develop, retain and support a workforce that is stable and able to effectively and consistently engage children and families.

Strategy 3.1 Ensure implementation and institutionalization of the Model of Supervisory Practice to support workforce and improve practice.

EVALUATION

This focus regarding Workforce and the goal will not be included in the revised PIP. However, the Model of Supervisory Practice as a strategy to improve areas of practice is being carried over to the revised PIP.

- Currently 362 supervisors have been trained in the Model and is ongoing. Due to attrition, there are 295 supervisors that need to complete the training.
- Practical application supported through coaching is an area of development in the revised PIP.

Strategy 3.2: Build Partnership with Universities to support hiring for POS to maintain an adequate workforce.

EVALUATION

This strategy is not included in the revised PIP however work has continued with University Partners. Please see Chapter 5 page 236

- The Office of Learning and Professional Development (OLPD) hired a half time staff person to track student internships with DCFS and POS.
- A half-time technician position to assist in data tracking and application processing remains difficult to fill as several candidates either did not pass the selection/interview process or turned down offers. To accommodate this challenge, OLPD utilized an assigned year-long intern to complete the tasks that would have been assigned to this half time position. The intern began and continued until COVID-19 restrictions inhibited the intern's capacity to manually process and track applications. As the intern was no longer available to the Academic Internship Program, OLPD realigned job assignments to utilize a program assistant from the Registration and Logistics team who now provides the data and application tracking support until a candidate for the half time position can be secured.
- DCFS internships expanded beyond direct service placements in 2019 and 2020. The process for vetting POS agencies as placement resources through the Department is in progress for FY21. All internships are on hold due to COVID-19 restrictions.
- Four new university partners have been brought into the partnership.

Strategy 3.3: Develop and maintain a hiring pipeline to support timely filling of vacancies and reduce pressures on POS hiring.

EVALUATION

This strategy is not included in the revised PIP though the practice of a hiring pipeline continues to be a successful practice in reducing time to fill vacancies.

Strategy 3.4 Utilize the Office of Legal Services to more effectively support workers in preparation and testifying in court hearings.

EVALUATION

This strategy is under development. A survey to be sent to juvenile court judges was developed (January 2020) but dissemination has been delayed due to COVID-19 pandemic. Dissemination of the survey is still to be determined as of the writing of this document.

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 PIP Baseline data for the two permanency outcomes indicates the following results:

Outcome	PIP Baseline Results %Substantially Achieved
Permanency Outcome 1: Children have permanency and stability in their living situations	12.5% <i>(5 of 40 applicable cases)</i>
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children	60% <i>(24 of 40 applicable cases)</i>

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)

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

DATA:

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

- Stability of children in foster care (reducing the number of unplanned moves),
- 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

Outcome	PIP Baseline Results %Substantially Achieved/ %Strength	CFSR 3 PIP Goal
Permanency Outcome 1: Children have permanency and stability in their living situations	12.5% <i>(5 of 40 foster care cases)</i>	

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

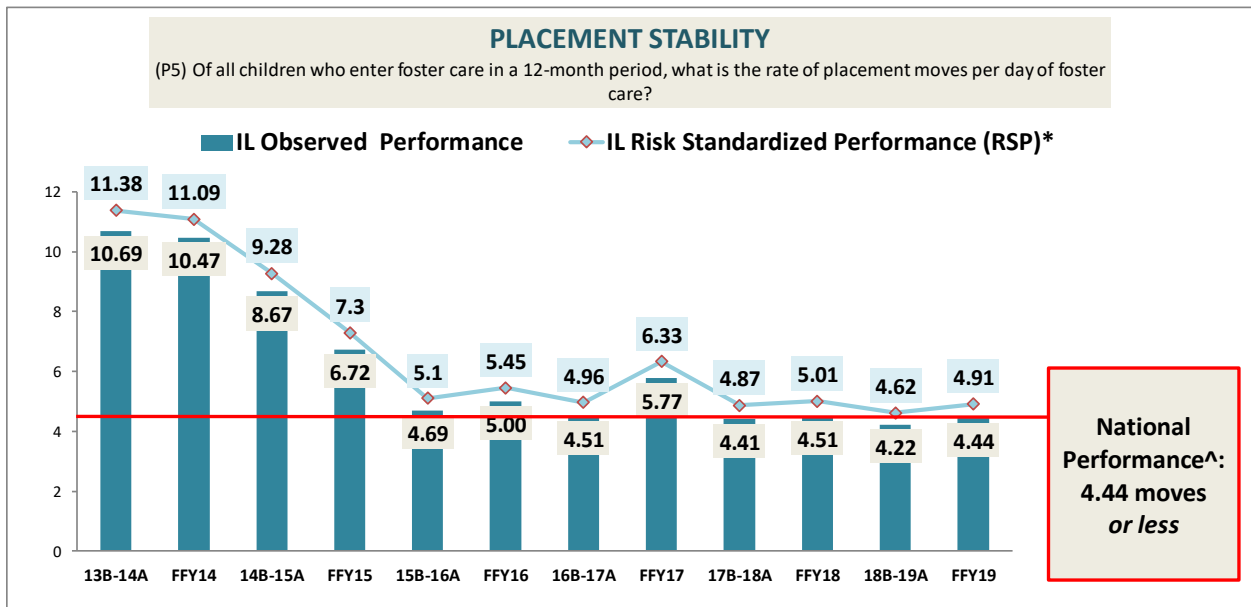
Item 4: Stability of Substitute Care Placement	72.5% <i>(29 of 40 foster care cases)</i>	78%
Item 5: Permanency Goal for Child	32.5% <i>(13 of 40 foster care cases)</i>	38%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (OPPLA)	20% <i>(8 of 40 foster care cases)</i>	25%

Item 4: In Item 4, the PIP Baseline data indicate that in 72.5% of the reviewed cases the children experienced stability in their living arrangements. For the 27.5% of children who did not, the following were the contributing reasons:

- The child/youth experienced more than one placement which was not planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child (8 of the 11 cases with an ANI rating)
 - A common theme for child/youth experiencing placement changes was the significant mental/behavioral health needs of the child/youth
 - Another common theme was the inability of the foster parent to provide adequate and long-term care for the child/youth (related to the mental/behavioral health needs, and possibly related to targeted recruitment of the state)
- The current living arrangement was not stable at the time of review (5 of the 11 cases with an ANI rating)
 - Again, this was commonly related to the mental/behavioral health needs of the child/youth and/or lack of placement resources to provide adequate care

CFSR Indicators: In addition to the PIP Baseline 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 2/20 Data Profile)



The data in the above chart suggests that the state rate of placement moves has been relatively unchanged since FFY15. While a relative lack of increase in the rate of placement moves is good

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

(fewer is better), it would also be desirable to get below the National Performance (when adjusted for risk).

Item 5: PIP Baseline data specific to Item 5 notes that in 32.5% of the cases the rating was a Strength, meaning that during the period under review the permanency goal(s) was/were established in a timely manner, and were appropriate to the child's needs for permanency and to the circumstances of the case. In 67.5% of the cases, however, the rating was an ANI. In these cases, the themes were:

- Lack of concurrent planning from the beginning of the case
- Length of time in care with a return home goal and insufficient progress
 - In some cases, this was due to lack of efforts on the part of the agency to provide the appropriate services, or provide them in a timely manner
- While the current permanency goal was appropriate (e.g., guardianship or adoption), it was not established timely (years into a child's stay in foster care)
- Lack of compliance with ASFA requirements

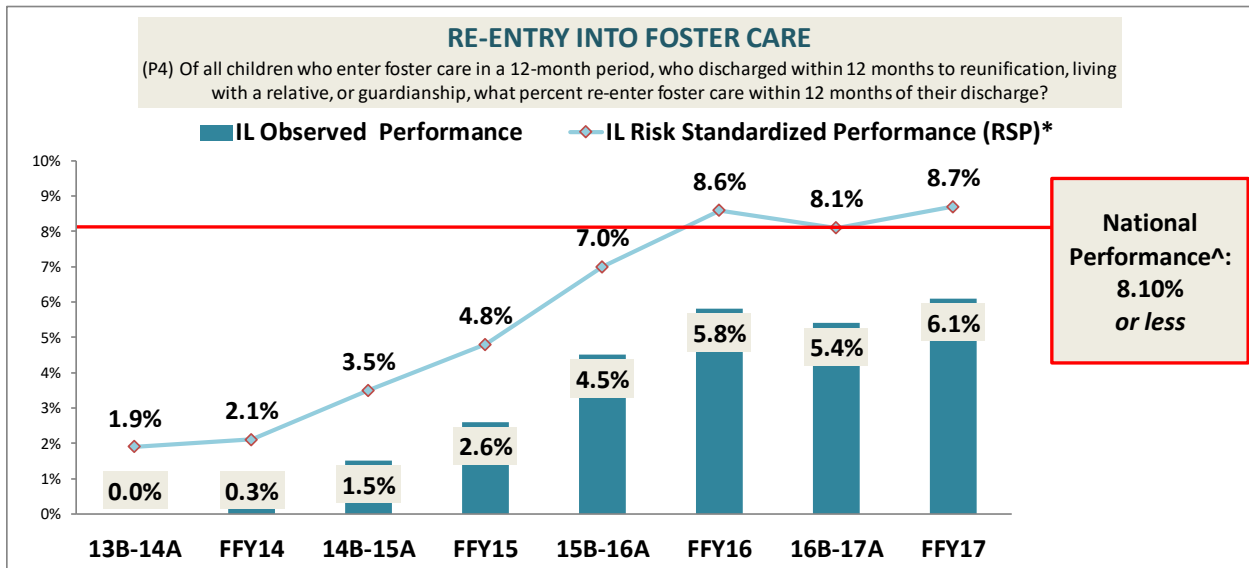
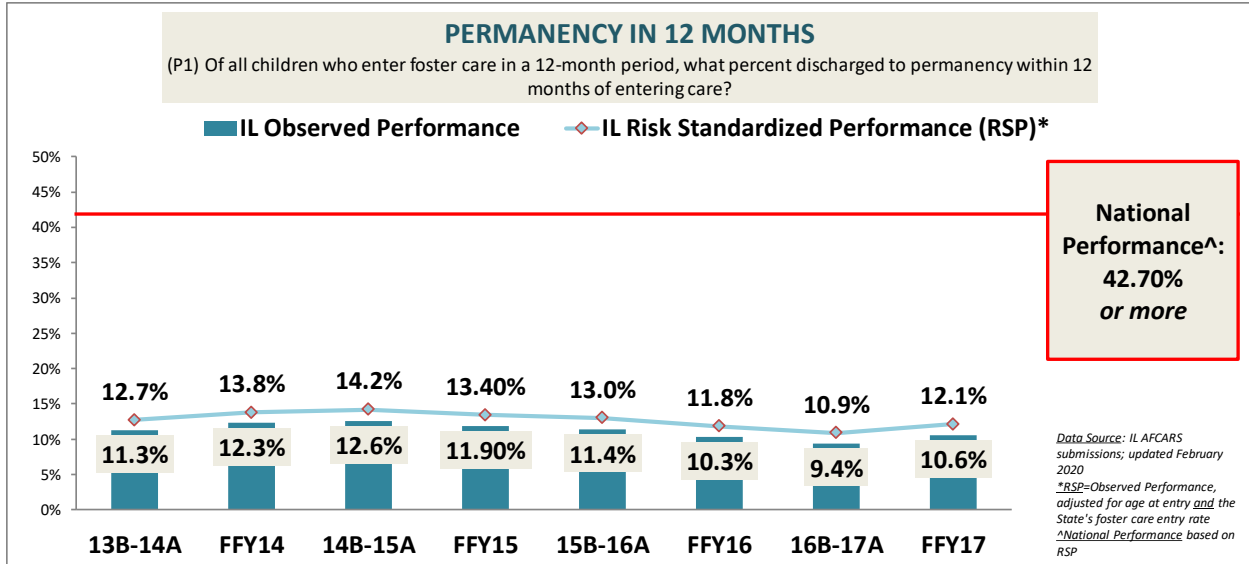
Item 6: In Item 6, the PIP Baseline data indicate that in 20% (or 8) of the reviewed cases the agency made concerted efforts to achieve permanency in a timely manner (within 12 months for goals of reunification, 18 months for guardianship, and 24 months for adoption). In 80% (or 32) of the cases, the agency did not make concerted efforts. In Item 6, concerted efforts also includes the court, which has a significant role in the timely achievement of permanency for a child in care. Common themes in Item 6 include:

- Return home goals in place for too long (12+ months). This was sometimes due to lack of efforts on the part of the agency to adequately assess service needs of parents, and provide those services; sometimes due to court delays (continuances, delays getting to key hearing milestones, disagreeing with agency position)
- Significant service needs of the youth and insufficient resources to adequately address needs
- Agencies not making concerted efforts to closely monitor service participation and progress
- Lack of efforts to conduct diligent searches on absent parents (usually fathers)
- Length of time in care (average was 33 months; the range was 6 months – 170 months)

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. Of interest is that while achievement of permanency within 12 months of entry is not improving over time, the percentage of children re-entering care is increasing significantly. (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 and companion measure Re-Entry into Foster Care (as of 2/20 Data Profile)

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021



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

Re-Entry: Because of the increasing percentage of children/youth experiencing a re-entry into foster care, particularly in FFY, the BH Experts asked that DCFS review a sample of the cases at the end of calendar year 2019. DCFS asked the University of Illinois' Foster Care Utilization Review Program (FCURP) to lead a review of cases from FFY17 where the child/youth experienced a re-entry as defined in the chart above. Findings of this review include the observation that the reason for re-entry was often the same or similar as the initial placement into foster care (68% of the cases, or 64 of 93 reviewed cases).

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

STATE	#	%
Court Intervention	30	33%
Services Completed	21	22%
Trial/OP	17	18%
Non-Custodial Parent	7	7%
Not Discharged	6	6%
Unable to Determine	4	4%
Burden of Proof	3	3%
Legal Process	3	3%
Perp Removed	2	2%
Grand Total	93	100%

sought to understand more about why children were discharged following the initial removal since we knew that they later re-entered care. Reviewers were asked to describe why a child was discharged and we later coded those narratives into several categories based on similarities in the narratives (see table at left). It was discovered that the courts were intervening more than expected, and deciding to send children home whether safety concerns were resolved, and despite risk concerns that existed:

Examples of “Court Intervention” include:

- “Court ordered against agency recommendations” (*Child had spent 74 days in care before being discharged, and re-entered within 102 days*)
- “The court ordered the Return Home over the objections of the agency” (*Child and 2 other siblings re-entered within 92 days. They had also been in care for 92 days prior to discharge.*)
- “The father was arrested for domestic battery. Court ordered release (of children) to mother. The potential risk of harm was minimized but not eradicated due to mother’s continued desire to make her abusive relationship work.” (*Child and 3 other siblings re-entered within 83 days. These 4 children had been in care for over 10 months before being discharged; services to address domestic violence were not effective.*)
- “Court ordered child placement with the mother on 9/10/19; on 9/17/19 the child’s whereabouts were unknown” (*Child re-entered within 30 days. She had been in care for 2 days prior to discharge and had been brought into care for the following reasons: “According to the record a hotline call was placed on 6/9/17 reporting that the child was being recruited for prostitution. It was reported that the paramour was also involved in selling illegal substances. It was reported that the child was drugged and sexually exploited. On 6/21/17 it was reported by an FBI agent that the child was recently located after her whereabouts were unknown for two weeks. It was reported that she was at risk of eloping. The child reported she did not want to return to her mother’s home. It was reported that the child continued to elope from her mother’s home to the home of her 17-year-old paramour and was possibly in danger of human trafficking by his sister. The child’s whereabouts were reported unknown by her mother on 4/26/17, 5/10/17, 5/30/17, and 7/11/17. On 7/28/17, the child returned home to the mother. Protective Custody was taken of the child on 7/31/17 and was placed with a relative. The judge denied the Temporary Custody request on 8/2/17 and placed the child with her mother on a 225 order with restrictions. It was reported that the child eloped from her mother’s home again on 8/27/17. The mother reported that the family of the paramour came to the home and fought with the child the previous week. Temporary Custody was taken again on 9/1/17.”*)
- “On 5/31/2017 Judge Jxxx Lxxxxx dismissed the case and ordered it stricken without prejudice and the case closed and the children returned to the care of their mother” (*Child and a sibling re-entered foster care within 9 days. They had entered care separately and one child had spent 69 days in care, the other had spent 106 days in care.*)
- “Court order to have child returned to parents. father allegedly bit child and visitation must be supervised. mom must report any bruising or marks within 24 hrs.” (*This child and a sibling had been in foster care for 9 days before being discharged. They re-entered care within 77 days.*)

While “Court Intervention” was its own category, there were several other court-related categories for discharge (see below). All told, discharges related to a court reason made up more than two

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

thirds of the discharge reasons (63 cases or 68% of the total; combining Court Intervention, Trial/OP, No Discharge, Burden of Proof, and Legal Process).

“Services completed” was the next highest individual reason for discharge (21 cases). However, in 13 of those 21 cases the re-entry was related to the same or similar reason as the initial removal. In 6 of the 21 cases, the reason for re-entry was related to risk issues that were present at the time of discharge.

“Trial/OP” was the 3rd next highest reason for discharge (17 cases). This categorization reflects cases in which children were returned home on a trial basis, usually with an Order of Protection. Services were not completed prior to the discharge for this reason, and in many of the cases a relative was also in the home to which the child was discharged.

Additional categories for discharge reason include (*followed by definition*):

- “Non-custodial parent” (*The child was removed from one parent and discharged to the non-custodial parent as that parent was not involved in the original removal; 7 children*)
- “Not Discharged” (*There were 6 cases in which the child was not actually discharged from foster care; 5 siblings and one additional unrelated child. These 6 cases could also potentially be coded under “Legal Process”.*) Examples:
 - “There was no release of legal guardianship [noted in SACWIS] of the children who were in foster care. They never left foster care; rather, the court dismissed the case on 4/6/17 "due to not having the hearing in time." On 4/7/17 the protective custody was noted again in the legal screen of SACWIS, but they never actually were discharged.” (5 siblings)
 - “5/16/17 was also the adjudication date per June 2017 Service Plan. Same Service Plan indicates that the child had been moved from Children’s Association to a foster home with UCAN on 5/9/17 and remained in foster care. Case notes indicate that the placement case was dismissed in Will County Court at the Adjudicatory Hearing based on the previous DCFS DCP investigation being unfounded & that a hotline call would need to be made in order to PC the child again since no legal on child. UCAN was the foster agency, but Aunt Martha’s was the intact agency. Aunt Martha’s obtained DCFS Legal consultation, who advised that the Assistant States Attorney would need to file a petition for shelter care and Aunt Martha’s would need to conduct a hotline for DCFS DCP intervention. A hotline call was made on 5/16/17, accepted, and DCP took PC of the child again. Child never left his foster care placement on 5/16/17.”
- “Unable to Determine” (*There was no information in the SACWIS file to help the reviewer understand why the child was discharged from foster care; 4 children*) Examples:
 - “Case notes and service plans do not inform the reader why the children were sent home. Mom did not have her own housing separate from her husband, from whom she was getting a divorce. Children lived with a relative of mother’s choice upon being “sent home” but the agency appears to have not been comfortable with that arrangement due to the number of children in the home, the sleeping arrangements of the children as it relates to the history of sexual perpetration at home and in foster care, and the mom didn’t get her own housing. Therefore the agency decided to remove the children and bring them back into foster care on” (3 siblings)
 - “This is a delinquency case from juvenile probation. The youth (13 yo) sprayed his classmate with pepper spray. He was previously involved with DCFS and had been returned to his mother. He ended up in a traditional foster home on 1/16/18 due to mom’s inability to manage his needs. Mom also has cancer; family finding

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

involved too. No information in the file as to why the child was discharged.” (1 child)

- “Burden of Proof” (*The child was discharged by the court because it was determined that the agency had not met the burden of proof for 1 or more of the allegations presented in the petition; 3 unrelated children*)
- “Legal Process” (*The child was discharged by the court due to a procedural reason; 3 children*) In all 3 cases, the adjudication hearing had not occurred within legal limits so the Judge dismissed the case.
- “Perp Removed” (*The child was discharged because the perpetrator of abuse/neglect who caused the initial removal was no longer in the home; 2 children*)

The review also to understand whether safety issues were resolved prior to discharge, and whether risk existed at the point of discharge.

- In about half of the cases, safety concerns that resulted in the initial placement were noted as resolved prior to discharge, however in 41% of the cases they were not (see table to right). In the 38 cases for which safety concerns were noted as not resolved prior to discharge; in 19 of those cases the discharge reason was “Court Intervention”.

Were all of the initial SAFETY concerns (that resulted in initial foster care placement) resolved prior to discharge?	#	%
Yes	46	49%
No	38	41%
Unable to Determine	9	10%
Grand Total	93	100%

- Additionally, in over half of the cases risk concerns existed at the point of discharge, and in half of the cases the re-entry was related to risk issues that were not resolved at the time of discharge. There appear to be some data quality issues between the two questions (7 cases in which the reviewer answered “Yes” to existing risk concerns at the time of discharge

At the time of discharge, were there any existing RISK concerns?	#	%
Yes	54	59%
No	25	27%
Unable to determine	14	15%
Grand Total	93	100%

Was the re-entry related to RISK issues not resolved at time of discharge?	#	%
Yes	50	54%
No	30	32%
Unable to Determine	13	14%
Grand Total	93	100%

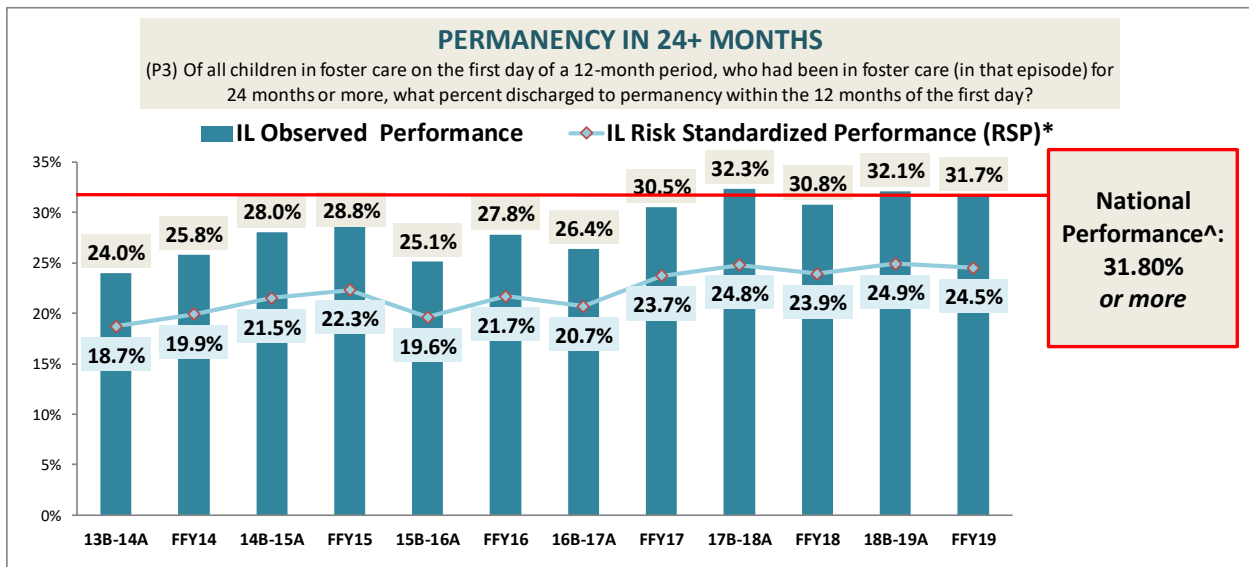
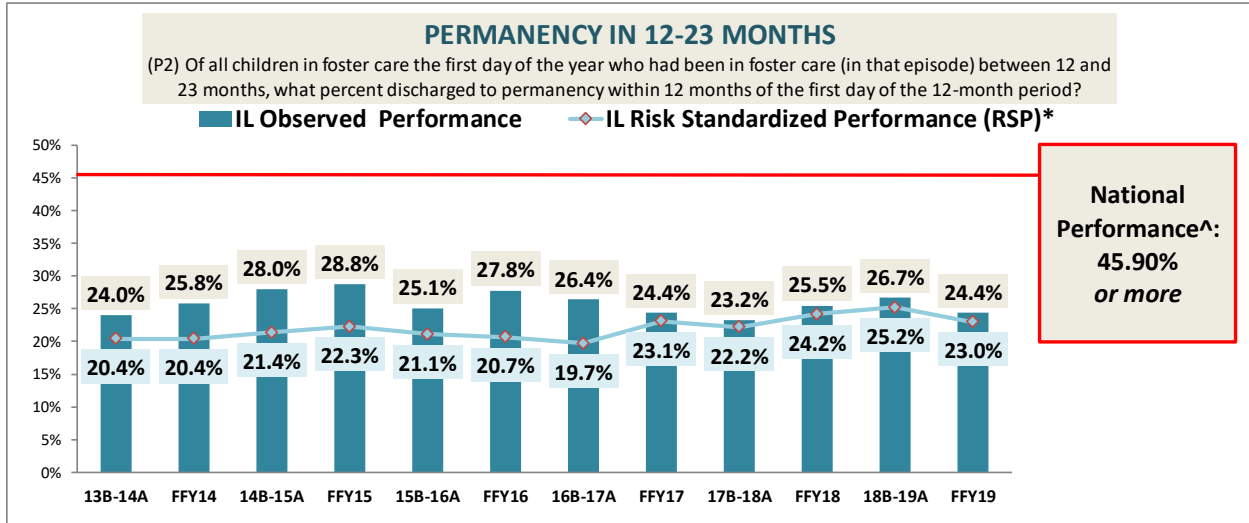
later answered “No” about whether the re-entry was related to risk issues not resolved at time of discharge). It appears that some of the inconsistency could be

related to different types of risk present at the two points in time for these 7 cases. Regardless, risk issues appear to contribute to reasons for re-entry.

CFSR Indicators: The charts below illustrate Illinois’ performance on the remaining two data indicators for the CFSR, Permanency in 12-23 months, and Permanency in 24+ months. Performance in the former is flat and well under the national performance; performance in the latter is flat and at or above the national standard:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

**CFSR 3 Permanency Indicator: Permanency in 12-23 Months, and in 24+ Months
(as of 2/20 Data Profile)**



OER Plus (Supplemental Questions): During the PIP Baseline, Illinois collected additional data that focused on Child and Family Team Meetings (CFTMs), Transition Planning, and Supervision (termed “OER Plus Supplemental Questions,” see data next page).

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

**OER Plus Supplemental Questions Data Collected between
June - November 2019 (N=59)**

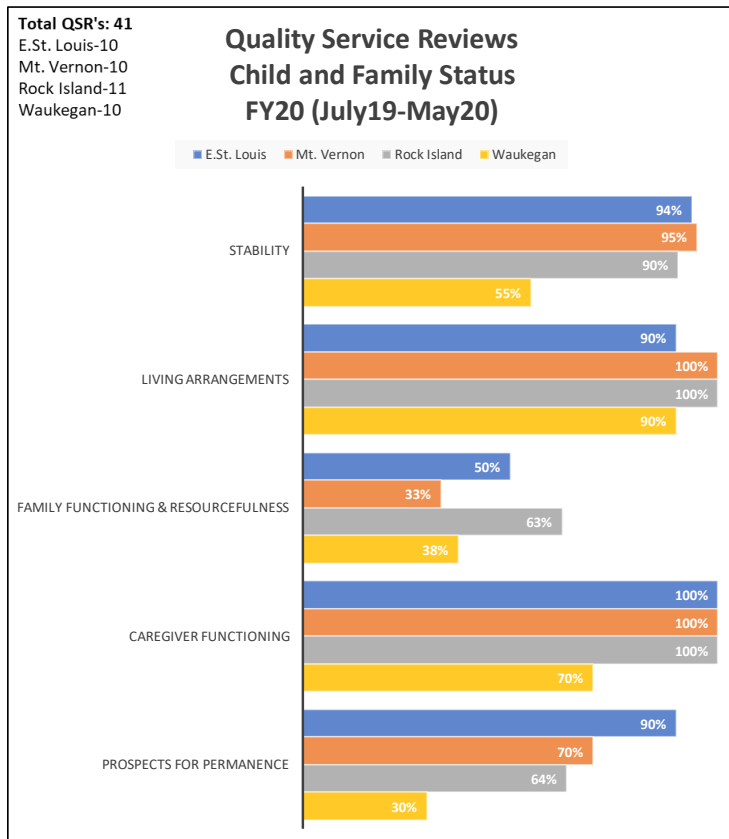
(5 Investigation & 1 EFSP cases not included)

Rating	CFTM Section*		Transition Planning Section*		Supervision Section*	
	#	%	#	%	#	%
Strength	8	72.7%	27	50.9%	29	49.2%
Area Needing Improvement	3	27.3%	26	49.1%	30	50.8%
Total Applicable (per section)	11		53		59	
	*48 cases = N/A (no CFTMs meeting definition)		*6 cases = N/A (no transitions)		*0 cases = N/A	

CFTM Notes:	12 CWs were trained CFTM Facilitators; 6 were facilitating CFTMs that met the definition In 30 cases meetings labeled a "CFTM" in SACWIS were noted, however none of them included the essential elements of a CFTM (an identified and supportive to the family team, parents/youth having a "Voice & Choice", etc.), so they were NA								
Transition Planning Notes:	In 53 of the 59 cases, a transition of some kind was observed during the PUR to be assessed in this section: <table border="1"> <thead> <tr> <th>Systemic</th> <th>Place-ment</th> <th>Perma-nency</th> <th>Familial</th> </tr> </thead> <tbody> <tr> <td>29</td> <td>20</td> <td>19</td> <td>26</td> </tr> </tbody> </table> In 27 cases, the agency supported the family through identified transitions successfully.	Systemic	Place-ment	Perma-nency	Familial	29	20	19	26
Systemic	Place-ment	Perma-nency	Familial						
29	20	19	26						
Supervision Notes:	27 supervisors have been through the MoSP training Clinical supervision was noted in 41 cases								

QSR Data (Immersion Sites): As it relates to permanency, QSR reviewers evaluate whether the child is living with their own family or caregivers that the child, caregivers and all CFTM members

believe will result in enduring relationships. This is also tied to the stability of the child, caregiver functioning, and family functioning and resourcefulness. Additionally, prospects for permanence is evaluated. See also Outcome WB1 for data specific to Child and Family Teaming.



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

See this section under Outcome S1 and Outcome S2 (strategies focused on improving assessments and services, and on addressing workforce concerns).

In addition to the Goals and Strategies found in Outcomes S1 and S2, the priority area/goal of “Early and Often Quality Engagement” was included in the previous version of the state PIP:

Goal: #2 Engagement of families, children, youth and other stakeholders will improve through the effective implementation of a Core Practice Model and a quality hearing process that focus on permanency.

Strategy 2.1 Implementing Core Practice Model (CPM) statewide to improve caseworker capacity to engage with families, improve supervisor capacity to support workers, increase family-led practice.

EVALUATION

The strategy regarding Core Practice Model is carried over to the revised PIP. Chapin Hall serves as the evaluator for the Core Practice Model in the Immersion sites.

- DCFS is working with National Implementation Research Network (NIRN) to improve implementation. This work is reflected in the revised PIP.
- An Immersion Site CQI group has formed and meets regularly to review data, propose activities for improvement and track whether activities are resulting in improvement.

Strategy 2.2: Increase family and child involvement through a caseworker’s active engagement of the family through the use of Child and Family Team Meeting (CFTM).

EVALUATION

This strategy regarding Child and Family Team meeting is being carried over to the revised PIP.

- An assessment was conducted by Field Implementation of Supervisory Practice (FISP, a part of the Office of Learning and Professional Development, OLPD) in December 2018 to determine supports needed to improve CFTM facilitation and fidelity to the CFTM Model.
- As a result, Supervisory tools were created and distributed in January 2019.

Strategy 2.3: Revise the Service Plan to give family and youth voice and ownership in development and identification of underlying needs of the family.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process.

Strategy 2.4 Properly utilizing Family Finding Strategy to identify relatives and fictive kin to increase supports for parents and children; if caseworkers increase contact and engagement with fathers, it is believed that fathers will actively participate in the parenting of their child.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- OLPD provides training in Foundations regarding Family Finding and the importance of locating and engaging fathers throughout the life of a case.

Strategy 2.5: Implement a quality hearing project to establish a culture of urgency and greater adherence to timely adjudication so that mothers, fathers, relatives and youth are effectively engaged so that we have an increased focus on the timely achievement of permanency, meaningful hearings and quality permanency plans.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process

- Identification of the project pilot sites was completed Fall 2019.
- The modified version of the Quality Permanency Hearing Self-Assessment was developed (January 2020 but has been delayed due to COVID-19 pandemic).
- Dissemination of the self-assessment to participating judges and key stakeholders is to be determined.

Strategy 2.6 Improve upon and maintain a sense of urgency to achieve permanency for children in care when return home is no longer an option so children achieve permanency sooner.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process

Outcome P2: The Continuity of Family Relationships and Connections is Preserved for Children

DATA:

In Outcome P2, the evaluation of five (5) items supports the overall outcome achievement rating (see table below; *=a PIP Goal is not required for any item in Outcome P2):

Outcome	PIP Baseline Results %Substantially Achieved/ %Strength	CFSR 3 PIP Goal*
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children	60% <i>(24 of 40 applicable cases)</i>	
Item 7: Placement With Siblings	100% <i>(25 of 25 foster care cases)</i>	
Item 8: Visiting With Parents and Siblings in Foster Care	55.9% <i>(19 of 34 foster care cases)</i>	
Item 9: Preserving Connections	75% <i>(30 of 40 foster care cases)</i>	
Item 10: Relative Placement	81.6% <i>(31 of 38 foster care cases)</i>	

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Item 11: Relationship of Child in Care with Parent(s)	45.2%	
	(14 of 31 foster care cases)	

Illinois' performance in Outcome P2 and related Items continues to highlight the need for improvements in the areas of:

- 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: A real strength for Illinois in Outcome P2 is Item 7, Placement With Siblings (100% Strength). In 25 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).

Item 8: In Item 8, while sibling visits were a strength, parent-child visits were not as strong as the state would like. A deeper look at the data related to the frequency and quality of parent-child visits indicates that for the visits that did occur, the frequency was sufficient to maintain or promote the continuity of the relationship in 71% of the cases for mothers, and 65.2% of the cases for fathers). The quality of visits was a strength in 74% of the cases for mothers, and 56.5% of the cases for fathers:

	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		

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

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

The data related to the frequency and quality of sibling visits is an area of strength:

	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		

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

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

Item 9: In 75% of the cases, connections that were important to the child were preserved (Item 9). 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 (9 cases; these included siblings not in care, half-siblings, and extended relatives with whom the child/youth had relationships prior to entering into foster care)

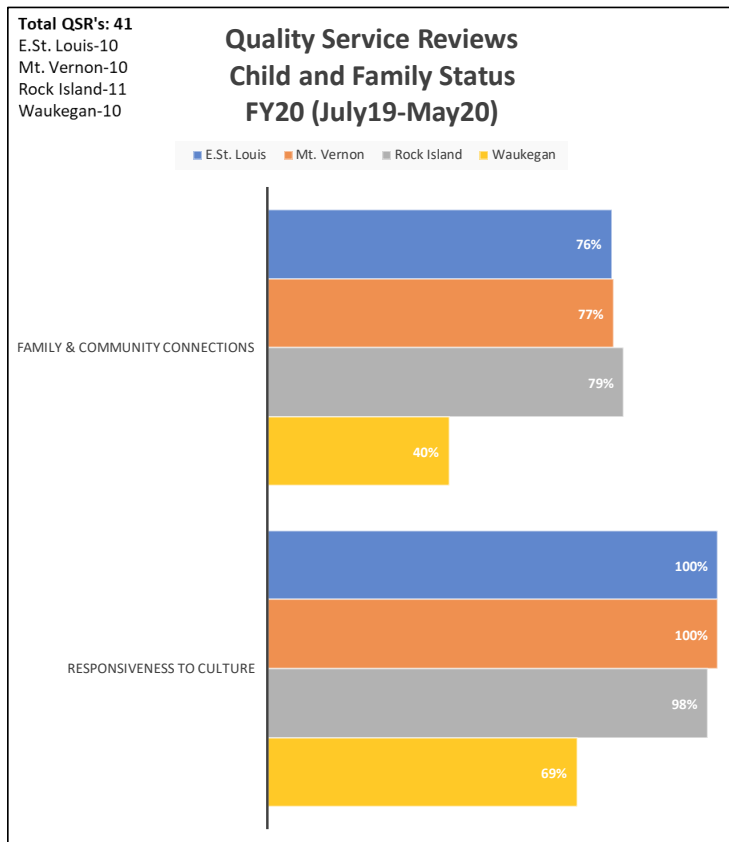
Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Inquiry into whether or not a child might be a member of, or eligible for membership in, a federally recognized Indian Tribe (1 case)
- 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)

Item 10: In Item 10, 81.6% of the cases were 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. For the cases that were rated as an Area Needing Improvement (ANI), the reason was that the child was not placed with a relative, and efforts had not been made to identify, locate, inform and evaluate maternal and paternal relatives

Item 11: In 45.2% of cases assessed in Item 11, the rating was 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).

QSR Data (Immersion Sites): Data that could inform Outcome P2 is collected on Family & Community Connections and Responsiveness to Culture:



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

See this section under Outcomes S1 and P1 (strategies focused on improving assessments and services, and on Family Finding).

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).

CFRSR 3 PIP Baseline data for the three well-being outcomes indicates the following results:

Outcome	PIP Baseline Results %Substantially Achieved
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	40% <i>(26 of 65 applicable cases)</i>
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	96.8% <i>(30 of 31 applicable cases)</i>
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs	64.8% <i>(35 of 54 applicable cases)</i>

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

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 13: Child and Family Involvement in Case Planning		Item 18: Mental/Behavioral Health of the Child
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):

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Outcome	PIP Baseline Results %Substantially Achieved/ %Strength	CFSR 3 PIP Goal
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs	40% <i>(26 of 65 cases)</i>	
Item 12: Needs and Services of Child, Parents, and Foster Parents	49.2% <i>(32 of 65 cases)</i>	54%
Item 12a: Needs Assessment and Services to Children	84.6% <i>(55 of 65 cases)</i>	
Item 12b: Needs Assessment and Services to Parents	47.4% <i>(27 of 57 applicable cases)</i>	
Item 12c: Needs Assessment and Services to Foster Parents	83.3% <i>(30 of 36 applicable foster care cases)</i>	
Item 13: Child and Family Involvement in Case Planning	46.7% <i>(28 of 60 applicable cases)</i>	51%
Item 14: Caseworker Visits with Child(ren)	73.8% <i>(48 of 65 applicable cases)</i>	78%
Item 15: Caseworker Visits with Parents	39.3% <i>(22 of 56 applicable cases)</i>	44%

Illinois' performance in Outcome WB1 and related Items continues to highlight the need for improvements in the areas of:

- 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 meaningful (to relationship-build, engage and assess), versus to achieve compliance with monthly visit mandates

The current data for each Item informs the state that the issues as reported in the 2019 APSR and the 2020-2024 CFSP have shown little change. Those issues were:

- Item 12a: For foster care cases, the ongoing assessments of the child's needs were not comprehensive (for example, ensuring independent living assessments and social-emotional-normalization needs/activities beyond mental health needs and services) and thus impacted the ability of the reviewer to rate the case a strength. For in-home cases, comprehensive assessments were not completed for **all** children in the family (tended to include an identified child only).
- Item 12b: For foster care cases, the need for improvement of ongoing and adequate assessments of fathers, mothers, or both parents impacted the ability of the reviewer to rate the case a strength. In several cases the need to improve caseworker visits with parents, and/or caseworker turnover, had a significant impact on the agency's ability to assess parents and provide adequate services. For in-home cases, the need to improve ongoing and adequate assessments of mothers and fathers (and/or a paramour) and the need to improve provision of identified services (transportation, parenting education

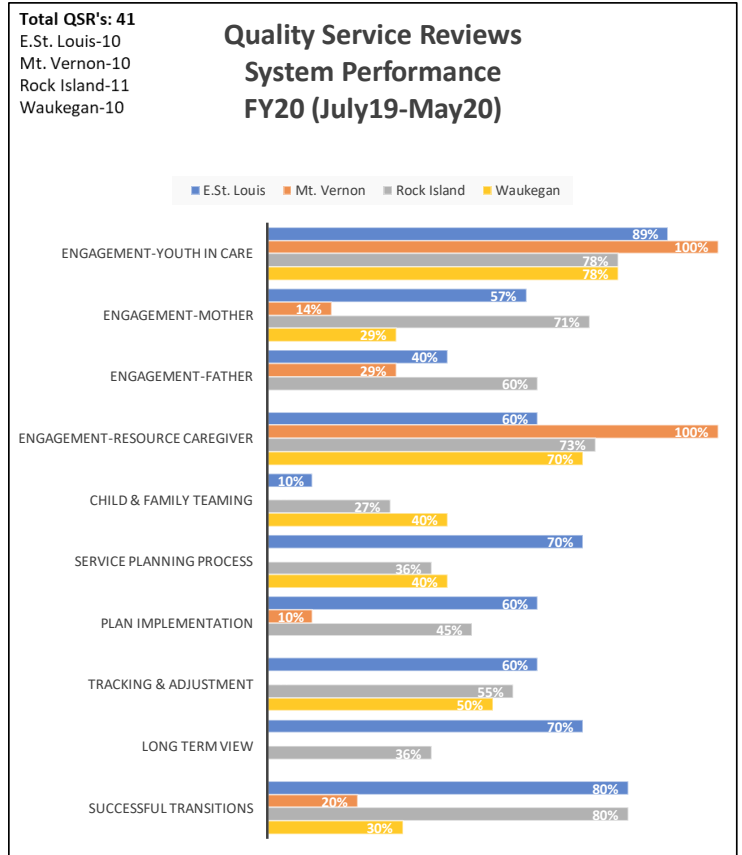
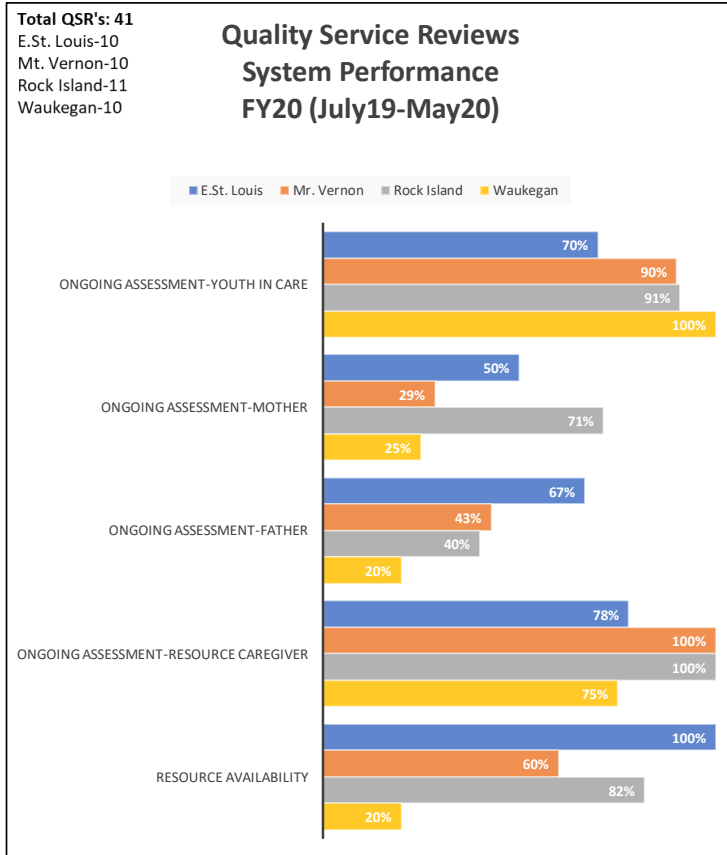
Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

services, sexual perpetrator/offender services, and protective capacity assessments) impacted the ability of the reviewer to rate the case a strength.

- **Item 12c:** For the foster care cases rated Area Needing Improvement for this sub-item, the need to improve assessments of the caregiver's possible needs as a foster parent was the reason. Often, reviewers observed what appeared to be an assumption on the part of the agency that the foster parent did not have any needs, versus evidence that the agency assessed for needs on an ongoing basis. The children included for review often had very serious mental/behavioral health needs, and the foster parents didn't always have the skillset to support them. (This was noted in some of the cases reviewed for maltreatment in foster care as well.)
- **Item 13:** Rating determinations for this item are strictly based on the concerted efforts of the agency to actively involve children and parents in the case planning process. Challenges are particularly focused on engagement of parents.
When observed by case type, a different picture emerged. Children in foster care are more actively involved in case planning versus those in in-home cases, and parents are more actively involved in in-home cases than foster care cases. The need for concerted efforts to actively involve parents in case planning in foster care cases directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.
See also the data in P1 from the OER Plus, Supplemental Questions (CFTMs and Transition Planning).
- **Item 14:** Cases were rated a strength for this item because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals for those cases. Cases rated as Area Needing Improvement were due to the **quality** of caseworker contacts. Documentation and interviews corroborated the need for substantive interaction and observations of the child during home visits by the caseworker. For example, the child/youth was not seen separately, insufficient efforts made to engage a reluctant child in conversation, visits of short duration, and/or detailed notes but not substantive (details were lacking professional depth, insight of appropriate description of activities observed during the visits).
- **Item 15:** Cases applicable for this item rated a strength because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In cases rated as Area Needing Improvement the **frequency and quality** of caseworker contacts were the practice concerns.
 - In general, it was observed 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 parents 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.

QSR Data (Immersion Sites): QSR reviewers evaluate ongoing assessment for children/youth, parents and caregivers, as well as part of the System Performance items. The data are similar to PIP Baseline findings, in that the data is better for children and caregivers, and worse for parents. The data for resource availability is interesting and shows geographic variation. Challenging processes include Child & Family Teaming, Service Planning, and Plan Implementation:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021



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

See this section under Outcomes S1, S2 and P1.

Outcome WB2: Children receive appropriate services to meet their educational needs

DATA:

CFSR PIP Baseline data for Outcome WB2 suggests that this is an area of strength for the state (above 95% Substantially Achieved). In all but 1 applicable case, the following were strengths:

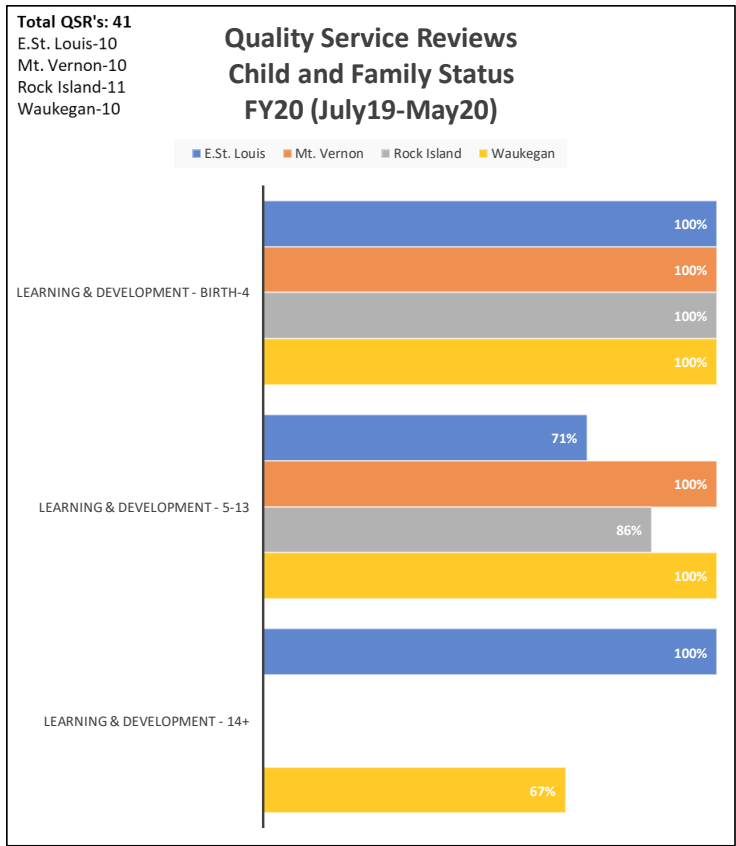
- Accurate, comprehensive and ongoing assessments of educational needs for all children in foster care and in applicable in-home cases; and
- Ensuring services for identified needs are provided

Outcome	PIP Baseline Results %Substantially Achieved/ %Strength	CFSR 3 PIP Goal*
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs	96.8% <i>(30 of 31 cases)</i>	
Item 16: Educational/ Developmental Needs of the Child	96.8% <i>(30 of 31 cases)</i>	

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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

QSR Data (Immersion Sites): QSR reviewers evaluate learning and development in 3 age



groupings: Birth – 4 years of age, 5 – 13 years of age, and youth age 14 and older. The data for Birth – 4 years of age is 100% for all Immersion Sites, and there is more variation as the children age.

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

See this section under Outcomes S1, S2 and P1.

Outcome WB3: 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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Outcome	PIP Baseline Results %Substantially Achieved/ %Strength	CFSR 3 PIP Goal*
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs	64.8% <i>(35 of 54 applicable cases)</i>	
Item 17: Physical Health of the Child	75% <i>(33 of 44 applicable cases)</i>	
Item 18: Mental/Behavioral Health of the Child	64.5% <i>(20 of 31 applicable cases)</i>	

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

Item 17: A strength in Item 17 was that in all applicable cases where the child was prescribed medication, the agency provided appropriate oversight. In most of the cases, routine well-child visits, annual physicals and immunizations were completed as expected. Dental exams were sometimes not occurring in accordance with ADA expectations; in part, this is because Illinois policy specifies that children should see a dentist beginning at age 2 versus when the first tooth erupts. For cases rated an ANI for this item, the reasons were generally related to a specific identified need that wasn't adequately addressed through services (for example: audiology exam; specialist referral for microencephaly; treatment for alopecia, asthma, seizures, etc.).

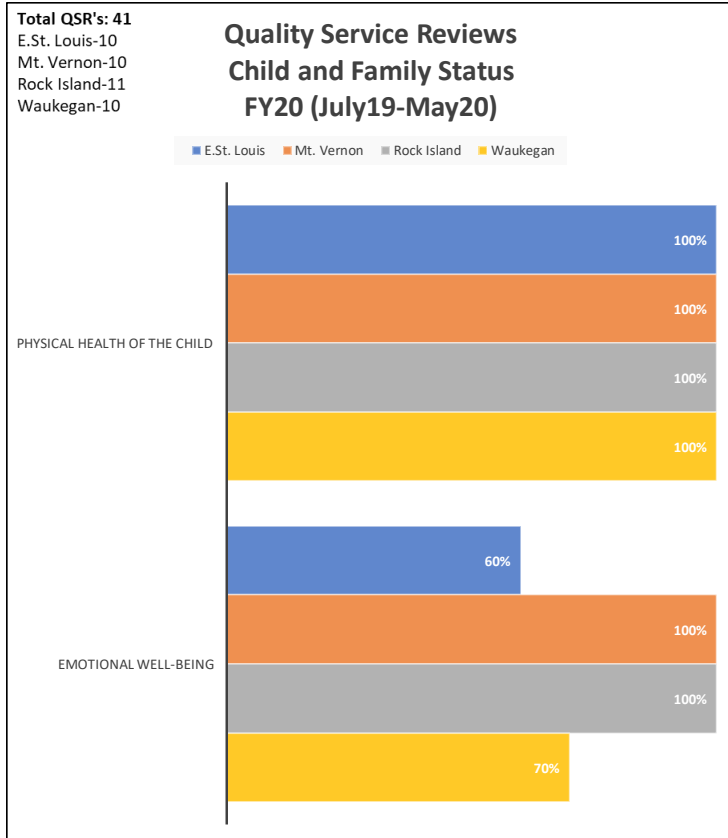
Item 18: In item 18, children/youth were noted to have significant mental/behavioral health needs and diagnoses. Services commonly provided included individual therapy, SASS, therapeutic foster care, psychiatric hospitalization, and psychotropic medication (10 children/youth were prescribed psychotropic medication and in all but one the agency provided appropriate oversight).

One third of the children/youth (10 of 30 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:

- Professional evaluations (psychological assessments, neuropsychological assessments, formal mental health assessments)
- Informal assessments of mental/behavioral health by the caseworker
- Trauma-Focused Cognitive Behavior Therapy (TFCBT)

QSR Data (Immersion Sites): QSR reviewers evaluate physical health and emotional well-being. The data is 100% for physical health, and more varied for emotional well-being:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021



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

See this section under Outcomes S1, S2 and P1.

Assessment of Systemic Factors

Item 19: Statewide Information System

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

Response: According to established policy and practice, every family and child with whom the Department is involved (e.g. a case) has detailed case information captured in one or more of the Department's data systems (described in detail below). 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 age, race and gender, CYCIS also tracks consent decree data such as pregnant and parenting wards. CYCIS is a mainframe (IMS) system. Some AFCARS data elements are obtained from the CYCIS system, primarily those relating to placement and legal information. CYCIS remains the system of record for these two data areas.

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.

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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

work 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 consolidating the functionality of both into a single data system. This application would 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.

DoIT@DCFS has entered into collaboration with IT leaders Microsoft and IBM to enhance several key areas to better serve the IDCFS staff serving children. Among the projects in-flight are an application to give 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. 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. Plans are also underway to create a significant improvement to the system maintaining provider information for the Department. This project would 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.

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.

The data capabilities have been strengthened by the implementation of the first iteration of the Enterprise Data Warehouse. Utilizing Microsoft’s secure Government Cloud technology, the EDW allows for significant improvement in the ability to create meaningful data visualizations and reporting, including the ability to apply predictive analytics and machine learning to serve key department decision-makers in critical work areas to improve outcomes. 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 has a data exchange with the Chicago Public School system and receives data from other state agencies, such as the Department of Corrections, so that dually involved wards can be tracked. All of the above provides

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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

In response to the COVID-19 crisis, DoIT@DCFS worked closely with the rest of the department to continue their critical work through work-from-home processes, mobile technologies, and more. State Central Register (SCR) Call Center staff were setup with laptops equipped with software based on IP phones which allowed them to work from home with minimal downtime. Remote desktop capabilities for personal computers, VPN configured laptops, mobile phones, and virtualized desktops were quickly stood up for department personnel. 80% of the total DCFS staff were able to work remotely in less than 3 weeks from the date Governor Pritzker issued the Stay-at-Home order for the state. All the hard work and effort by DoIT@DCFS helped DCFS to continue to provide critical care and services to the children and families of Illinois while reducing the risks of contracting COVID-19.

Concerns:

Illinois remains in the process of improving AFCARS, to include data elements previously not being recorded in ICWS (SACWIS). Many improvements have been made, but additional work is needed in the areas of data collection and in worker procedures and training.

Another recurring concern focuses on the difficulty of maintaining like data in two systems: ICWS and CYCIS. Plans to move functionality from CYCIS to ICWS have not yet been realized, however plans to implement a CCWIS are continuing to be pursued. This effort would eliminate both legacy systems in favor of the new, unified system, but is dependent upon a variety of factors. While this addresses that concern, the earliest iteration of the new system would be sometime in 2021.

See data sample on next page.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Data Sample of children taken into care May 1-5, 2020

Name	Birthdate	Open Date	Legal Status	Placement Type	Placement City	Perm Goal	Gender	Race	Ethnicity
		5/1/2020	TR	HMR	NAPERVILLE	Remain Home	F	White	Not Hispanic
		5/1/2020	TR	HMR	HOOPESTON	Remain Home	F	White	Not Hispanic
		5/1/2020	TR	HMR	HOOPESTON	Remain Home	M	White	Not Hispanic
		5/1/2020	PC	HMR	WOOD RIVER	Independence	M	White	Not Hispanic
		5/1/2020	TR	HFK	WOOD RIVER	Remain Home	M	White	Not Hispanic
		5/1/2020	TR	HMR	BLOOMINGTON	Remain Home	F	White	Hispanic Mexican
		5/1/2020	TR	HMR	BLOOMINGTON	Remain Home	M	White	Hispanic Other
		5/1/2020	TR	HMR	MATTESON	Remain Home	F	White	Not Hispanic
		5/1/2020	TR	HMR	CHICAGO	Remain Home	F	Black / AA	Not Hispanic
		5/3/2020	TR	HMR	WAUKEGAN	Remain Home	M	Black / AA	Not Hispanic
		5/3/2020	TR	HMR	WAUKEGAN	Remain Home	M	Black / AA	Not Hispanic
		5/3/2020	TR	HMR	WAUKEGAN	Remain Home	F	Black / AA	Not Hispanic
		5/3/2020	TR	HMR	MILAN	Remain Home	F	White	Not Hispanic
		5/4/2020	TR	HFK	GALESBURG	Remain Home	M	White	Not Hispanic
		5/4/2020	TR	HFK	GALESBURG	Remain Home	F	White	Not Hispanic
		5/4/2020	TR	HFK	OAK PARK	Remain Home	M	Black / AA	Not Hispanic
		5/4/2020	TR	HFK	OAK PARK	Remain Home	M	Black / AA	Not Hispanic
		5/4/2020	PC	HMR	CHICAGO	Remain Home	M	Black / AA	Not Hispanic
		5/5/2020	TR	HMR	REYNOLDS	Remain Home	F	White	Not Hispanic
		5/5/2020	TR	HMR	REYNOLDS	Remain Home	F	White	Not Hispanic

Case Review System – Items 20-24

Item 20: Written Case Plan

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

Response: Written Case Plan: The state provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions. Specifically, DCFS Procedures 315 provides an outline for how the Service Plan is to be developed through information from the investigation, the integrated assessment, in collaboration with the parents and children, and through regular supervision.

The Administrative Case Review (ACR) Unit has the responsibility and authority to manage the ACR process and must ensure it complies with Department Rules and Procedures, with federal mandates, and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and families of their rights and may limit participation by the child or family when needed. The Reviewer encourages participant discussion regarding the contents of the service plan and additional case dynamics while maintaining the focus of the ACR process. The Reviewer ensures that the goals of safety, permanency, and well-being, as well as the evaluation of progress, are consistent with the facts of the case; that tasks and time-frames are appropriate for the goal; that the child is placed in a safe environment that is the least restrictive setting to meet the child's needs; and provides a written report of the findings to the caseworker and supervisor. An additional responsibility of ACR is to determine if the services identified in the plan are appropriate for the parents and children. In 62% of the cases reviewed (FY20) it was determined that the services identified in the plan were appropriate to address the issues that brought the children into care. ACR also issues alert feedbacks on cases where the service plan was not developed timely and thus delayed services to the family. ACRs are conducted every 6-months.

Administrative Case Review had not previously tracked the number of youth in care placed out of State, nor the frequency that these children are visited by their caseworkers. However, effective April 1, 2017, ACR added a question to the Case Review Information Packet (CRIP) which allowed tracking of out-of-state children and youth and monitor if they were being visited by their case managers per policy and procedure. According to ACR data from July 1, 2019 through June 14, 2020, when youth are placed out of State the caseworker is seeing them per procedural requirements 98% of the time.

Parental/Stakeholder involvement: ACR data regarding parental involvement in service planning, based upon data of those parents who actually attended the ACR and answered the question: 49% stated they had been involved in the development of the service plan, while 51% indicated they had not.

Parents need to be more involved in case planning in foster care cases, as it directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

This is a strategy in the revised PIP and 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.

Item 21: Periodic Reviews

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

Response: Periodic Reviews: 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.

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

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

Note: Within Cook County, during the specified survey month, Cook North, Cook Central and Cook South will each choose a week within the survey month. See survey month assignments below.

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Cook	X				X				X		X	
Northern		X				X		X		X		
Central			X		X		X				X	
Southern		X		X				X				X

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

During FY20 there were a total of 275 surveys submitted statewide: 19 from Cook North, 84 from Cook Central, 45 from Cook South, 51 from Northern, 46 from Central, and 30 from Southern.

The breakdown of survey completion was: Mothers 7%, Fathers 2%, Youth age 12 or older 4%, Foster parents 11%, DCFS workers 15%, DCFS supervisors 1%, Private agency workers 48%, Private Agency Supervisors 5%, other professionals 4%, and other non-professional 4%. The surveys were mostly positive and narratives from the foster parents and parents stated that the ACR gave them a better understanding of where the case was headed, concurrent planning, and what they needed to do in order to achieve the stated permanency goal.

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

Percentage of wards receiving required Administrative Case Reviews												
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%	98.59%	97.68%	98.32%	98.95%	--	--	--

The information in the chart shows statewide data and represents the percentage of children who were eligible for a review and received a review within the appropriate time frames. There are several reasons why all children in care may not be reviewed:

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

Children and families are informed of their rights to appeal (in accordance with 89 Ill. Adm. Code 337, Service Appeal Process) if they disagree with any portion of the service plan resulting from recommendations made at the ACR or from decisions made by ongoing casework services of their worker. Appeals are conducted by the Department's Administrative Hearing Unit.

A Decision Review is available when a service provider, caregiver, or the caseworker (with supervisor approval) disagrees with any recommendations or usage of authority by the reviewer for interventions to be included or excluded in the service plan. The ACR Statewide Administrator, or designee, makes a final decision within 10 working days after the Decision Review. Neither an appeal nor a Decision Review is allowed when a judge in a juvenile court proceeding issues a court order amending a specific intervention. There have been no decision reviews held in the past fiscal year.

Item 22: Permanency Hearings

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

Response: During each six-month case review ACR requests that the caseworker bring a copy of the latest permanency hearing order so reviewers can verify that permanency hearings are occurring every six months. During FY20 ACR was able to verify that permanency hearings were completed in 83% of the cases reviewed. This percentage reflects that permanency review hearings occurred no later than 12 months and no less than every 12 months thereafter for every child in foster care. In 17% of the cases reviewed a permanency hearing was not held, or it was held but no signed court order was presented at the ACR for verification. In those instances where ACR was unable to verify a permanency hearing, DCFS Region Legal counsel was notified for their follow up with the agency and/or the courts.

Per DCFS Legal, Cook County has DCFS attorneys in the Court daily to help ensure the permanency hearings are held.

Item 23: Termination of Parental Rights

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

Response: Termination of Parental Rights: The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones. Caseworkers refer a case to legal screening. The DCFS attorney reviews the case to see if there are statutory grounds under the Adoption Act to seek termination of the parents' rights. If the case passes screening, the DCFS Office of Legal Services forwards the screening documentation to the Assistant State's Attorney (ASA) prosecuting the matter in circuit court. If the ASA files a petition for termination of the parent's rights, the matter is set for a first appearance. At this hearing, the parent is told what the allegations against them are. The court may then continue the matter for one or more pre-trials. The termination hearing itself is bifurcated (separated into two distinct parts). The first part is often called the "grounds" or "fitness" portion. At this hearing, the State presents evidence to show the parent is unfit, unwilling, or unable to exercise parental rights. The State must prove this by clear and convincing evidence. If the State meets its burden of proof, the hearing continues onto the "best interest" portion. This may occur the same day as the "grounds" portion, but it does not necessarily have to be held the same day. At the "best interest" hearing, the ASA will present evidence to support the statutory factors showing it is in the best interest of the minor(s) that the parents' rights are terminated. It is possible that a court would find a parent unfit at the grounds hearing, but subsequently rule that it is not in the best interest of the child that parental rights be terminated. However, if the court deems that the best interest of the child will be served by terminating the parent's rights, then it will enter an order to that effect.

While Illinois has a well-articulated process in place for TPR in conjunction with the juvenile court, the timeliness of TPR in accordance with the Adoption and Safe Family Act (ASFA) continues to be a challenge.

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

The AOIC implemented steps during the Child and Family Services Review Program Improvement Plan (CFSR PIP) period aimed at improving time to child permanency; this includes judicial training on permanency hearings and TPR proceedings. The AOIC developed the Enhancing Permanency Practice in Illinois: a Judicial Training and Road to Permanency and Best Practices in Termination of Parental Rights Proceedings. The AOIC continues to periodically offer the trainings. They have been well received with high evaluation results.

Adoption Safe Family Act (ASFA) Compliance: During the past five fiscal years ASFA compliance has averaged at 83.98%. ACR was seeing an increase in ASFA compliance in the prior four years. In 2019 there was a .9 drop in compliance. This information comes from the ACR Special Needs data.

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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

	Clients Reviewed requiring ASFA	Clients ASFA meeting
FY15	12,518	9,058 72.4%
FY16	10,941	8,687 81.2%
FY17	11,939	10,382 87.0%
FY18	11,973	10,786 90.1%
FY19	10,419	9,293 89.2%

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

- There is a permanency goal of return home and reunification: 13.43%
- The child is being cared for by a relative: 12.53%
- The child is age 14 or older and objects to being adopted: 4.12%
- Court related delays: 2.31%
- Casework related delays: .96%
- The child has severe emotional/behavioral problems or serious medical condition: .67%
- The child has not been in care 15 of the last 22 months: 23.14%
- TPR has occurred: 12.94%
- Youth is over 18 years old: 8.76%
- Other not specified delays: 19.45%
- The ASFA form was not completed: 1.69%

Item 24: Notice of Hearings and Reviews to Caregivers

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

Response: Notice of Hearings and Reviews: The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of and have a right to be heard during the ACR with respect to the child and family services. Upon scheduling completion, the Department sends official notification to all persons listed on the Case Review Monthly Roster (CRMR) who are to be invited to the ACR. A written notice indicating the date, time, location and purpose of the Administrative Case Review is mailed 21 days prior to the ACR to ensure the notice is received a minimum of 14 days before the scheduled review. This notice goes to the parents (and informs them of their rights to bring a representative to the review); the child, if age appropriate (12 or older); the child’s caregiver; the caseworker; the child’s Guardian ad Litem/CASA downstate, GAL and Public Defenders in Cook County and all others whom the caseworker identifies to attend. Should any logistical changes be made to the scheduled ACR, revised letters are generated to inform the invitee of the change in date, time and/or location. In Cook County, the GAL and Public Defender contact the respective ACR office to confirm their attendance and are apprised of any logistical changes at that time.

The average percent of Administrative Case Reviews (ACR) with notifications for the past three fiscal years is 96.63%. A majority 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	18,881	18,293	96.89%

There is no data regarding notifications of court hearings although the practice of Illinois Courts is to notice the parent and caseworkers in attendance of the next hearing at the conclusion of the current hearing. Caseworkers notify those that may not be in attendance such as foster parents.

Quality Assurance System

Item 25: Quality Assurance System

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

Response: Strengthening and improving the Quality Assurance System continues to be a priority for DCFS and our POS partners.

(1) Operating in the jurisdictions where the services included in the CFSP are provided:

The Quality Assurance case reviewing entities for DCFS include:

- Division of Quality Enhancement that operates statewide.
- Agency Performance Teams (APT) in each of the four Regions monitor both DCFS and private agency Intact and Placement performance through case review findings and dashboards,
- Administrative Case Review (ACR) reviews case documentation and interviews parents, children/youth and foster parents/caregivers regarding service delivery and progress towards permanency twice a year for every child in substitute /foster care
- Residential Monitoring uses case review and survey to address concerns and improve services for children/youth receiving treatment in residential facilities.

These entities charged with quality assurance, monitoring and improvement operate statewide for both DCFS and POS agencies and utilize case reviews, administrative data, scorecards and dashboards to identify strengths and needs, evaluate quality of service and the service delivery system and supports continuous quality improvement activities.

(2) Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety):

Workgroups have been tasked to specifically expand the quality assurance entities' ability to move beyond compliance and evaluate quality of services available, accessibility of services, and effectiveness of services in protecting health and safety of children. 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 "interventionist" approach to assist caseworkers and supervisors in addressing barriers on individual cases. A continuous quality improvement component for closing the loop and sustaining

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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.

The interventionist approach is a dual role approach where the APT reviewer not only monitors the performance of a DCFS and POS team/agency but also intervenes to assist in identifying systemic barriers, removing practice barriers, coaching and supporting crisis management and quality improvement activities. Turnover and new staff present areas for ongoing education and support in basic casework practice and accurate data entry. The interventionist approach will address this current gap in improving practice.

(3) Identifies strengths and needs of the service delivery system, (4) provides relevant reports and (5) evaluates implemented program improvement measures.

The Data Workgroup as part of the Quality Assurance System is comprised of representatives from the QA entities and Department of Information Technology (DoIT). The workgroup has been working on improving the identification and communication of the strengths and needs of the service delivery system through improved and accessible scorecards and dashboards.

Executive Scorecards have been developed and validated by QE staff to track metrics at a state and regional level. There is capability to drill down to team and agency levels that is not currently in production but planned for the near future. The Executive Scorecard is an internal management tool to help DCFS leadership monitor performance across the system. The Scorecard is updated on a quarterly basis and analyzed at agency leadership meetings as part of ongoing CQI efforts. The Scorecard has also been shared at regional level leadership meetings. Because data is broken out by region, Regional Administrators can then work with their teams to understand what is driving their performance. Executive Scorecards have been helpful during stakeholder PIP development meetings to identify problem areas needing improvement, launch root cause discussion and propose strategies for improvement.

Power BI is a new software that DCFS purchased to enhance the display of the active foster care youth and CFSR measures. Validation of the metrics has been a collaborative effort with the Office of Information Technology, Quality Enhancement, Performance and Accountability, and Chapin Hall. All QE staff have access and received training in producing reports. All DCFS Regional Administrators and Area Administrators have participated in training. Expansion to POS is being piloted. CFSR data will be shared with DCFS and private providers. Currently, data is broken down by region. Work is being done to provide data at the provider agency and team level. Performance will be monitored by Agency Performance Team staff, who will use the information in monthly performance check ins.

Improved access to CFSR data has led DCFS in research requests to university partners to try to determine the factors driving performance. One example is Maltreatment in Care. Quality Enhancement staff, along with their university partner, have taken a deeper dive into maltreatment in care and reentries in to care through case review. (See Child and Family Outcomes, earlier in this chapter, for information regarding findings.)

Performance Dashboards the Agency Performance Data Site ensures that both DCFS and POS staff can directly view their own agency data and case specific data at any given time for the purposes of viewing performance for the past year, current year and last month and identifying and rectifying data quality issues. Performance against these dashboard measures is monitored

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

by Agency Performance Team staff, who use this information in monthly performance check ins. If necessary, corrective action plans are developed and tracked. An agency might be placed on intake hold so that they have the space to make program improvements. Performance Dashboard reports have been used during the Stakeholder PIP development meetings to identify problem areas for improvement and used in comparison with Round 3 CFSR findings.

Permanency Enhancement Program (PEP) Data produced by Chapin Hall has been shared with university partners specifically interested in the disproportionality and disparity of children of color in the child welfare system. This data has been of specific interest to court personnel and is shared during Permanency Action Teams and Court Improvement teams. These teams are comprised of DCFS, POS, court personnel, as well as other stakeholders specific to different teams in each of the Regions.

AD Hoc report requests have now been automated through a DNET link. Some examples of ad hoc reports include office level caseload reports, regional level permanency reports and agency level child and family team meeting reports. Caseload reports are used weekly to determine projected hiring. Regional level permanency reports are used weekly to target assistance to agencies on submitting adoption and guardianship subsidy packets. Child and Family Team Meeting reports are used to determine which cases will receive case reviews.

In addition, to the above data sets, DCFS has multiple avenues for gathering performance data from its network of data systems which covers the life of a child and family's time with the Illinois child welfare system. A variety of data reports are accessible to staff via ICSW (SACWIS) system as well as CYCIS and other legacy systems to assist the field in managing their work towards improved outcomes.

Developing, validating, and improving access to data and the quality of the data has been a lengthy process. With the availability of the above data reports, scorecards and dashboards, the following questions are being integrated within the CQI statewide and regional collaborative team meetings for ongoing assessment of the Quality Assurance system and the CQI process effectiveness.

1. How do we use data to support decision-making?
2. What are examples of decisions that have been made based on the data?
3. How do we know that our improvement efforts are working?
4. What are examples of the improvements identified from the CQI process?
5. Have there been activities abandoned because the CQI process has shown that efforts and activities are not effective?

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

Goal #4: Develop an integrated Quality Assurance system that effectively uses quantitative and qualitative data to understand and report on measures of performance and to support progress toward achievement of goals and outcomes.

Strategy 4.1: Use consistent case review tools across Quality Enhancement, Agency Performance Team and Administrative Case Review entities to focus on data identified practice areas that may be lacking in supporting the safety, permanency and well-being.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process

Strategy 4.2: Implement an identifiable CQI structure and process statewide, and at all levels of the Department, while utilizing the statewide multidisciplinary Court Improvement Program Advisory Committee (CIPAC) to enhance CQI collaboration between the courts and DCFS to better monitor state and judicial performance in achieving better outcomes for children and families.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process.

- CIPAC quarterly meetings have occurred and center around enhancing focus and understanding of the federal Child and Family Services Review (CFSR) and Program Improvement Plan (PIP), increasing knowledge of the court's role and involvement in the CFSR/PIP process and implementation of FFPSA, and advisory of various court improvement program initiatives.

Strategy 4.3 Improve data accuracy accessibility and usability to support a Quality Assurance System and Continuous Quality Improvement (CQI) at all levels.

EVALUATION

This strategy is being carried over into the revised PIP with the key activities that have either not begun or in an initial process.

Staff and Provider Training – Items 26-28

Item 26: Initial Staff Training

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

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

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 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.

Licensure in the state requires transcripts from the University where the staff attended, fingerprints and background checks, Child Endangerment Risk Assessment Protocol (CERAP) training and exam, Child Welfare Licensure exam (CWEL), Child Adolescent Needs and Strengths exam (CANS) and the Specialty exam for the area of practice. Staff who are not CWEL licensed must complete the nine units of the Illinois Child Welfare Fundamentals Course and pass the quizzes with a minimum 70% score.

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

New hires and transfer staff complete training in a timely manner as they cannot carry a caseload until they are certified in that specialty. Supervisors are diligent about referring staff to the required training and Office of Learning and Professional Development (OLPD) delivers the scheduled and requested add on Foundations courses as needed. The Office of Learning and Professional Development does not have access to maintain data between hire date and the date of hire for DCFS or POS staff. To ensure timeliness training schedules for Foundations are posted 4 to 6 months in advance on the DCFS DNET. DCFS and POS agency personnel have access to the training schedules so they can coordinate their hiring along with the dates. Fundamentals is a series of nine self-directed modules that are available on the VTC and can be accessed at any time once a new hire starts and their agency enrolls them in training and requests their Virtual Training Center account. This is another way that we minimize the wait as staff do not have to wait for attendance at the classroom portion to being training.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Foundations trainings for intact and permanency are offered every six weeks at the Springfield and Chicago training centers or more often as hiring practices dictate. Additional intact and permanency Foundations trainings are implemented in the Southern Illinois Region to accommodate regional staff turn-over and hiring practices. To better meet the needs of the field, OLPD also hires trainers outside of Springfield and Chicago headquarters to increase the number of Foundations trainings. Beginning in mid-March 2020, as a result of social distancing requirements put into effect because of COVID-19 health pandemic, all pre-service and in-service training inclusive of Foundation trainings, moved to virtual / remote platforms.

Foundations trainings for investigations are also offered every six weeks 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. By legislative mandate, Foundations for investigations includes a week in the Simulation Labs. Beginning in mid-March 2020, due to the COVID-19 health pandemic and resulting social distancing requirements, both the Springfield Simulation Lab (UIS) and the Chicago Simulation Lab (UIUC) suspended in-person pre-service simulation-based training. Simulation based training for new child protection investigators was moved to an in-service training which will be facilitated after a return to in-person trainings can safely be conducted. OLPD tracks pre-service child protection investigators completing CWEL pre-service requirements during weeks when Illinois child welfare training is offered only through virtual or remote platforms. These tracked staff will be assigned a simulation week in-service following a return to normal operations.

Foundations for the State Central Register (Hotline) staff is offered in Springfield at their employment site. Foundations for Adoption staff is offered at their employment site and is conducted by field administrators in partnership with OLPD as hiring for this population is infrequent based on the number of statewide positions and low attrition rates. The frequency of course offerings for SCR and Adoptions staff is negotiated with the DCFS Office of Employee Services (OES) based on hiring patterns. During COVID-19 related social distancing measures, the staff of SCR have transitioned to a remote work status and are not attending work or training at their physical assigned locations. During these months, OLPD works with OES and DCFS administration on determining the frequency of Foundations for these two sub-groups, inclusive of alternate training modalities.

Areas for Improvement:

The systems that OLPD has used in the past to evaluate trainings has needed improvement to address the effectiveness of the training that has been delivered. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. Over the next fiscal year consultation will be sought to assist us in the development of new methods to better quantify how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties. In the meantime, OLPD will implement post-learning surveys for Foundations at the three, six, nine and twelve-month intervals to get staff and supervisor's perspectives on how well pre-service has prepared them to do their jobs and will use a mixed methodology to gain further insight through individual interviews and focus groups.

Prior to FY20, OLPD began discussions with one potential vendor on providing evaluation support and consultation for assessing 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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

evaluation services. These discussions will continue in FY20 and into FY21. In the meantime, OLPD continues to provide evaluation surveys to all Foundation participants following the course but has not yet implemented additional follow-up surveys at three-month intervals during the first year following Foundations. OLPD will seek to develop this survey process by the end of FY20 and install the process in the first quarter of FY21. In FY20, OLPD fully implemented the requirement that all training events have a participant evaluative assessment or survey implemented at the time of launching or facilitating the training event. Additional efforts have been implemented on some specific trainings to further assess transfer of learning effectiveness, such as knowledge checks being embedded into caregiver pre-service trainings. These knowledge checks launched in the fourth quarter of FY20 but are experiencing some technology glitches related to remote learning formats that also went into effect about the same time. OLPD will be working to enhance the delivery of these knowledge checks by the end of FY20.

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. Public Act 85-206 require 20 hours every 2 years for direct service staff and supervisors. Supervisors have the responsibility to monitor that staff are in compliance utilizing their access to the Virtual Training Center employee transcript. As reported in past years' APSR, the list of available trainings for continuing education for staff is extensive, with additional trainings added every year, and the Office of Learning and Professional Development is continuously improving the quality of the training programs. Note: Please see Chapter 5 for more information on ongoing in-service trainings for staff and caregivers.

Much of coming year(s) will be 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 Model of Supervisory Practice consists of four classroom-based modules. Each module is two days in length and occurs one module per month. In the weeks in between modules, FISP provides individual coaching on MoSP learning content to the module participants. The MoSP was signed into DCFS policy in January 2018. Initially there were three offerings of the MoSP to meet the needs of new and veteran DCFS and private sector supervisors:
 1. MoSP Immersion – for all Immersion Site supervisors regardless of years in the supervisory role; full 2-days for 4-months (coaching mandatory).
 2. MoSP Traditional – for supervisors with 1 to 5 years of child welfare supervision in Illinois; full 2-days for 4-months (coaching mandatory).
 3. MoSP Bootcamp – for supervisors with 6 and more years of child welfare supervision in Illinois; truncated 4-days in one week (coaching optional). The MoSP Boot Camp was designed as an initial offering to help accommodate the number of veteran supervisors who needed to become aware of the MoSP content. This was designed as a limited offering to expire after 12 months. Any remaining veteran supervisors who chose not to attend, would be required to attend the MoSP Traditional cohorts. These Boot Camp offerings expired in August 2019 with relatively minimal numbers of supervisors choosing to utilize them (65 in total).

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The total number of participants who have completed the full version of the MoSP, whether through the small initial pilot in 2016 (36 participants), the Immersion Sites, or the full statewide launch beginning in 2018 is 373 participants. Thus, when including the Boot Camp, 409 participants have completed the MoSP. As Illinois continues to expand the implementation of the Model of Supervisory Practice, the MoSP has become a mandated course for all supervisors statewide. To accommodate the remaining number of current direct service supervisors known to OLPD who still need to complete the MoSP (approximately 210), cohorts offerings will be increased by about 66% to accommodate an additional 300 participants. This will continue through the final quarter of FY20 and first quarter of FY21. Cohort frequency will then decrease to primarily account for newly hired or promoted supervisors.

- 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. Currently there are six Advanced Master Coaches in FISP with internal capacity to serve in the role as the consultants to coach and approve field and new FISP staff as facilitators, coaches, master coaches and to train additional advanced master coaches. FISP has been working with the consultants and regional staff to develop all permanency workers within Immersion Sites as approved facilitators and each permanency supervisor within Immersion Sites as a coach who can continue to develop newly hired staff. Staff in all 4 immersion sites and in Caritas (private child welfare agency added to the Immersion Sites in 2018) and DCFS Southern region permanency teams (added in October 2018) have been trained in CFTM. The effectiveness of this approach is being monitored by DCFS Quality Enhancement and Chapin Hall. Coaching and training within these immersion sites continues but is focused on training newly hired permanency staff.

Additional OLPD activities:

- Revisions continue on the foster/adoptive PRIDE in-service curricula.
- With a focus on customer responsiveness, a series of “How-to” short, on-demand videos will be created on topics related to filling out various forms and frequently asked questions on navigation of software products such as SACWIS and the DCFS I Phones. In the past fiscal year, at the stated priority of the Department, on-demand trainings were produced for Transporting Youth, and Caregiver Support of Foster Children During COVID-19, and a training on what caseworkers need to know about YouthCare managed care in Illinois. These were short on-demand trainings rather than instructional videos.
- In addition to the Core Practice Model, FISP also facilitates twice monthly Trauma 201: Case Management Practice for Complex Trauma.
- All DCFS staff continue to complete annual mandatory training on Ethics and Sexual Harassment.
- During the months of “remote training,” the simulation teams has been piloting a virtual training for child protection supervisors on “problem-based learning (PBL).” PBL is a core concept in the simulation of all new hire child protection investigators. This pilot supports the supervisor’s ability to reinforce PBL in routine child protection supervision.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Areas for Improvement:

While Illinois enhances its in-service curriculum for direct service staff serving LGBTQ youth and families, a curriculum was secured through All Children, All Families and was implemented statewide (see below). The curriculum was subsequently transferred onto OLPD/DCFS platforms and continues its statewide implementation with a 97% completion rate among the 2249 targeted direct service staff. A revised or enhanced curriculum addressing this topic is nearing its final vetting stages as it will be reviewing by members of the LGBTQ Round Table, the Clinical Division, DCFS Legal, and the LGBTQ expert that was hired under the UIUC contract for the Clinical Division.

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.

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. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. As stated previously, over the next fiscal year consultation will be sought to assist in the development of new methods to better quantify how well training addresses basic skills and knowledge needed by staff to carry out their duties.

Item 28: Foster and Adoptive Caregiver Training

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

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

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

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.

In the first three quarters of FY20, 4278 caregiver participants registered for 371 various in-service and pre-service classroom trainings. There were 2509 participants (or 59%) who successfully completed their registered training. Until the move to remote learning platforms necessitated by the COVID-19 health pandemic, OLPD was on target to see an estimated 2% increase in trainings delivered and a 3.5% increase in participation from the previous year with 15 less available trainers. In mid-March 2020, resulting from the health pandemic, all in-classroom caregiver participants were given the options to reschedule to on-demand online courses, virtual audio/video conference virtual trainings, or postpone to a later date. Of those participants who were currently engaged or scheduled to start in a classroom training when this occurred, 387 participants choose to enroll in one of the remote / virtual options. In all, there was a total of 3,192 participants within the first three quarters of FY20 who completed an on-demand, online version of caregiver in-service or pre-service training.

A process was developed for the Statewide Foster Parent Advisory Council to receive notification of and access to review draft curricula. This allows Council members to provide feedback and suggestions, prior to implementation of new foster and adoptive parent training. The overall evaluation of training completed by the participants to assist with trainer development and the assessment of the training content will remain in place. Additional knowledge check assessments have been embedded into the pre-service course to evaluate the efficacy of transfer of learning through the pre-service series. 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 is working to resolve the technical challenges for a smoother user experience as they participate in these knowledge checks.

DCFS has been 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 Year One of the five-year pilot. The pilot test site as well as control site were

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

chosen during this past fiscal year. There were 12 trainers specifically identified and trained in the curriculum. The training was scheduled to launch its first sessions in the spring of 2020. However, with the social distancing measures put into place in Illinois child welfare training due to the COVID-19 health pandemic, the classes were delayed. The pilot sponsor is not willing at this time to proceed with remote learning options and requires this to be an in-person training. As such, the pilot sponsor and Illinois have agreed to delay the start of this pilot series until it is deemed safe enough to proceed with in-person trainings. Traditional caregiver pre-service trainings were all adapted into remote learning platforms (audio and video options) in order to continue developing caregivers during the health pandemic.

As the pre-service curriculum for foster and adoptive caregivers is being revised, attention to addressing LGBTQ issues will be included. 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 this fiscal year on 7/28/19. There were 228 participants who completed this previous course. A video and learning content addressing LGBTQ issues and fostering youth is also embedded into session three of the PRIDE pre-service series.

For licensure renewal, 16-hours of in-service training is required every 4-years. Specialized caregivers need to have an additional 12-hours per year to maintain their specialty license. OLPD does not monitor the licensing renewal process however, the office maintains the Virtual Training Center by which the foster caregiver can access their transcript to provide proof of training compliance and the licensing representative has access to the caregiver's transcript to manage and verify compliance. OLPD provides on-demand, classroom, and self-directed in-service courses and learning opportunities to assist with completion of the requirements. Additionally, the OLPD PRIDE Staff have a Training Credit Approval form (CFS-574) and process to review any outside training or conference attendance that caregivers submit to be added to their transcripts.

OLPD does not provide training for residential and congregate care staff other than any staff that are hired in the capacity as a direct service casework or supervisory role. Licensing reviews a percentage of randomly chosen residential/congregate care staff files annually and assess staff trainings for these staff according to the required trainings outlined in: PART 404 LICENSING STANDARDS FOR CHILD CARE INSTITUTIONS AND MATERNITY CENTERS SECTION 404.22 STAFF TRAINING and will issue a violation of rule if the standard isn't met. Monitoring follows up on staff engagement/training during monthly administrative meetings and provides technical assistance and guidance to ensure training needs are being met. There are also contracts with various providers to give other training opportunities such as Think Trauma (TOT model) and Sex Trafficking Training for staff in CCIs/GHs. The provider does formal tracking of staff trainings (similar to our training transcript). Licensing looks at compliance with this standard when assessing staff trainings during the annual review.

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. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. As stated previously, over the next fiscal year consultation will be sought to assist us in the development of new methods to better quantify how well the initial

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

training addresses basic skills and knowledge needed by staff to carry out their duties. As stated above, further enhancements will be made to knowledge check assessment embedded within caregiver training to ensure a smoother user experience while OLPD assesses the efficacy of transfer of learning for caregivers.

Service Array and Resource Development – Items 29 and 30

Item 29: Array of Services

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

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.
- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

Response: Service needs in Illinois child welfare are often initially assessed by an investigator who first encounters the family. As an investigation is transferred to an intact or permanency caseworker, the investigator informs the new worker of their safety assessment, safety plan if applicable and initial recommendations for services as well as whether the referral(s) have been made and if a service(s) have begun. This provides the caseworker with important information and continuation of safety and service needs from which to begin their engagement and ongoing assessment of the family.

In placement cases, licensed clinical professionals are utilized to complete the Integrated Assessment to help provide a thorough and inclusive assessment. Extensive interviews 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. Integrated Assessments continue to be used as a primary tool to assess a family's strengths, needs and abilities and form recommendations on service plan items to maintain the family or to return children safely home.

Illinois relies upon its Service Provider Identification and Exploration Resource (SPIDER) database that list services including (but not limited to) Mental Health Counseling, Psychiatric Care, Substance Use, Domestic Violence, Parenting Support, Early Childhood Development, Mentoring, and positive Recreational activities. SPIDER has geocoded all agencies and 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 to keep referral and waitlist information current.

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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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 enhancement of Illinois’ Child and Family Team Meeting (CFTM) structure, which provides for client-directed meetings and problem solving. CFTM has been implemented in the Immersion sites, expanded to the Southern region of the state and with successful implementation, intended for eventual state roll out.
- 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 currently working to locate “border” services that have no geographic restrictions and offer transportation in order for those in more rural areas be connected to those services. This also applies to Immersion Sites that may be unaware of services that are outside of their catchment areas but are nonetheless able to serve those in their catchment area.

Continuing goals:

- Further additions of trauma-credentialed therapists and evidenced-based practices into SPIDER, along with other services that will provide more comprehensive service listings in all areas of Illinois. Models including ARC (Attachment, Regulation, and Competency,) TF-CBT (Trauma-Focused Cognitive Behavioral Therapy,) and SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) are embedded in SPIDER with more anticipated in the coming months.
- Add more parameters that users request, that align with DCFS priorities, and expand the usage of Google Analytics of SPIDER usage to understand what users are searching for in areas of Illinois
- Development and launch of an admin-controlled SPIDER resource board that lists service updates (disruptions, closures, etc.) due to the COVID-19 pandemic.
- Increasing marketing and DCFS support of SPIDER. Over the past year, DCFS support of SPIDER has vastly increased. We aim to continue this growth by participating in more trainings, high-level administration meetings, and community/departmental marketing and visibility.
- Continued expansion of DCFS initiatives such as the Core Practice Model, Therapeutic Foster Care, and Wrap Programs to provide more flexibility in services to meet the individual needs of children and families. SPIDER continues to grow to become a key component in data gathering, service availability, and various departmental initiatives as they present themselves.

Item 30: Individualizing Services

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

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

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. 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's training website offers all child welfare staff and foster parents training, information and/or links to other websites on issues such as 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 contains searches by languages: English, Spanish and Polish; and target population: Developmentally Disabled, Juvenile Offenders, LGBTQI, Physically Challenged/Medical Complex and Trauma Survivor, just to name a few.

SPIDER also includes other "Helpful Links" that offers the reader direct links to SAMHSA (Substance Abuse and Mental Health Services Administration) Treatment Locator, NowPow and Purple Binder, which are two online resources to search for needed services.

New resources that SPIDER is in the process of adding are as followed: Credentialed providers and Evidence Based Practices and their corresponding levels of training/credentialing, expanded language search options, SPIDER resource board for service updates/disruptions due to COVID-19, a guided recorded walkthrough of SPIDER, and enhanced/new marketing tools such as social media, DNET, and community collaboration.

Agency Responsiveness to the Community – Item 31 and 32

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

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

Response: Illinois Department of Children and Family Services (IDCFS) advisory boards and councils continue to develop strategic partnerships with the people served, external stakeholders, community-based organizations, academic partners and point of service community-based agencies. There are 20 advisory work groups at DCFS that strive to address the needs of those served. DCFS continues to work at actively listening and engaging children, youth and families and to collaborate with key internal and external stakeholders and community partners to improve outcomes for children, youth and families in Illinois. Advisory groups are a natural extension of the DCFS' public-private partnership. Each group provides recommendations and action steps to the DCFS Acting Director to improve the care and service provided to Illinois children and families, as well as care of those that serve families in crisis in communities statewide.

Advisory boards associated with Illinois child welfare fall within the following categories:

- *People We Serve:* Youth Advisory Board, Partnering with Parents (PWP) Birth Parent Council, Statewide Foster Care Advisory Board and Illinois Adoption Advisory Council.
- *Community, Culture & Heritage:* African American Advisory Council, Asian American Advisory Council, Latino Advisory Council, Indian Child Welfare Advisory Council (re-activated April 2020)
- *Governance:* Institutional Review Board, Child Day Care Licensing Advisory Council, Child Welfare Employee Licensure Board; Child Welfare Medicaid Managed Care Advisory Workgroup
- *Promoting Family Well-Being:* Adoption Registry-Confidential Intermediary Advisory Council, Child Endangerment Risk Assessment Protocol, Child Welfare Advisory Council, Illinois Children and Family Services Advisory Council; Task Force on Strengthening the Child Welfare Workforce for Children and Families
- *Citizen Review Panels:* Children's Justice Task Force; Child Death Review Teams; Statewide Citizen's Committee on Abuse and Neglect

Below are examples of work done by three of these groups. Further information on other groups is available from the DCFS Strategy and Performance Execution Division.

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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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 offer 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.

- Kane County CASA Panel: SYAB officers participated in a panel called, “Voices of Youth” sponsored by Kane County CASA.
- DCFS Director’s Meeting: SYAB members participated in an in-person meeting with Acting Director Marc Smith to discuss issues impacting youth in care. Agenda items included a discussion of the Statewide Youth Advisory Board Priority Initiatives (use of restraints and homelessness) as well as Pregnant and Parenting Teens, College Preparation, Special Education, Sibling Contact, Job Training Opportunities, and Guardians Ad Litem.
- Cook and Northern review of Procedure 302: Reviewed and provided feedback on Procedures 302, Appendix M, Transition Planning for Adolescents and CFS 374, Emancipation Funding Application and Disbursement Plan.
- Youth Experience of Care Survey: SYAB assisted TRPMI (Therapeutic Residential Performance Management Initiative) by reviewing and providing feedback on the Youth Experience of Care Survey (12+) to include ensuring language was youth friendly and easy to understand. The youth provided feedback on the Youth Experience of Care (Young Child) for youth in residential agencies across the state of Illinois.
- Survey of Transitioning Youth: A recently enacted statute requires 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. Youth Advisory Board members provided feedback on survey questions. The survey has been delayed due to COVID-19.
- Position Paper: SYAB Members finalized and submitted a position paper on two programs within DCFS: Countdown to 21 and Family Advocacy Centers (FACs).
- Participation in DCFS Advisory Boards: Cook and Northern RYAB Officers served as liaisons on several statewide DCFS advisory boards including: Statewide Foster Parent Advisory Council, IL Adoption Advisory Council, Child Welfare Advisory Council, and Illinois Children and Family Service Advisory board.
- Loyola University Child Law Center: SYAB youth collaborated with Loyola to identify their priority issues for FY20—the use of restraints and homelessness. SYAB ultimately called for a review of Rule 384 (Behavior Treatment in Residential Child Care Facilities) and asked to attend Therapeutic Crisis Intervention trainings to increase their knowledge on proper restraints. With support from the Loyola team, DCFS identified a small group to review, update, and make changes to Rule 384 as SYAB have expressed on-going concerns about restraints in residential treatment facilities to Loyola, TRPMI, and DCFS and the workgroup agreed that this would be a top priority.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Heartland Alliance Chicago: SYAB members collaborated with the Heartland Alliance to address their homelessness priority. The alliance conducted research on homelessness rates for youth leaving the child welfare and juvenile justice systems. SYAB members partnered with Heartland to assist with the development of their electronic toolkit, “Day2Day, One Step Away”. The website was designed with the assistance of SYAB, to help youth (those in care and general population) with general resources a youth may need as they navigate life’s transitions.
- Rule 384 Workgroup: As reported, SYAB youth have been passionate about the restraints initiative and they called for a review of Rule 384 and asked to attend TCI trainings to increase their knowledge on proper restraints. With support from the Loyola team, DCFS created a work group to review Rule 384. The group will meet monthly until the review of Rule 384 is complete and changes are in place.

Adults providing support to SYAB and RYAB help to ensure that youth are made aware of and understand pending and existing legislation and legislation is supported by youth members. The main goal of these meetings is to inform the youth of their rights, educate them and empower them to become advocates for change.

Illinois Adoption Advisory Council

The Illinois Adoption Advisory Council (IAAC) was established by the DCFS Director for advising and consulting with the Director of DCFS or his/her designee(s) on all matters involving or affecting the provision of adoption and guardianship services. The IAAC addresses the DCFS goals of safety, well-being and permanency through its members' expertise, experience, advice and advocacy. Members consist of adoptive parents and adoptees representing each DCFS administrative region, as well as experts in child welfare and adoption, some of whom are employed by contract agencies. Two adoptive parent members also hold joint appointments to the Child Welfare Advisory Committee.

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

- The Council had direct impact on shaping the Managed Care rollout through providing input during council meetings and participation on the MCO committee.
- The Council continued to provide input as a stakeholder in the QIC-AG (National Quality Improvement Center for Adoption & Guardianship Support and Preservation) federal grant.
- The Council provided input and participated in the development of the Adoption Support and Preservation web site and phone line.
- The Council provided input on National Training and Development Curriculum.
- The Council recommended bringing back the Illinois Families Now & Forever newsletter, providing content suggestions, and issues are now being published.
- The Council is sending a recommendation to the Acting Director to revise procedures for visitation during the COVID-19 pandemic, noting that although taken by surprise, foster parents should be trained re: facilitating and supervising visits and accommodations should be made in scheduling.
- Council members served on Family First and Managed Care committees, providing input from the adoptive parent perspective, especially crucial since the former youth in care coverage has rolled out.
- The Council sent formal recommendations regarding updating licensing standards as a result of the federal Family First initiative.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Statewide Foster Care Advisory Council (SWFCAC)

The Statewide Foster Care Advisory Council utilizes the expertise of experienced foster parents and foster care professionals to influence child welfare service delivery systems. The council was established to advise the DCFS on all matters involving or affecting the provision of foster care to abused, neglected or dependent children and their families. The Council worked to establish policy regarding the rights and responsibilities of foster parents as an essential part of the child welfare team. Combined meetings are periodically held with the Illinois Adoption Advisory Council to address issues of importance to both councils.

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

- The Council had direct impact on shaping the Managed Care rollout through council meetings.
- The council continues to maintain its connection with the Statewide Youth Advisory Board with SYAB members reporting at SWFCAC meetings.
- The council continues to ensure that each DCFS region and Purchase of Service (POS) agencies are complying with each of the 15 rights and 17 responsibilities outlined in the Illinois Foster Parent Law.
- The council took on the review of existing Foster Parent Law grievance procedures, noting a lack of standardization and sometimes a lack of compliance with DCFS Rule 340. The council will present a template agencies and regions may use as they craft their 2021 implementation plans.
- One regional representative became aware of a petition drive about day care. She reported it to the IDCFS Office of Caregiver and Parent Support who moved the issue to the correct division who moved it up the chain of command. The issue was then presented at a council meeting as a regional report, and the Contracts administrator was available to address it with the council.
- The council has worked with Contracts to establish a pipeline for submitting concerns re: transportation providers, i.e. safety, training, car seat installation, etc. Contracts has used council concerns to work with regional contract managers to reassess/improve transporter training and they are working on a method to share identifying information, i.e. driver's name, phone number and plate number, for the actual transporter that will pick up the child(ren).
- The Council recommended bringing back the Illinois Families Now & Forever newsletter, providing content suggestions, and issues are now being published.
- The Council is sending a recommendation to the Acting Director to revise procedures for visitation during the COVID-19 pandemic, noting that although taken by surprise, foster parents should be trained re: facilitating and supervising visits and accommodations should be made in scheduling.
- Council members served on Family First and Managed Care committees, providing input from the foster parent perspective.
- The Council sent formal recommendations regarding updating licensing standards as a result of the federal Family First initiative.

Item 32: Coordination of CFSP Services with Other Federal Programs

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

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

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 partnered with SAMHSA, EDC, HRSA and ACF, to establish the Center of Excellence (CoE) for IECMHC in 2015. The CoE has supported Illinois and other states, tribal nations, and communities in the use of IECMHC. CoE supports youth and children's social emotional development, helps to understand and address challenging behavior to strengthen the capacity of staff, families, programs and systems to meet the relational needs of infants, toddlers and young children. A toolbox was created by leaders and experts in the field of early childhood development, mental health consultation to meet the needs of the field, and support infants, young children and their caregivers. The IECMHC toolbox has helped to bring about increased awareness in core content areas via more than 30 final products from PDF's, interactive products, and videos.

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.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Of note during this reporting period, DCFS has executed the following key deliverables in the five-year training plan through intergovernmental partnerships with the University of Illinois Urbana-Champaign and the University of Illinois Springfield:

- Core Practice Model Installation - ongoing implementation of the Model of Supervisory Practice and Child and Family Team Meeting coaching;
- Workplace and Field Safety - Launched in July 2019 with over 3000 direct services staff and supervisors completing;
- Enhanced Safety Assessment and Decision Making - The Safety Reboot was launched in July 2019 to with over 3000 direct services staff and supervisors completing; and
- Expansion of the use of problem-based learning with front-line investigators with the addition of a second simulation location in Chicago.

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 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.

Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36

Item 33: Standards Applied Equally

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

Response: DCFS Office of Licensing continues to work toward insuring that standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B funds. The Child Care Act and respective Administrative Rules & Procedures provide in detail what is required to be issued (and to maintain) a child care facility license. Equal application of the standards is set up through established practices within our system that 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 POS Foster Home Licensing staff must hold a child welfare employee license and pass examinations on Rules 402 and the Child Care Act, before being activated to conduct foster home licensing responsibilities. In addition, POS and DCFS licensing staff have received specific training related to Foster Care Rules & Procedures 402 and 383, as well as newly developed trainings, described below.

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

Newly adopted federal licensing standards address the need for best interest/expanded capacity waivers of licensing standards. The Illinois foster home licensing rule (Rule 402) already provides the authority to the Acting Director to waive licensing standards when it is found to be in the best interest of a youth in care and is not prohibited by law. Policy Guide 2018.10 was developed regarding licensing waivers and was issued on 7/10/18. Policy Guide 2018.10 provides procedural steps in how to request a waiver of a licensing standard, including the forms to be used and specific electronic mailbox in which to submit them.

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 for the 13-month period from 4/1/19 to 5/1/20 is below.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The number of waiver requests – 120

The number of approved waiver requests – 92

The number of requests for waiver of licensing standards – 65

The number of requests for waiver to expand capacity – 27

The number of waiver requests denied for expanded capacity – 28

Training curriculum on Waivers has been developed and received from licensing supervisors and specified licensing staff in each region. The training is to be offered again to train more licensing staff, as well as on-demand training for all staff, including field operations staff.

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 30, 2020

	# Licensed Homes	Licensed Capacity
DCFS	1,757	3,823
POS	6,896	18,503
TOTAL	8,653	22,326

As of 4/30/20, DCFS had an increase of 237 licensed foster homes, from what was reported on March 30, 2019. DCFS increased its capacity by 503 for the same period. The number of foster homes licensed by private agencies decreased by 156, while capacity was reduced by 291. The combined numbers resulted in an increase of 81 homes, with a total capacity increase of 202 in a 13-month period.

DCFS continues to work towards developing rules, procedures, forms and policies 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. With this, following are the Office of Licensing's goals for FY2020:

- There have been changes in the Illinois Child Care Act that are currently reflected in policy guides but are waiting for adoption into licensing rules. This includes new "Quality of Care" language pertaining to applicants for foster home licensure who have had a previous license revoked, refused for renewal, or surrendered with cause. Those potential licensees must submit documentation showing that the past concern was not valid, or how these concerns have been satisfactorily addressed or remediated.
- A training curriculum is to be developed to better ensure the waiver process is followed. Currently, waiver requests are returned when all required information is not submitted. This causes delays in the waiver request being processed and a decision being made. The training is expected to reduce the number of returned waiver requests and make the process more efficient. This in turn builds trust within the foster parent community and benefits the best interest of youth-in-care.
- Development of a training curriculum regarding federal licensing standards and conformity with said standards.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Development of a training curriculum to specifically address conformity with the “Quality of Care” language in the Child Care Act.
- Continue offering Licensing training that covers Rules, Procedures and Policies, but that also provides an emphasis on how to build a more empathetic, trusting and supportive relationship with potential licensees, as well as licensed foster parents undergoing an investigation of licensing violations.

These current and proposed training curriculums and initiatives are expected to improve the quality and consistency of the information given to licensed foster parents and aid in their understanding and implementation of licensing standards. The goal is to increase credibility and trust of licensing staff with foster parents. This in turn is expected to result in better communication and improved relationships between foster home licensing staff and the foster parents they serve.

Item 34: Requirements for Criminal Background Checks

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

Response: DCFS's Office of Licensing is required to provide background checks for all household members of a licensed foster home when they are ages 13 and older. Household members who are ages 13-17 years old are required to have a background check that includes the sex offender registry and history as a perpetrator of child abuse and/or neglect. Adult household members, age 18 and over are required to have fingerprint checks through Illinois State Police and the FBI.

Licensing has an electronic system that does not allow for a license to be issued until all background checks for all household members are complete and cleared.

Licensing has had numerous internal and external audits related to the process used by the background checks unit, with no findings a foster home was licensed before background clearances were received and data entered into the system.

There were recommendations from these audits to provide additional information in the required authorization form. The authorization form for foster care has been revised to include a Privacy Act Statement; notification that fingerprints will be submitted to FBI, and for what purpose; how to obtain a copy of the criminal history record; how a person can change, correct, or update their criminal history record. This information is being added to protect rights of applicants for foster home licensure who are denied based on criminal background checks.

Licensing currently has procedures in place to protect those denied licensure due to criminal background checks. This process requires applicants receive formal notices to inform them of the agency's recommendation to deny licensure based on background checks and provides them with an opportunity for a review of the decision by the Central Office of Licensing Background Review Panel. The Background Review Panel reviews all background materials and a decision is made to grant or deny the request. When the decision is made by the Central Office of Licensing Background Review Panel, a second notice of decision is sent to the applicant. This notice provides the applicant with the opportunity to appeal to the Administrative Hearings Unit for a final administrative decision.

Goals for the future:

Goal 1: Update and revise Rule 385 Background Checks. The recommendations from audits shall be placed in Rule 385, as well as amending language to make the language clearer and more concise. *Update:* Rules 385 was opened to add language that was identified through a Title IV-E Audit as a requirement for DCFS to follow. Pending adoption into Rules, Policy Guides are used as an efficient and timely method to inform and provide directions related to new requirements for DCFS and Purchase of Service agency staff to follow. Two separate policy guides related to these Title IV-E requirements have been issued pending full promulgation into Rules 385.

The two Policy Guides are further described as follows:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Policy Guide 2018.04 provides that until the facility receives notification from DCFS that all background check clearances for an employee have been received, the employee of a licensed child welfare agency, including conditional employees, volunteers and non-licensed service providers shall not have unsupervised access to a child being served by the licensed facility
- Policy Guide 2018.11 provides that all employees, conditional employees, volunteers and non-licensed service providers have a fingerprint background search of the FBI and ISP data base. The conditional employee (full employment dependent on background check results) is not to have any unsupervised contact with children served by a licensed facility, until the fingerprint and other background check requirements are received, and clearances issued. Policy Guide 2018.11 further provides instructions to DCFS staff, licensees, employers and conditional employees as to the process for the employer to complete an assessment to recommend a waiver of the background bar to employment, or to deny the waiver, or to not pursue any action to keep the conditional employee in their employment. The conditional employee with the background bar to employment may request their criminal history or history of abuse/neglect to share with said employer in order to be eligible for a waiver and possible full employee status.

Both Policy Guides provide language that is to be included in Rules 385. Proposals for Rules 385 had been reviewed by the Office of Child & Family Policy and were being prepared to be sent to the DCFS' Office of Legal Services for review and approval for First Notice (Public Comments) in March 2020. The Governor closed the State Offices due to the COVID-19 crisis on March 16, 2020, which resulted in prioritizing COVID-19 emergency policies for licensed child care facilities. Rules 385 has since been prepared and were sent to the Office of Legal Services for review and approval for first notice on June 4, 2020.

Both Policy Guides are still posted and accurate in the information and direction they provide, but need to be renewed for an additional year, until fully promulgated into Rules 385, per Administrative Procedures 1.

Goal 2: A curriculum specific to background checks process is to be developed, after the revisions are adopted into Rule 385. *Update:* A curriculum for Rules 385 has not been developed to date. There is information related to Background Checks in the curriculum developed for initial inquiries and applications for foster home licensure. This curriculum has been provided in training for all staff over the past few years. This next year, Rules 385 is to be prioritized for the purpose of developing a curriculum that will encompass all laws and rules and procedures related to Background Checks requirements for all Department and Purchase of Service Agencies to follow.

DCFS continues its commitment and efforts to build curriculums for all Rules & Procedures related to licensing. The staff person who has the current statewide job position related to licensing policy and training is wholly committed towards this overall goal. DCFS had Rutan interviews scheduled to fill the position of Chief of Licensing Enforcement that will free up substantial time for the licensing policy and training administrator to focus on achieving that goal, i.e. all rules & procedures having a curriculum that can be accessed on demand. The interviews were scheduled to occur this past March 19th and 20th but had to be placed on hold due to the COVID-19 crisis and the resulting closing of state offices on March 16th, 2020.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

See Addendum D

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

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

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

Response: The Illinois Interstate Compact Office is the clearinghouse for referrals for Illinois youth in care when the state is seeking an out-of-state placement. There are many challenges that are faced when cross jurisdictional placements are being sought. To provide clarification of the process, Procedures 328 were revised, and these updated procedures were released in January 2019. Procedures provide clear and concise instruction to Illinois workers regarding the necessary Compact-required documents that are needed to make an interstate compact referral.

The Interstate Compact Office has implemented the use of a dedicated mailbox for outgoing referrals. This mailbox may be used by all DCFS and POS workers to electronically submit the referral for review to the Interstate Compact Office. There have frequently been issues with the submission of complete ICPC (Interstate Compact on Placement of Children) referral packets. Illinois staff communicate via State of Illinois email when there is missing or partial packets sent, asking for the additional documents to be provided to comprise a complete 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 it is not, then the incomplete referral is closed with the directive that when the additional documentation is gained, that a new referral should be made to the Interstate Compact Office. Incomplete referrals that do not meet the federal standard of required documents cannot be sent to the receiving state for their consideration as this will facilitate a denial or a delay in the ICPC process.

To eliminate or reduce the ongoing issue of 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 chain of 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 phone conference training to DCFS and POS 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.

National Electronic Interstate Compact Enterprise or NEICE has been implemented in 32 states. Illinois was the 8th 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. An electronic sync of data elements from Access to NEICE and from NEICE to

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Access occurs daily, eliminating the need for double entry into two systems. The Access data base can provide information on the completion of referrals per the compact requirements. Currently NEICE is unable to provide the same level of data. Additionally, it incorporates into the reports all types of referrals, both public and private, which is not beneficial when reviewing specifically child welfare related data.

Illinois also participates on many AAICPC (Association of Administrators of the Interstate Compact on Placement of Children) committees that work to facilitate changes. One such committee is reviewing the formulation of a complete training document regarding general ICPC rules and regulations. This document would be germane for all states to utilize for their field staff up to their court partners.

Data can be gained from the Access data base to show rates of completion of home study requests. It needs to be understood that 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. Most states do not 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 needs to be stated that there are many reasons for the delay of completion once the receiving state has the request. Examples of such include, personnel shortages in ICPC offices, 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. Illinois has found that communication with other ICPC offices throughout the country is paramount to resolving barriers.

Incoming Referral Information:

FY 19	754	Average # Days to Completion – 56 days Completed within 60 days – 68%
FY 20 (Q1-3)	453	Average # of Day to Completion – 62 days Completed within 60 days – 61%

Outgoing Referral Information:

FY19	274	Average # of Days to Completion – 99 days Completed within 60 days – 21%
FY 20 (Q1-3)	200	Average # of Day to Completion – 94 days Completed within 60 days – 24%

Chapter 3 – Plan for Improvement

Illinois Child and Family Services Review Round 3 DRAFT Program Improvement Plan

Illinois does not yet have an approved PIP. Illinois is still in the process of revising the PIP draft to resubmit to the Children's Bureau and the next APSR submission will include updated strategies and key activities for each strategy. Following is excerpted from a working draft of the PIP.

Introduction

The Illinois Department of Children and Family Services (DCFS) is the state department that administers child welfare services. DCFS plans, directs and coordinates statewide child welfare programs that are delivered by DCFS staff and Purchase of Service (POS) agency staff statewide. There are approximately 100 POS agencies that provide case work management to 85 % of foster care and 90% of intact families. POS agency commitment and involvement are integral components of Program Improvement Plan (PIP) implementation, monitoring, and continuous quality improvement.

The vision for child welfare in Illinois includes a partnership of public and private agencies and the court system working together as a proactive system focused on prevention and as a responsive system when child maltreatment occurs. Public and private partners work together as one team aligned by the same values and core practices to serve children and families from a Family-centered, Trauma-informed, and Strengths-based (FTS) approach. Front line investigators and caseworkers intervene with families as culturally competent agents of change that assist families to build supportive relationships, support families in making behavioral changes, advocate for families in various contexts, facilitate linkage to services and coordination of care, educate families about the impact of trauma, and conduct ongoing assessments of the needs of families. This vision includes front line supervisors that build the capacity of the front line staff with a balanced approach to supervision that addresses administrative, developmental, supportive, and clinical aspects of the work. Front line supervisors are supported in this work by middle and upper management that approach the work from a culture of learning based on trust. The system is designed to encourage empowered workers that are motivated to be creative in identifying ways to improve the system to better serve families. Decisions are made using data to inform the process and adjustments are made when those decisions do not have the intended result. This vision includes an array of services and resources that are available when and where they are needed, with the flexibility to meet the unique needs of each client.

The current status of the Illinois child welfare system does not yet resemble the vision. The development of this Program Improvement Plan (PIP) is part of the process to make forward progress toward the vision. The Illinois Department of Children and Family Services has had numerous and frequent leadership changes and each change has resulted in setbacks to the system. The series of leaders and their drastically different ways of leading the work have cultivated a pervasive sense of insecurity and mistrust. Aspects of the system have grown increasingly punitive in nature within a harsh political climate and constant scrutiny in the media. One intended outcome of the PIP drafting process is to create a strategic planning steering committee to be the compass for the agency that can keep the system on course despite inevitable changes in leadership. The strategic planning steering committee will include

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

representation from all divisions and input from all existing advisory boards and advisory councils to ensure consistency with the larger strategic plan.

The strategies and activities in this plan are intended to achieve the stated identified goals but are also intended to unify all stakeholders around the same vision for our system. The Illinois Core Practice Model outlines a framework for doing the work in a spirit that is aligned with the vision and values for Illinois child welfare. The Illinois Core Practice Model is explained in detail in Appendix A of this plan and a short orientation to the model is included here for reference. The Illinois Core Practice Model outlines the importance of nine core practices that are emphasized and reinforced through three components: Family-centered, Trauma-informed, Strengths-based (FTS) practice; Model of Supervisory Practice (MoSP); and Child and Family Team (CFT) meetings (CFTM). DCFS is receiving technical support from the National Implementation Research Network (NIRN) to apply implementation science to improve implementation of Core Practice Model components. Although the Illinois Core Practice Model has been in existence for several years, its components have never been fully implemented or reinforced in a coordinated and consistent manner to the point of full implementation. The initial implementation of all three components was focused on four geographic areas in the state and then two (FTS and MoSP) of the three components were expanded statewide. The initial and current implementation areas are shown in Appendix B of this plan. FTS has been fully embedded in the Department's new hire training since January 2018 and a self-directed online version became available for existing staff since August 2018. As of June 2020 33.9% of DCFS and POS CWS and CWS Supervisors have been trained in FTS. In the immersion sites, a specific model of CFTM training has been completed by 5% of DCFS and POS CWS and CWS supervisors, which includes 29.3% in immersion sites and 1.2% in non-immersion sites. In an effort to improve practice in a more expeditious manner, DCFS is focusing efforts on general CFTM practices in all non-immersion site teams for intact and placement with both DCFS and POS, while continuing implementation efforts in immersion site teams with the Child Welfare Policy and Practice Group (CWPPG) model of CFTM.

Illinois is working with NIRN to identify barriers to full implementation and to develop strategies to overcome identified barriers. The intention behind the strategies included in this plan is that building the skills of staff and supervisors in basic engagement skills and strengths-based assessments and services will result in better outcomes for involved children and families. When families feel supported and respected, they are more likely to be more open and collaborative with the assigned agency worker and supervisor. When families are approached without judgment, they are more likely to acknowledge and own the changes needed in their family dynamics. When more families are positively engaged and involved in driving necessary changes, maltreatment concerns can typically be addressed and resolved sooner. On a large scale, these improvements to the engagement process, through implementation of the Core Practice Model, are believed to result, over time, in shorter lengths of stay and fewer numbers of children in care. With a greater sense of urgency for permanency, foster care will be viewed as a temporary intervention, rather than as a long-term living arrangement for a child. With an emphasis on trauma education for staff and service providers, there will be improved assessment of the needs of birth parents, children, and substitute care providers and resources to meet those needs can be developed.

Illinois recognizes the critical role of supervisors in building the capacity and skill level of direct service staff. In order to support supervisors in this role, Illinois is developing a foundation training for new supervisors. This foundation training is intended to be an initial introduction to supervisory skill building. All direct service supervisors are currently required to complete the Model of Supervisory Practice training, which provides more extensive information about the four functions

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

of supervision (developmental, administrative, clinical, and supportive). As of June 2020, 31.8% of DCFS and POS CWS Supervisors have completed the four modules, which includes 59.5% of immersion site supervisors and 27.8% of non-immersion site supervisors. For ongoing training opportunities, the Office of Learning and Professional Development is offering ongoing skill labs for supervisors with the prerequisite that they have already completed the MoSP series. A recent reorganization of DCFS provides a greater level of support for each division with frequent divisional and cross-divisional meetings to enhance communication and collaboration in the interest of practice improvements. Executive leadership at DCFS is intentionally promoting a learning culture and supporting staff to learn and grow from mistakes.

Illinois DCFS has noted an increase in the maltreatment in care rate that is of concern, especially within the past four years. To better understanding what is contributing to the increase, data analysis and case reviews have been conducted by and for DCFS. From the information learned, several factors seem to be correlated with a higher risk of maltreatment in care. Within this PIP there are some specific key activities that are intended to decrease the rates of maltreatment in care and result in safer placements for our youth in care. One of the focus areas related to maltreatment in care is to increase licensure of relative and fictive kin providers as the data indicates maltreatment in one of these types of unlicensed homes increased the risk of maltreatment in care by 1.5 times compared to placement in a traditional licensed foster home. Children with mental health needs were also found to be at greater risk of maltreatment in care. To better address the mental health needs of children in care, especially children with mental health needs placed in unlicensed homes, DCFS included key activities to better assess needs for youth and their caregivers at the time of placement and to ensure follow up and follow through by workers through focused supervision to ensure the needs are being met.

Illinois is in the process of drafting a Prevention Plan for the Family First Prevention Services Act. The Prevention Plan has not yet been finalized, but the draft includes expansion of a number of Evidence-Based Interventions, including Motivational Interviewing as a casework practice across investigations, intact, and permanency teams. The concepts of Motivational Interviewing are consistent with the Core Practice Model; widespread use of this casework model is intended to support implementation of the nine identified core practices. The Prevention Plan also includes an emphasis on building strong child and family teams to support children and their families from the very beginning of their involvement with child welfare and continuing throughout the life of each case. Child and family teams are consistent with the Core Practice Model and are a method of care coordination and teamwork in serving families.

Illinois CFSR 3 and PIP Development

During the week of May 14 through 18, 2018, Illinois participated in a federally-led traditional Child and Family Services Review (CFSR). The results of the onsite review determined that Illinois did not pass any of the outcomes or associated items. Five of the seven Systemic Factors were identified as needing improvement. The Statewide Information System and Agency Responsiveness to the Community were found to be in substantial conformity.

The federal reviewers presented their formal CFSR findings at an Exit Conference on November 14-15, 2018. Invited to the Exit Conference were leadership from DCFS and POS agencies, front line workers and supervisors, judges, attorneys for the child, attorneys for the parent, CASA advocates, community providers, university partners, youth in care, birth parents and foster parents.

Beginning at the conference and continuing in multiple follow up meetings, DCFS engaged in conversations with stakeholders to identify the root causes driving performance and potential

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

strategies to impact practice. In November and December 2018, DCFS worked with the Capacity Building Center for Courts (CBCC), Court Improvement Program personnel, members of the judiciary, parent attorneys, prosecutors and GALs to specifically examine the role of the courts in meeting child welfare outcomes. Multiple stakeholder groups were also convened, including Youth Advisory and Foster Parent Advisory groups, to provide input.

After drafts of the CFSR 3 PIP were submitted and feedback was received from the Children’s Bureau, revisions were made to the plan. In March 2020, Illinois met with representatives from the Children’s Bureau and had substantive conversations about revisions needed to improve the draft for resubmission. This meeting was followed by a written summary of the feedback on March 27, 2020 and within this feedback the Children’s Bureau identified three promising strategic approaches to build upon in further development of the draft PIP: 1) strengthening and scaling up implementation of the Core Practice Model; 2) legal/judicial practices and strategies aimed at promoting timely permanency – as well as child safety and well-being outcomes; and 3) strengthening service array and continuous quality improvement systems. In April 2020, new work groups again consisting of a broad array of stakeholders began meeting to continue revisions to the draft PIP in response to the feedback from the Children’s Bureau. At different stages of the process, the larger group separated into smaller topic-specific work groups and reported back with revised drafts to the larger group. The smaller work groups held substantive discussions to review the data related to each problem and identify root causes and potential strategies to address the root causes identified for each problem. After extensive work to the draft plan, each work group completed a crosswalk of the strategies identified to match them to the items and outcomes intended to be impacted to ensure all relevant outcomes and items are addressed. As gaps were identified through the crosswalk process, group leaders reached out to subject matter experts in leadership to get input on the plans to address the remaining outcomes and items. The final crosswalk is included as Appendix E.

A draft of the PIP was submitted on July 13, 2020 and feedback on the draft was received from the Children’s Bureau. This final version of the PIP is responsive to the feedback provided and includes more clarity and detail in three specific areas of the PIP. Illinois DCFS and its partners in the child welfare system have drafted this plan as a thoughtful and collaborative approach to improving the quality of child welfare services in Illinois.

Goals

Goal 1

Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate. (Safety 1; Safety 2; Permanency 1; Permanency 2; Well-Being 1; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Item 1: Timeliness of initiating investigations.	Baseline	81.3%	PIP Goal	90%
Item 2: Services to protect children at home and prevent removal or re-entry.	Baseline	76.9%	PIP Goal	86%
Item 3: Risk and safety assessment management.	Baseline	63.1%	PIP Goal	67%

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Goal 2

Ensuring stability, family connections, and timely permanency for children. (Permanency 1; Permanency 2; Well-Being 1; Case Review System; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Item 4: Stability of foster care placement. Baseline 72.5% PIP Goal 78%
Item 5: Permanency goal for child. Baseline 32.5% PIP Goal 38%
Item 6: Achieving permanency for child. Baseline 20.0% PIP Goal 25%

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. (Well-Being 1; Well-Being 2; Well-Being 3; Case Review System; Staff and Provider Training)

Item 12: Needs and services of child, parents, and foster parents. Baseline 49.2% PIP Goal 54%
Item 13: Child and family involvement in case planning. Baseline 46.7% PIP Goal 51%
Item 14: Caseworker visits with child. Baseline 73.8% PIP Goal 78%
Item 15: Caseworker visits with parents. Baseline 39.3% PIP Goal 44%

Goal 4

Strengthening an accessible service array needed by children and families, continuous quality improvement, and foster/adoption recruitment and retention systems. (Well-Being 1; Service Array and Resource Development; Quality Assurance System; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Strategies/Interventions

(1) Strategy/Intervention: Safety

Goal 1: Ensuring child safety as our first priority and maintaining children safely in their homes whenever possible and appropriate. (Safety 1; Safety 2; Permanency 1; Permanency 2; Well-Being 1; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS has three strategies to improve the practices and conditions that support safety of children in care and at risk of child welfare involvement. Safety science guides the implementation of strategies designed to promote a “safety culture” among Illinois DCFS and POS staff. Using

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

safety science as the foundation, workers and supervisors for investigations, intact services, and placement services will be supported within a safe and engaged workplace and will be provided with tools and resources to build critical thinking skills to build on successes and plan to prevent problems.

The three strategies focus upon: 1) improving the use of safety/risk assessment information; 2) implementing rigorous processes for intact case closure; and 3) delivering robust support to substitute caregivers, especially relative and fictive kin providers, through the practices of teaming and care coordination.

Strategy 1.1: Support and reinforce consistent and effective safety assessments by investigators and intact caseworkers.

Problem Exploration: In Illinois, there is an overall high level of compliance with procedural requirements to initiate investigations within the required timeframes (Safety Item 1) and the 2018 CFSSR Final Report indicated the Safety Outcome 1 was substantially achieved in 93% of applicable cases reviewed. Given that this outcome requires achievement at or above 95%, Illinois was not in substantial conformity with this outcome. Of concern is when the investigation initiation results in a “good faith attempt” to see reported child victims, improvement is needed to ensure all children are seen and assessed for safety. Illinois policy requires good faith attempts to be followed up with additional attempts to see all child victims every 24 hours until all child victims have been seen and assessed for safety, unless a waiver is granted by the child protection supervisor.

As reported in the 2018 CFSSR Final Report, CFSSR case reviews identified challenges with accurately assessing risk and safety concerns (Safety Item 3) and in providing appropriate immediate safety-related services to prevent children from coming into foster care, remaining safely in their own home or returning home safely (Safety Item 2). Survey information collected by the Office of Learning and Professional Development in the form of pre-training and post-training surveys of Safety Reboot participants assessed that some staff are not appropriately utilizing all components of the Child Endangerment Risk Assessment Protocol (CERAP), leading to incomplete or inaccurate determinations of safety and risk. There have been 3,107 staff who have completed the training as of 6/23/20.

- 1,040 of these have been placement, adoptions, or licensing staff.
- 1,063 of these have been DCP or intact staff.

The breakdown of surveys are as follows:

Placement:

- Pre survey – 835 participants
- Post survey – 789 participants

Intact and DCP

- Pre survey – 949
- Post survey – 920

Licensing

- Pre survey – 177
- Post survey – 140

There were approximately 20 questions. Some examples from the 2/20/20 analysis of surveys completed up to that date included:

Placement

- There was an 11% increase in staff understanding that the Six Steps of Critical Thinking are part of policy

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- There was a 15% increase in staff understanding that a family's culture should be considered when implementing a CERAP
- There was a 25% increase in staff correctly identifying what is or what is not a safety threat on a specific skills scenario.

Intact and DCP

- There was a 6% increase in staff understanding that the Six Steps of Critical Thinking are part of policy
- There was an 11% increase in staff understanding that a family's culture should be considered when implementing a CERAP
- There was a 12% increase in staff correctly identifying what is or what is not a safety threat on a specific skills scenario.

Licensing

- There was a 28% increase in staff correctly identifying what is or what is not a safety threat on a specific skills scenario.

Root Cause Analysis: The root cause of inconsistent scoring of safety assessments and lack of coordination in using safety/risk assessment to guide service planning with families stems from structural (line of authority within organization), procedural (lack of clarity and consistency), and cultural limitations (reluctance to refer cases to court) in the current process (Weiner & Cull, 2019). Historically, supervisory practice has not reinforced ongoing collaboration between investigators and intact case managers to support better use of historical case information and thorough assessment to inform current case management decisions. Child protection administration has historically focused on reinforcement of compliance, such as with checklists, rather than assessing quality practice in meaningful ways. Compliance-oriented casework practice is difficult to change, without robust supervisory coaching and ongoing training to simultaneously support lean management and collaborative problem-solving between families and caseworkers. Supervisors, caseworkers, and investigators need additional reinforcement to utilize CERAP with implementation fidelity.

Operations deputy directors identified out-of-date and disjointed policies around assessing safety, which are believed to contribute to inconsistent application of the protocol in the field. Chapin Hall Center for Children conducted an independent review of intact family services at the request of the Illinois governor in response to child deaths in the context of intact services (Weiner & Cull, 2019).¹ This review affirmed problems with accurate and complete scoring of safety assessments, as well as communication of safety assessment information to all staff working with the family.

Rationale for Selection of Intervention: Based on the identified root causes contributing to the problem of effective safety assessments, three interventions guide implementation of this strategy: 1) supervisory support for investigators and intact workers; 2) peer support among investigators and intact workers; and 3) ongoing refresher training (e.g., Safety Reboot series) for all front-line workers and supervisors that includes content on use of the CERAP, critical thinking, and other factors that must be considered to effectively assess safety. The theory is that these key activities will not only improve the effectiveness of safety assessments but will also result in increased worker retention for investigators and intact caseworkers by providing better support to them in the course of their job duties. As a result of recent hiring for investigations, the balance of new investigators to seasoned investigators has shifted to a much less experienced field overall. The need for supervisors to ensure support, coaching, and mentoring to investigators is

¹ Weiner, D. & Cull, M. (2019). *Systemic review of critical incidents in Intact Family Services*. Chicago, IL: Chapin Hall Center for Children.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

paramount under these circumstances. One organizational change that is underway to address this need involves implementation of a training team in every region for investigators and investigations supervisors. New child protection supervisors and new child protection staff would be targeted, as well as veteran staff in need of additional training. Training teams will allow an environment more conducive to mentoring and on-the-job training following traditional foundations training.

Proposed interventions to support and reinforce consistent and effective safety assessments stem from Illinois DCFS' partnership with Chapin Hall after the 2019 review of intact services. Illinois DCFS has worked to implement recommendations from Weiner and Cull (2019), including workforce development and supervisory changes to "reduce the redundancy and improve the efficiency, reliability, and accuracy of assessments across all points in care (i.e., screening, intake, service planning, and care transitions)," (p. 18). Illinois DCFS is in the development phase of adding supports to the field in the form of regional support teams. Each region will have a team (generally four or five staff and one supervisor) dedicated to providing technical assistance and support to DCFS and POS teams in the region. The interventions of the regional support teams will be focused on agencies (POS and DCFS) in response to information provided through agency monitoring. Referrals to regional support teams from agency monitoring teams will be focused on seven categories of practice and performance in the field, in addition to current dashboard measures. Regional support teams will assist agencies in identifying root causes of problems identified and with developing solutions that address root causes. Regional support teams and the agencies they are working with will evaluate the implemented solutions using the Plan-Do-Study-Act (PDSA) cycle for improvement efforts. From a safety standpoint, debriefing of critical incidents may result in a referral to regional support teams. Regional support teams may be used to implement case-specific recommendations stemming from child death reviews (Crisis Intervention Team reviews, Child Death Review Teams, or Office of Inspector General reviews), for the purpose of improved practice based on lessons learned.

Investigations supervisors have begun tracking five key practices for safety, some of which are highlighted in key activities below. The identified priorities for tracking are initial safety assessment documented in SACWIS, initial supervision documented in SACWIS, five-day re-assessment of families with unsafe assessments, SACWIS note addressing safety, and SACWIS note reflecting all child victims have been seen and assessed for safety. Since tracking of these five priorities began in October of 2019, the data up to May 2020 reflects improvement on all five practices based on 6,176 cases reviewed. The completion of a note reflecting the initial safety assessment went from 72% to 90%, documentation of initial supervision went from 86% to 93%, completion of a note addressing safety went from 65% to 81%, documentation of five-day reassessments went from 31% to 78%, and the completion of a note reflecting all children have been seen went from 83% to 93%.

The Praed Foundation (2019)² framework for building a "safety culture" emphasizes the pivotal role of supervisors. Through weekly monitoring and peer support, supervisors are able to encourage these six habits below (Cull & Lindsey, 2019):

1. Spend time identifying what could go wrong. (Plan Forward)
2. Talk about mistakes and ways to learn from them. (Reflect Back)
3. Test change in everyday work activities. (Test Change)
4. Develop an understanding of "who knows what" and communicate clearly. (Communicate Clearly)
5. Appreciate colleagues and their unique skills. (Appreciate)
6. Make candor and respect a precondition to teamwork. (Manage Professionalism)

² Cull, M. & Lindsey, T. (2019). *TeamFirst: A field guide for safe, reliable, and effective child welfare teams*. Lexington, KY: Praed Foundation.

DCFS leadership has expressed interest in cultivating a safety culture as described in the TeamFirst field guide referenced above. The intention is to implement some or all of the six habits throughout the child welfare system, although statewide implementation cannot be accomplished successfully within the timeframe of the PIP. Given the high priority to ensure safety of children from our first point of contact, DCFS will initially focus implementation within the child protection teams with an emphasis on planning forward. One technique described in the TeamFirst field guide is referred to as a huddle, which is a short team meeting to prepare for important meetings with client families, such as initiation of a new investigation. It creates an intentional habit of planning for the client contact and anticipating any needs or challenges that might present during the contact, so the worker is better prepared to respond to such challenges. Doing huddles as a team allows an opportunity for supervisors to support their team and for team members to support each other in ongoing improvement efforts.

Strategy 1.2: Ensure continued safety in voluntary Intact services through improved criteria for case closure and to increase the number of jurisdictions who hear requests for orders of protective supervision and continuance under supervision.

Problem Exploration: Item 2 (Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care) was rated as a strength in 0% of the nine applicable in-home services cases that were reviewed during the 2018 CFPS round 3 review. The CFPS measure for recurrence of maltreatment has shown an increase over the last few years and is higher in Illinois than the observed national performance. Over the past year, to address recurrence of maltreatment concerns, leaders in Intact Family Services (IFS) have worked to implement recommendations from Weiner and Cull (2019) regarding risks associated with processes for high-risk case closures. (DCFS has an internal classification of High Risk Intact cases, which is not the reference made here. Chapin Hall is using high-risk to describe cases that are closed prior to successful completion of recommended services, such as when families disengage from intact family services. To reduce confusion around this terminology for internal staff, the term “unsuccessful case closures” will be used to describe the cases to be targeted with the identified strategies.)

The analysis by Chapin Hall Center for Children used several data sources to inform understanding of the problems associated with unsuccessful case closures: 1) analysis of OIG reports from 2014-2018; 2) systems analysis of child deaths; 3) document review; and 4) stakeholder interviews. Participation in intact family services is voluntary, and the targeted duration of IFS service delivery is six months, with no additional follow-up. While IFS providers may request an extension when there is documented need for continued services, sufficient protective procedures for closing unsuccessful cases had not been developed and implemented. When families decline to participate voluntarily in Intact Family Services and circumstances do not suggest urgent and immediate necessity to remove the child(ren), DCFS or POS intact workers must close the case unless the local court jurisdiction is willing to consider using orders of protective supervision or continuance under supervision. Chapin Hall identified inconsistency across jurisdictions and reluctance to bring intact cases to the attention of judges and state’s attorneys where court oversight may be appropriate given the circumstances of the case. Children living in their home of origin can be at risk of additional abuse or neglect, which may or may not be severe enough to warrant removal of the child from the home. However, court intervention provides a potential option to keep children safely at home rather than case closure with no follow-up when families elect to voluntarily withdraw from services. Without court intervention, case closure is the only remaining course of action and may result in a higher risk of subsequent reports of abuse or neglect pertaining to those families. Further analysis from the CPDC Project may be

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

able to support this theory and be used as a basis to establish clearer guidelines and improved criteria for case closure and improved criteria for referrals to juvenile court.

Root Cause Analysis: The root causes of inadequate procedures for unsuccessful case closure relate to structural policies, norms of organizational practice, and performance monitoring practices used by Illinois DCFS. Weiner and Cull (2019) used a process called Accimap to model the organizational context in which unwanted performance variability occurs among several cases with critical incidents of child death. Illinois child welfare practitioners surmised that organizational barriers to having rigorous processes and procedures for case closure included: a) prior Illinois DCFS performance focus on closing intact cases within six months; b) decrease in pay rate to provider agencies after six months and 12 months; and c) additional procedures to extend the initial six-month rate of pay. Since participation in intact family services is voluntary without court intervention, caseworkers often encounter resistance from high-risk families to continue service, and caseworkers experience differing practice regarding the use of protective supervision (705 ILCS 405/2-24) or continuance under supervision (705 ILCS 405/2-20(5)) across jurisdictions.

The Court Improvement Programs' Child Protection Data Courts (CPDC) project collects court performance measures in addition to case demographic information on *closed* cases in 10 counties across the state. Coders capture the status of the case when it entered the system, including intact family or child removed from the home. In addition, the reason for case closure is also coded, therefore indicating if a family remained intact or if a removal occurred while the case was open. For 2017, in the 10 CPDC project sites, the range of cases that came into the system as Intact ranged from 0% to 46%. In three of the 10 sites 12% or less of the case load consisted of cases that came in as Intact. Currently, DCFS cannot capture which Intact cases are being court monitored.

Field level workgroups, focused on Subsequent Oral Reports (SOR) and court involvement, were held in each region with DCFS investigations and DCFS/POS intact and foster care staff. Results have been shared with leadership and our legal team to help identify high risk cases, prior investigations and other safety factors, such as family's willingness to cooperate and engage in previous services. This input guides us toward consistency in cases referred to the state's attorney's office across the state, as well as to develop support from our legal team in counties where it has been more difficult to gain court involvement.

Rationale for Selection of Intervention: The initial intervention is to improve criteria for intact case closures. A secondary intervention is to increase the number of jurisdictions willing to hear cases of protective supervision and continuance under supervision for relevant intact cases, which can be implemented at any relevant point in an intact case and may be an intervention to delay closure until risk is reduced. By assessing, developing and implementing a procedure for case closure and statewide use of orders of protective supervision and continuance under supervision, children living in their home of origin would have increased likelihood of remaining safe from subsequent abuse and/or neglect. Illinois DCFS will follow the principles and recommendations from Cull and Lindsey (2019), which emphasize the importance of using a data-informed and collaborative approach to transforming safety practices, such as those associated with unsuccessful case closures. DCFS is implementing a collaborative approach in the form of file reviews and multi-disciplinary staffings prior to closure of unsuccessful intact cases to assess level of risk and review available options to address identified risks.

Improving policies and practices for closure of intact cases is intended to increase the numbers of children that are able to safely remain in the home and to reduce recurrence of maltreatment for children remaining in the home.

For clarification, DCFS is not advocating multi-disciplinary reviews or referrals to juvenile court on all intact family cases. The preference, whenever possible, is to provide services to intact families on a voluntary basis with mutually agreed upon case plans and interventions. For families

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

that are actively engaged in interventions intended to strengthen protective factors and reduce risk to children, intact family services workers will continue to support the efforts of the family until successful case closure is appropriate.

Strategy 1.3: Increase supports and information available to substitute caregivers, especially relative and fictive kin providers, through teaming and care coordination.

Problem Exploration: Illinois' rates of maltreatment in substitute care have increased by more than 40% from federal fiscal year (FFY) 2017 to FFY2019 (i.e., 12.6 to 17.9 substantiated reports). The total number of children in paid substitute care has also risen from 16,780 in FFY17 to 18,549 in FFY19, although this increase alone does not explain the increase of maltreatment in care. A study of cases from state fiscal years 2014 through the third quarter of state fiscal year 2019 by the Child and Family Research Center (CFRC) found 16 factors that correlated with maltreatment in care. Placement in an unlicensed home of relative was identified as one of the factors, increasing the risk for indicated reports of abuse or neglect for children/youth in substitute care. Other risk factors, identified in this study, included a lack of contacts by the caseworker in the prior 30 days with the child, a lack of worker contacts with the caregiver in the prior 30 days, and children diagnosed with mental health conditions. An in-depth case review by the University of Illinois' Foster Care Utilization Review Program (FCURP) of a sample of 2019 maltreatment in care incidents reported that parents are the primary perpetrator (44% of 214 cases reviewed), which is a consistent finding with prior reviews. Incidents perpetrated by parents fell primarily within two categories: 1) children in the home of parent while still under state guardianship (49% of the 94 parent perpetrator reports); and 2) during unauthorized contact with their child placed in the home of a relative (HMR) or home of fictive kin (HFK) (43% of HMR placements; 31% of HFK placements). Based on preliminary results from the FCURP study, 75% of the sample cases reviewed involved maltreatment for children placed in the home of a parent, home of a relative, or home of fictive kin. Illinois statute currently requires fictive kin foster caregivers to apply for licensure within six months of placement of a youth in care into the home. The statute also prohibits DCFS from removing the youth in care from the placement on the basis that the family failed to become licensed or failed to meet licensing standards. Illinois DCFS is in the beginning stages of advocating for legislative changes that allow options for enforcement in the interest of safety.

Illinois DCFS does not have a consistent practice of referring unlicensed homes to licensing specialists and following through to increase foster care home licensing. Illinois DCFS' performance metrics have not focused on performance benchmarks of increasing foster care licensing for HMR and HFK homes and overcoming barriers to doing so. The POS agencies tend to license a higher percentage of relatives than DCFS, although the trend has shown a decrease from 63% in May 2017 to 44% in May 2020. DCFS relative licensure rates have remained stable at 24% in May 2017 to 23% in May 2020. Within DCFS, the rates of relative licensure vary by region from 13% in Northern Region to 28% in Southern Region. Private agency rates range across agencies from 0% (two relative homes, neither licensed) to 88% (16 out of 18 homes).

Root Cause Analysis: Illinois data indicates that about 40% of relative and fictive kin homes are licensed. In the FCURP sample that included only cases with substantiated/indicated maltreatment in care, only 16% of the relative caregivers in the sample were licensed. This data suggests that unlicensed caregivers are disproportionately represented among the living arrangements within which substantiated maltreatment in care is reported. The CFRC study referenced above also saw the correlation between unlicensed relative caregivers' higher risk of maltreatment in care. The specific reasons why licensed relative caregivers present a lower risk of maltreatment in care than unlicensed relative caregivers is not known, although Illinois DCFS

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

continues to gather information to understand this issue. The primary differences between the two categories include required training, more comprehensive background checks, more comprehensive home studies, and higher rates of financial support for licensed caregivers compared to unlicensed caregivers.

For placement with unlicensed relatives, Illinois has a Placement Clearance Desk approval process that includes background checks based on name and date of birth information for adult household members. For licensure, there is an abbreviated version of the licensing process for relatives to be licensed for specific related children as compared to traditional licensure for unrelated foster parents. The licensure process requires a fingerprint-based background check for all adult household members. (Our procedures require the fingerprint-based background check within 30 days of placement, whether or not the relative goes on to get licensed, although our system does not have a good process for tracking and monitoring compliance with these procedures.) In recent years there has not been consistent follow up with workers by supervisors or support by workers with caregivers to encourage fingerprinting, training, licensing, or formal services.

A representative from the DCFS licensing unit presented some typical reasons that relatives do not get licensed. Some relatives object to the perception of additional intrusion into their home by yet another worker, some do not want a full home study and/or background checks, some have Child Abuse/Neglect Tracking System (CANTS) history that prevents licensure, some have criminal backgrounds that bar licensure, and some relatives have a criminal record that can be waived but the assessment process for the waiver results in a denial of the application due to findings of the assessment.

Rationale for Selection of Intervention: By implementing a support plan for relative and fictive kin caregivers, Illinois DCFS anticipates a reduction in incidents of maltreatment in care. Illinois plans to distribute reports of unlicensed caregivers for tracking to ensure completion of fingerprint-based background checks, as required in procedures. DCFS has implemented short-term projects over the years to decrease the number of unlicensed homes. These projects tend to be successful during the duration of the project, however, systemic changes have not been implemented to maintain these efforts on an ongoing basis. Relevant stakeholder groups will be engaged in discussions to identify procedural changes that could be made to facilitate licensing for relatives and fictive kin, considering lessons learned from prior short-term efforts. While streamlining the process of licensing for HMR and HFK homes is recommended, analysts have not recommended rushing home assessments and vetting processes which may ultimately compromise the safety and well-being of children and youth (Pollack, 2019).³

Based on case reviews conducted by FCURP, a number of maltreatment in care incidents were related to unauthorized contact by a parent while the child was in relative or fictive kin care. Permanency workers will be supported through supervision and peer support/mentoring to implement more consistent utilization of child and family team meetings or other teaming interventions to develop visitation plans in collaboration with family members and caregivers with the objective of decreasing the frequency of incidents that involve unapproved contacts. Stronger planning and monitoring practices through collaborative family engagement offers an effective approach associated with indicated allegations for youth in care (Pecora, 2017).⁴ In order to develop relationships with relative caregivers, Illinois DCFS and POS caseworkers will provide

³ Pollack, D. (2019). Don't rush expedited home studies for kinship care. *Legal Notes*, p. 22 and p. 29.
<http://129.98.180.24:8080/bitstream/handle/20.500.12202/4829/Pollack%20Dec2019%20art%20APHSA%20Dont%20rush%20expedited%20home%20studies%20for%20kinship%20care.pdf?sequence=1&isAllowed=y>

⁴ Pecora, P. (2017). *Evidence-based and promising interventions for preventing child fatalities and severe child injuries related to child maltreatment*. Austin, TX: Upbring, Inc. Retrieved from https://www.upbring.org/wp-content/uploads/2017/04/Evidence_based_and_Promising_042617.pdf

behavior support, linkage, advocacy, trauma-focused education, and culturally competent coordinated care. Although intended to reduce incidents of maltreatment in care, providing this type of direct support is also likely to have the added benefit of increased placement stability and emotional well-being for youth in care. By identifying the support needs of the youth and of the caregiver and engaging in intentional planning to meet the identified needs with support from all members of the child and family team, caregivers will likely be better able to maintain youth safely in their homes, whether the caregivers are related or unrelated to the youth. The Office of Learning and Professional Development has online on demand training, Caring for Children Who Experience Trauma, that is intended for caregivers to increase their understanding of children with trauma exposure. Foster parents, especially unlicensed relatives and fictive kin caregivers, will be encouraged through targeted efforts to complete this training.

DCFS will develop a procedure for the child welfare specialists, supervisors and/or the foster parent support specialists to provide additional support and oversight to unlicensed homes. Research on systems of support for improving quality contacts between children and family members will be used to strengthen supervision and peer support among caseworkers to promote “quality contacts” (Capacity Building Center for States, 2018).⁵ Consistent with the Model of Supervisory Practice, supervisors are expected to follow up and follow through to ensure workers are addressing identified needs for youth in care and their caregivers, based on insight and understanding of maltreatment in care data.

(2) Strategy/Intervention: Permanency

Goal 2: Ensuring stability, family connections, and timely permanency for children. (Permanency 1; Permanency 2; Well-Being 1; Case Review System; Staff and Provider Training; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS has four strategies to improve the stability, family connections, and timely permanency for children. The four strategies focus upon: 1) supporting full implementation of the Core Practice Model with an emphasis on a sense of urgency for timely permanency; 2) shortening the timespan for finalizing adoptions; 3) increasing the use of guardianship as a permanency strategy when reunification cannot be achieved, and adoption is not in the child’s best interest; and 4) implementing a quality hearing project to establish a culture of urgency through effective engagement with parents, relatives, and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearing, timely and appropriate permanency goals in furtherance of reunification or timely filing of TPR to support adoption.

Strategy 2.1: Support full implementation of the Core Practice Model, using a change management process, with an emphasis on a sense of urgency for timely permanency.

Problem Exploration: CFSR case reviews highlighted several challenges in casework practice that present barriers to achieving better permanency outcomes. Based on case review data summarized in the 2018 Final CFSR Report, many Child and Family Team Meetings (CFTM) facilitated by Illinois DCFS and POS caseworkers are not conducted in a family-centered manner. Additionally, family group conferencing practices may not address the goals and needs of families,

⁵ Capacity Building Center for States (2018). *Defining quality contacts*. Washington, DC: Author. Retrieved from https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/113403.pdf?w=NATIVE%28%27SIMPLE_SRCH+ph+is+%27%27Defining+Quality+Contacts%27%27%27%29&upp=0&order=native%28%27year%2FDescend%27%29&rpp=25&r=1&m=1

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

such that parents are aware of the importance of time frames and concurrent goals. Based on CFSR reviews and case note audits by immersion site directors, the case plan is typically not developed with the family within the context of a CFTM, which sometimes results in a case plan that the family does not believe in or have the capacity to complete. Court hearings and Administrative Case Reviews (ACR) are conducted frequently, but often do not result in a focus on permanency that results in progress on the case. Once reunification has been ruled out, there is often not a viable concurrent goal established, which results in delays for the child. In addition, subsidy packets for adoption and guardianship are cumbersome and POS agencies often do not have the resources to complete these packets in a timely manner. In addition, completion of subsidy packets is a specialized skill that is difficult to develop with high turnover on placement teams.

Root Cause Analysis: Due to the complex demands of child welfare casework and high caseworker turnover rates, supervisors in the child welfare system play a critical role in supporting a continuous quality of casework with families (Blome & Steib, 2014).⁶ For new and experienced caseworkers alike, supervisors are on call for troubleshooting, problem-solving, and filling gaps in knowledge based on specialized expertise in casework policies, practices, and strategies. The complexities of supervision also require support, consistent leadership, and performance monitoring for supervisors themselves. Leadership turnover within Illinois DCFS and POS agencies can negatively contribute to supervisor effectiveness. Illinois' work to expand and strengthen supervisory training is pivotal to Illinois' program improvement strategy, in the context of caseworker training on child and family teaming, Motivational Interviewing, comprehensive assessment, family finding, etc. Supervisory training and support alone is insufficient to transform caseworker practice across DCFS and POS permanency teams. Historically, Illinois DCFS has not had sufficient organizational resources and support for concurrent goal planning, streamlining the adoption subsidy process, and incentivizing timely adoption through performance-based contracting and close coordination with the court system.

Rationale for Selection of Intervention: The Illinois Child Welfare Core Practice Model consists of the following training and implementation components: Family-centered, Trauma-informed and Strengths-based practice (FTS); Child and Family Team Meetings (CFTMs) and the Model of Supervisory Practice (MoSP). Each component of the practice model provides foundational support to supervisors and caseworkers to assist them in providing efficient, effective and impactful services. The FTS Model emphasizes nine core practices, which are described in greater detail in Appendix A. These nine core practices are integrated throughout many of the strategies and key activities in this PIP. They are emphasized in this strategy for the intended impact on improvements in timely permanency. Elsewhere, Core Practice Model components are highlighted for intended impacts on ensuring child well-being. These nine core child welfare practices are:

- Serve as an **agent of change** (Agent of Change)
- Form a helping **relationship** with the child and his/her family (Relationships)
- Conduct **initial and ongoing assessment** (Assessment)
- Provide information about the **impact of trauma** on the child and family (Trauma-focused Education)
- **Advocate** for the child and family (Advocacy)
- Provide **behavioral support** (Behavioral Support)

⁶ Blome, W. W. & Steib, S. D. (2014). The organizational structure of child welfare: Staff are working hard, but it is hardly working. *Children and Youth Services Review*, 44, 181-188.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- **Linkage** to appropriate services (Linkage)
- **Coordinate** all child and family services (Teamwork and Coordinated Care)
- Demonstrate **cultural competence** (Cultural Competence)

Utilizing the core practices, including CFTM, will result in better family engagement in case planning. When families are engaged in the planning process, they tend to be more engaged in the resulting interventions and actions in the plan. Implementation of new case plan templates will also reinforce the importance of family voice in the planning process to promote family-centered planning built on family strengths. The agency's core practice model provides the foundational anchor to blend the organizational vision, mission, and values, which in turn inform role-specified competencies for caseworkers. Competencies reflect a combination of knowledge, skills, and effort in realizing the desired outcomes with families. As workers throughout the child welfare system collaboratively develop, implement, evaluate, and refine competency-based tools and assessments, proficient organizational cultures are strengthened (Brittain & Bernotovicz, 2015).⁷ Through its work with immersion sites to model supervisory and peer support practices associated with effective teaming and permanency planning, Illinois DCFS and POS permanency workers will transform organizational culture to achieve timely permanency through several key activities.

By using the Model of Supervisory Practice (MoSP) training and organizational supports, supervisors will have additional resources to enhance the quality of supervision provided to front line staff and can better focus on family engagement and barriers to permanency. Multiple studies have demonstrated that adequate, supportive supervision is a critical factor associated with positive work-related outcomes among child welfare staff.⁸ MoSP was initially implemented within immersion sites and continues to be expanded to direct service supervisors statewide. Since implementation of this model, the Field Implementation Support Program (FISP) has collected some examples of "success stories" from the field. One MoSP training participant described a situation in which he was able to refer to information from the Supportive module to assist a worker with developing a plan for the worker to better engage with a client that had triggered personal feelings in the worker. A placement supervisor in one of the MoSP training cohorts was covering two work sites and was skeptical of adding the training to her already taxing schedule of traveling between the two work sites; she ultimately found the material to be useful and practical, which assisted her in supporting excellence in her direct reports. A veteran manager that initially held a dismissive attitude regarding the training later reported being energized by the training material and began using the resources with his team members. He credited MoSP as a "boost" for him to further develop the team in which he already felt were strong professionals. A placement supervisor reported that she has been including more reflective and clinical questions in her supervision as a result of participating in MoSP. She has encouraged her team to engage in more critical thinking and shared that she has learned a lot from the training and has implemented ideas from the content.

Many child welfare systems in states and counties utilize a principle-driven core practice model to guide child welfare operations and service delivery (Frey et al., 2012).⁹ A case study of implementation of the Casey Family Services (CFS) permanency practice model in seven states illustrates the transformative effects achieved through intensive implementation of a principle-

⁷ Brittain, C. & Bernotavicz, F. (2015). *Competency-based workforce development: A synthesis of current approaches*. Albany, NY: National Child Welfare Workforce Institute.

⁸ Mor Barak, M., Levin, A., Nissly, J., & Lane, C. (2006). Why do they leave? Modeling child welfare workers' turnover intentions. *Children and Youth Services Review*, 28, 548-577.

⁹ Frey, L, LeBeau, M., Kindler, D., Behan, C., Morales, I. M., & Freundlich, M. (2012). The pivotal role of child welfare supervisors in implementing an agency's practice model. *Child and Youth Services Review*, 34, 1273-1282.

driven model (Frey et al., 2012). As with the CFS supervisory model, efforts to strengthen transformational leadership and supervision in Illinois require Illinois DCFS to implement a robust system of support for its own Core Practice Model and Model of Supervisory Practice (MOSP). During the two-year PIP period, Illinois will continue to expand FTS and MoSP training to all direct service teams statewide with the goal of maintaining at least a 51% training rate across investigations, intact, and placement teams (both DCFS and POS) for FTS with workers and FTS and MoSP with supervisors. A specific CFTM model developed by the Child Welfare Policy Practice Group (CWPPG) is being trained specifically in 60 DCFS and POS placement teams identified as Immersion Sites. The remaining placement teams and all Cook intact teams (both POS and DCFS) will be participating in a basic CFTM training to increase the core practices of teaming and care coordination with families. Based on lessons learned during the PIP period, CFTM will continue to expand to the remaining intact teams statewide. The CQI process outlined in Strategy 4.1 is focused on reinforcing the Core Practice Model and reviewing for fidelity to core practices of the model.

Strategy 2.2: Decrease length of stay for children that achieve permanency through adoption through implementation of lessons learned from the permanency task force.

Problem Exploration: The 2018 CFSR review showed that only 3% of foster care cases reviewed were rated as a strength for permanency. Data from the DCFS Executive Scorecard dated January 17, 2020 shows that 16% of children who entered foster care from July through September 2018 achieved permanency to reunification, adoption, guardianship, or relative placement within one year of entry, with regional rates ranging from 9% in Cook region to 20% in northern region. None of these permanencies were through adoption. The same Executive Scorecard shows that 58% of children who entered care from July through September 2016 achieved permanency within three years of entry, with regional rates ranging from 38% in Cook region to 67% in northern region. Only 20% of these permanencies were through adoption. In the cases where family reunification is not viable through concurrent planning for reunification/adoption, caseworkers require additional system supports to decrease length of time for adoptions. Placement cases assigned to DCFS workers that are moving toward permanency through adoption or subsidized guardianship receive assistance with subsidy writing from the DCFS adoption unit. Placement cases assigned to POS workers that are moving toward permanency through adoption or subsidized guardianship do not receive this additional support, which has resulted in extreme delays in subsidy completion. A permanency task force was initiated in October 2018 with the intention of clearing some of this backlog of cases in need of subsidy work. The task force consists of DCFS workers completing subsidy work during overtime hours (nights and weekends). For the period of October 2018 to May 1, 2020, the permanency task force helped 3,723 children achieve permanency through adoption or subsidized guardianship. Based on lessons learned from the permanency task force over the past two years, POS agencies have not demonstrated that they have the capacity and knowledge to efficiently complete the subsidies and legal screening packets for adoption cases without assistance from subsidy specialists. Additionally, the DCFS permanency task force does not have the capacity to process all outstanding adoptions within POS agencies statewide (i.e., 2,645 children identified on October 1, 2018 and the 2,741 children identified on July 1, 2019).

Root Cause Analysis: The system in general is slow to change the permanency goal from reunification to any other goal, which contributes to permanency delays when reunification cannot be achieved. The process to obtain an approved goal change to adoption from the court is cumbersome for a permanency caseworker and must be supported through quality

documentation of unsatisfactory service plans for at least nine months. The process to complete the subsidy and get the subsidy approved has too many individuals involved and lack of accountability with necessary time frames. Agency Performance Team (APT) and Administrative Case Review (ACR) do not work closely enough together to effectuate change among DCFS and POS workers completing the adoption subsidies. Statewide data on timeframes from termination of parental rights to adoption finalization illustrate extreme delays in the process. (For the period from October 2019 to December 2019, the average length of time from termination of parental rights to adoption finalization was 434 days.)

Rationale for Selection of Intervention: The Child Welfare Advisory Committee (CWAC) is intended to be the venue through which private agency leaders bring recommendations to DCFS for improvements in practice or systemic changes to improve outcomes for families. The ITASC group, which is a sub-group of CWAC, has recommended a formal, structured change management process for vetting of recommendations for practice or policy changes to ensure they are consistent with the values and practices of the Core Practice Model. (The change management process is described in more detail in Appendix A.) The permanency task force project manager has improved upon task force practices over time through lessons learned along the way and can provide insight regarding proposals to address the need for support to private agencies for subsidy completion. To better streamline and coordinate adoption processes, Illinois DCFS will utilize agency monitors and regional support teams to support agencies with reviewing cases that might be appropriate for legal adoption screening, such as when cases are approaching nine months post-adjudication. The DCFS adoption unit and DCFS Office of Legal Services will provide support and consultation to placement teams through adoption labs offered in each region throughout the state.

Strategy 2.3: Increase use of guardianship as a permanency strategy when reunification cannot be achieved and adoption is not in the child's best interest.

Problem Exploration: Pursuing a permanency goal of guardianship for a child requires that reunification and adoption have been ruled out prior to recommending the goal of guardianship, per Illinois statute. Among permanency caseworkers, there is inconsistency around the interpretation of what is necessary to rule out adoption. For example, there are many relatives that are committed to the child, although they are not comfortable with pursuing adoption, as it changes their legal relationship and requires termination of the parents' rights. In some families, it is more acceptable to provide permanency through guardianship rather than adoption. Some placement workers and/or their supervisors interpret the rule out language to mean they must pursue adoption with other resources and move the child to a new caregiver in order to achieve permanency through adoption rather than guardianship. The rule out language was not intended to pursue adoption over guardianship if the child's best interests are better met through guardianship. The permanency option of adoption needs to be discussed with the permanency resource. If the resource expresses their preference for guardianship instead of adoption and the reasons for this decision do not in any way indicate that the resource is not committed to permanency for the child, having the conversation and documenting the resource's decision is sufficient to rule out adoption.

Once a goal of guardianship is being considered, the legal screening process for approval to recommend a permanency goal change is cumbersome and requires completion of parts of the subsidy in order to take the case to the screening process. If the case does not pass the legal screening, the subsidy work that was done to prepare for the screening is considered a waste of the worker's time. The subsidy process is complicated, similar to the concerns raised previously as to adoption subsidies. For efficiency, the child welfare system needs to identify changes in the

process and organization that can ensure sufficient personnel with this specialized skill to meet the needs of the field.

Root Cause Analysis: Given a lack of sustained policy emphasis on using Illinois DCFS' guardianship provisions, DCFS and POS caseworkers and supervisors have not worked to promote guardianship as a viable permanency option with systematic and thorough family engagement strategies. As a result, clarification around the permanency goal of guardianship needs to be communicated to the field, to our courts and to the families we serve. One of the contributing factors that interferes with guardianship as a timely permanency option is confusion around the meaning of having to rule out reunification and adoption before selecting a guardianship permanency goal. Guidelines for selection of the permanency goal, and engaging families in achieving this goal, may result in more frequent use of this permanency option when it is in a child's best interest.

Rationale for Selection of Intervention: In a review of quantitative research conducted on child outcomes associated with foster and kinship care from 2007-2014, Bell and Romano (2017) found that across 54 studies, "children in kinship care experienced greater permanency in terms of lower rates of reentry, greater placement stability, and more guardianship placements compared to children living with foster families," (p. 268). Increased use of guardianship as a permanency option will likely decrease the length of stay for youth that achieve permanency through guardianship as it does not require termination of parental rights.

Strategy 2.4: Implement a quality hearing project to establish a sense of urgency through effective engagement with parents, relatives and youth throughout the case, so that we have an increased focus on timely adjudication, meaningful hearings, timely and appropriate permanency goals in furtherance of reunification or the timely filing of TPR to support adoption.

Problem Exploration: Illinois lags behind other states in timely permanency, as reported over time by various data sources, including a 2016 Child Welfare Outcomes Report to Congress¹⁰, which indicated Illinois was last in the country for reunifications within 12 months of entry into foster care. Illinois ranked 51 out of 52 states and territories on number of children in care more than 12 but less than 24 months achieving permanency through adoption. Permanency delay can occur for many reasons (see Root Cause), but early family engagement by both the court system and the child welfare agency can assist in mitigating those delays. Having families attend court hearings and being engaged in conversation underscores that the family is of utmost importance and instills a sense of urgency. Holding high quality, meaningful hearings are critical to the child welfare process and can impact timely permanency. In the *Exploring the Relationship between Hearing Quality and Case Outcomes in New York*, New York State Unified Court System Child Welfare Court Improvement Project, Alicia Summers, PHD, Data Savvy Consulting, November 2017, the research found that engaging parents through quality hearing practices, rooted in procedural fairness principles, are related to timelier permanency for youth. For example, judges engaging families by: speaking directly to the parties; addressing parties by name; explaining the hearing process; explaining legal timelines; and asking if parties have questions are all components of quality hearing practice and procedural fairness. In the New York study, findings suggest that hearing quality is related to outcomes on cases. Improving timeliness of case processing, ensuring parties are present and engaged, and holding meaningful discussion in the hearing are most related to improved outcomes.

¹⁰ <https://www.acf.hhs.gov/cb/resource/cwo-2016>

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The Court Improvement Program Child Protection Data Courts Project (CPDC) in collaboration with DCFS and POS, collects closed case data in 10 counties. Additional analysis of the data in the CPDC Project sites show that counties struggle with delay on the front end of the case, between the temporary custody hearing and adjudication. CPDC data also show that delay in time to major court events have a statistically significant impact on the time for case closure. Specifically, the findings for 2014-2018 show that the shorter the time to adjudication, the shorter time is to case closure. As the case progresses through the court system, delay in the front end of the case impacts the case as it moves through the system and, ultimately, time to permanent placement. For cases in which reunification cannot be achieved, petitions for termination of parental rights are not filed timely, resulting in additional delays on the back end of cases.

Root Cause Analysis: In the Illinois child welfare system, there is not a strong practice of effectively engaging children and families through the lens of permanency which contributes to delays in timely permanency. Delay has become an accepted part of the child welfare court process. Contributing factors to these delays include:

- Lack of engagement, particularly early engagement, with children and families.
- Difficulty with service (finding parties)
- A lack of a sense of urgency related to permanency timelines
- The child welfare system (both caseworkers and courts) maintain a goal of "return home" for long periods, even when there is a lack of progress by parents.
- Petitions for termination of parental rights are not filed timely.
- Illinois statute related to adjudication timelines does not reflect best practice (705 ILC 405/2-14(d)), some counties waive adjudication timelines.
- The court does not set expectations for parents and caseworkers on the record.

Rationale for Selection of Intervention: The AOIC has identified four counties (Lake, Sangamon, Madison and Marion) and one Cook County courtroom to implement a quality hearing practice with an emphasis on family engagement leading to timely adjudication and timely permanency. Additionally, at the time of the permanency hearing, a thorough exploration will be made as to the appropriateness of the proposed permanency goal and, in appropriate cases, TPR petitions recommended to be filed. Counties were identified based on geography (different areas of the state), size (urban and rural) and a mix between counties participating in the CPDC Project and counties that have not participated in the Project.

The intention of this strategy is to conduct juvenile court hearings in a way that better engages family members in the hearing process. General efforts to improve engagement with families by child welfare staff are addressed in Strategy 3.2.

(3) Strategy/Intervention: Well-Being

Goal 3: Ensuring the 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. (Well-Being 1; Well-Being 2; Well-Being 3; Case Review System; Staff and Provider Training)

Illinois has four strategies to accelerate progress and achieve performance targets for meeting the educational and physical/mental health needs of children/youth in care and in intact family services. These strategies are: 1) using statewide change management to implement the Core

Practice Model statewide; 2) increase family and youth/child engagement through care coordination and enhanced implementation of child and family team meetings; 3) utilizing a multi-tiered system of support (MTSS) to provide appropriate evidence-based academic support programming to children/youth behind grade level; and 4) find solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.

Strategy 3.1: Implementing Core Practice Model (CPM) by using the Change Management Process statewide to improve investigator and caseworker capacity to engage with families, improve supervisor capacity to support workers, and increase family-centered practice.

Problem Exploration: CFSR case reviews revealed inconsistent practice across both foster care and in-home cases when it came to ensure ongoing contact with children and families (Well-Being Item 14), especially during early phases of case opening. During this phase, relationship building through active engagement of the family through assessment and identifying needs (Well-Being Item 12) is critical to meeting the needs of families through individualized family-centered planning for permanency and intact. DCFS and POS caseworkers have a wide range of priorities and practical demands which present challenges to fully attending to the educational and physical/mental health needs of children and youth in care. High caseworker turnover, large caseloads, and compliance-oriented culture are barriers to proficient caseworker-client relationships that adequately address education and health needs of children, while also managing safety risks and permanency goals.

- Based on the 2018 CFSR (Well-Being Item 16), 83% of the 40 applicable cases reviewed indicated that children received appropriate services to meet their educational needs. Among in-home services cases, only 57% of the applicable cases indicated that children received appropriate services to meet their educational needs.
- The 2018 CFSR (Well-Being Item 17) reported that only 63% of the 51 applicable cases reviewed indicated that children received appropriate services to meet their physical health needs (includes dental health). Among in-home services cases, only 55% of the applicable cases indicated that children received appropriate services to meet their physical health needs.
- Similarly on Well-Being Item 18, only 66% of the 38 applicable cases reviewed indicated that children received appropriate services to meet their mental health needs. Among in-home services cases, only 31% of the applicable cases indicated that children received appropriate services to meet their mental health needs.

Root Cause Analysis: Although the Illinois Core Practice Model was developed several years ago, implementation of the model has not been a sustained focus for implementation across the system to achieve integration, alignment, and full implementation throughout the operational systems of the department. The Illinois system has reinforced compliance measures to the detriment of quality FTS practices. This emphasis on compliance activities can be particularly problematic in the early phases of the case, as helping relationships need to be developed, needs of the family must be identified, and individualized plans are to be established. In addition, system barriers related to process requirements detract from the quality engagement and impact timely documentation of the status of the youth's medical and mental health status and services. Because Illinois has a low rate of placement per capita, the cases that are eligible for and receive intact family services are often complex and high risk. These cases bring greater challenges to collaborative voluntary case planning to address myriad individual educational, mental/behavioral health, and physical health needs.

Rationale for Selection of Intervention: Illinois DCFS is working with the National Implementation Research Network (NIRN) to scale up statewide implementation of the Core Practice Model using implementation science. NIRN is supporting the Illinois child welfare system to build the capacity of the system so that teams, individuals, and the organizations within the system can use evidence to innovate and advocate for changes that make a positive difference. DCFS believes the nine core practices of the Core Practice Model are foundational to the vision of strengthening and supporting families, although full implementation has been a struggle. With implementation support and alignment from NIRN and sustained focus through regional monitoring and the supervisor supports, Illinois DCFS will strengthen its capacity to reinforce Core Practice model implementation among DCFS and POS caseworkers. With supervisors and peers modeling effective practices for better family engagement, culturally proficient and responsive communication and care coordination, caseworkers will strengthen the foundation for meeting each child's educational, mental/behavioral, and physical health needs. Motivational Interviewing as an evidence-based practice for caseworkers is consistent with the core practices of the Core Practice Model and will provide caseworkers with specific engagement skills in their work with families. Use of Motivational Interviewing will reinforce the shift from compliance-based activities toward quality family-centered contacts to support behavioral changes that reduce risk to children. Other family-centered approaches targeted for expansion include Wraparound and Intensive Placement Stabilization (IPS), which also support caseworkers in meeting the needs of families in a manner that is supportive and engaging.

Scaling up proficient implementation of the Illinois DCFS Core Practice Model requires a shift in organizational culture and transformational leadership to support broad change. In an analysis of a U.S. nationwide survey of 2,380 youth in 73 child welfare systems, Williams and Glisson (2014)¹¹ demonstrated significant association between organizational culture, organizational climate, and youth outcomes. Compared to organizational cultures characterized by resistance to new ideas and innovations, they found that organizational cultures that promote caseworker proficiency and efficacy have greater positive association with higher functioning, more engaged, and less stressful organizational climates. Subsequently, child welfare systems with more proficient organizational cultures and positive organizational climates were associated with better youth outcomes (i.e., fewer youth problem behaviors, substantiated child maltreatment, and caseworker assessments of harm to children). Therefore, change management processes will be developed to improve statewide investigator and caseworker capacity to engage with families in trauma-informed, family-focused, and culturally proficient ways.

Strategy 3.2: Increase family and youth/child engagement through care coordination and enhanced implementation of child and family team meetings.

Problem Exploration: CFSR reviews illustrated casework challenges associated with contacting and engaging parents (Well-Being Item 15) across both foster care and in-home cases. In particular, CFSR sampled cases revealed that caseworkers did not routinely engage fathers in safety/risk assessments and did not retain fathers through case planning processes and interventions, even when their whereabouts were known. Lack of programming, data, organizational culture, and limited understanding of gender-focused approaches contribute to this outcome. Illinois received an overall rating of Area Needing Improvement for Item 13 (Child and Family Involvement in Case Planning) because only 35% of the 63 applicable cases were rated

¹¹ Williams, N. J. & Glisson (2014). Reducing turnover is not enough: The need for proficient organizational cultures to support positive youth outcomes in child welfare. *Children and Youth Services Review*, 35, 1871-1877.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

as a strength. Child and family involvement in case planning was rated as a strength in 45% of 38 applicable foster care cases, and only in 20% of 25 in-home services cases. In 48% of the 42 applicable cases, the agency made concerted efforts to involve **child(ren)** in case planning. In 55% of the 47 applicable cases, the agency made concerted efforts to involve **mothers** in case planning. In 23% of the 35 applicable cases, the agency made concerted efforts to involve **fathers** in case planning. Lack of programming, data-informed decision making, insufficient problem-solving focus in organizational culture, and limited understanding of gender-focused approaches contribute to these poor engagement outcomes.

Root Cause Analysis: The skills of mediation and the value of parents, particularly fathers' involvement, along with facilitation and planning, are taught in the CFTM training and must be supported through Developmental and Supportive Supervision. Enhanced implementation of and fidelity support for CFTMs are needed to support accountability for this component of the CPM. Illinois has struggled with full implementation of CFTM, as advance preparation with families and professional team members for CFTMs is time-intensive. As with most transformative change initiatives, many staff are resistant to change as CFTMs require skillful facilitation, organizing, and documentation through shared power and navigating conflict, resistance, and complex needs of children and family members. The CWPPG model of CFTM has been initiated in immersion sites with placement teams. To date, no intact teams have completed the intensive training process for certification in the CWPPG model. DCFS procedures require CFT meetings for all families served by either intact or placement services, although the practice has not been supported and reinforced systematically, which is especially true for intact services. Current intact procedures only require an initial CFTM to develop the case plan and do not require additional CFT meetings.

Rationale for Selection of Intervention: One of the core practices highlighted in the Core Practice Model is coordinated care/teamwork. DCFS recognizes that communication and coordination between professionals and members of the family system is critical to achieving high quality outcomes in complex families. In a review of 39 studies on child welfare system efforts to engage fathers in services, Gordon and colleagues (2012)¹² identified top recommendations for better engagement with fathers in the child welfare system. These recommendations included specialized training to contact and work with fathers, centralization of information to support ongoing contact with fathers, and coordinated communication across systems of care in which fathers may be involved (e.g., welfare, housing, or employment programs; mental health or substance use services; involvement in the justice system, etc.). These are features of Illinois' proposed work in this area.

There are various tools and approaches to achieve coordination of care within family systems. Illinois has experienced success with interventions that include Wraparound, Clinical Intervention to Preserve Placement (CIPP), quarterly and discharge staffing for children in congregate care settings, Early Childhood Court Teams, and Child and Family Team Meetings (CFTM). Additional implementation and fidelity support are needed to increase accountability for the CFTM component. Again, with support from NIRN, Illinois is working to achieve full implementation of the Core Practice Model, including the core practice of coordinated care. This approach will have specific emphasis on engagement of fathers in the coordination of care for children. Studies have illustrated the importance of caseworkers building rapport with fathers to support them in understanding case plans and completion of tasks in case plans, even amidst

¹² Gordon, D. M., Oliveros, A., Hawes, S. W., Iwamoto, D. K., & Rayford, B. S. (2012). Engaging fathers in child protection services: A review of factors and strategies across ecological systems. *Children and Youth Services Review, 34*, 1399-1417.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

their own beliefs about their capacity to provide concrete, positive supports (Campbell et al., 2015; Coakley et al, 2018).¹³

To enhance services to intact families with children that are prenatal through age three, DCFS has developed a policy that requires intact staff to notify the home visiting program of mothers that disclose pregnancy in order to engage and link these families to home visiting services during the prenatal period. DCFS will employ home visiting specialists to serve each region of the state and link with intact providers and other early childhood staff to support targeted engagement and linkage with caseworkers and the families that they serve to home visiting programs for identified families with children zero to three. Home visiting specialists will continue to track family engagement for at least six months after the referral and will provide consultation, as needed, to the home visiting providers in order to sustain engagement.

The Illinois Early Childhood Court Team (ECCT program) is designed to support families that have infants or toddlers under the age of 4 and are currently involved in child welfare services in Illinois. The focus on this important age group is based on the neuroscience evidence that the ages of zero through 3 years period is the most critical window to support the development of a healthy brain. During this time infants and toddlers are most in need of safe, nurturing and predictable environments to develop skills that will last a lifetime. Illinois has piloted Early Childhood Court Teams with two juvenile court judges and two private agencies in Cook County. A status report from January 2020 indicated that 86% of the parents in the program were actively engaged in child and family team meetings, court hearings, and services. Efforts are under way to expand the ECCT program to additional locations.

Consistent with the Core Practice Model, procedure for CFT meetings with intact families will be reviewed and revised to increase use of CFT meetings to improve engagement and collaboration efforts with intact families. Additional CFT meetings will be conducted beyond the initial 45-day meeting based on the preferences of the family with efforts for a second meeting to be held between 90 days and six months after case opening. The increased frequency of CFTMs will initially be targeted for Cook county intact teams, as 25% of statewide intact cases are within Cook county. Cook county also has existing programs that are consistent with the philosophy of CFTM, such as Early Childhood Court Teams, from which to build upon.

Strategy 3.3: Provide additional support and resources to youth in care at risk of not graduating high school.

Problem Exploration: Due to insufficient and/or inadequate educational supports, less than 50% of youth in care graduate high school in four years. Illinois DCFS data sharing agreement with the Illinois State Board of Education (ISBE) and our participation in the Illinois Longitudinal Data System has enabled us to gather historical information on the educational outcomes of youth in care. Placement instability, disproportionate placement in special education, stigma associated with child welfare involvement, and inadequate school-based resources correlate with adverse educational outcomes through K-12 education (Stone et al., 2006).¹⁴

¹³ Campbell, C. A., Howard, D., Rayford, B. S. & Gordon, D. M. (2015). Fathers matter: Involving and engaging fathers in the child welfare system process. *Children and Youth Services Review*, 53, 84-91.

Coakley, T. M., Washington, T., & Gruber, K. (2018). Assessing child welfare agency practices and attitudes that affect father engagement. *Journal of Social Service Research*, 44(3), 365-374.

¹⁴ Stone, S., D'Andrade, A., & Austin, M. (2006). Educational services for children in foster care. *Journal of Public Child Welfare*, 1(2), 53-70.

Root Cause Analysis: Evidence-based academic support programs for struggling youth in care have not yet been implemented. To best meet the education needs of children and youth in care, DCFS/POS caseworkers must partner with educators, caregivers, and community program staff to support adequate, annual academic progress.¹⁵ DCFS/POS caseworkers cannot meet educational needs of children/youth without these partnerships. Challenges to partnerships between schools, school districts, and caseworkers include difficulties in coordinating information, inadequate protections for educational rights of children and youth in care, and resources and information to support trauma-informed, effective practices for serving youth in care. Competing priorities for DCFS/POS caseworkers have resulted in more emphasis on safety and permanency to the detriment of well-being, especially regarding academic success and achievement supports.

Rationale for Selection of Intervention: Through increased communication with the 852 school districts, and focused and measurable interventions provided by our Northern Illinois University Education Advisors for our most “at-risk” students, DCFS will provide supports needed for our youth to be successful academically. Increased use of educational data through our partnership with the Illinois State Board of Education and the 852 public school districts will allow DCFS to monitor and track pre-K-12th grade student performance. All youth in care enrolled in a public educational setting will be tracked in the multi-tiered system of support. All academic information is uploaded into Illinois DCFS system from ISBE. Caseworkers will be supported to use this information to develop an individualized student academic profile. Evidence-based interventions for academic support will be targeted to increase four-year high school graduation rates for youth in care utilizing a multi-tiered system of support (MTSS).¹⁶ Illinois DCFS will use a three-tiered system of support described below.

By grouping our youth in care into the MTSS system, students will be tracked in the following categories:

Tier 1: These students are “on-track” to graduate. These youth are not having any academic difficulty and attendance is exemplary.

Tier 2: These students are “on-track” to graduate and are making satisfactory progress in core subjects. These students have satisfactory attendance, missing less than 10% of calendar school days.

Tier 3: These students have a combination of three or more Ds or Fs in core, academic subjects. These students have chronic truancy issues, which means they miss 10% or more of school for unexcused purposes. This Tier is “at-risk” of not graduating.

All youth tracked in the Tier 3 category will be referred to our Northern Illinois University Educational Access Program. These NIU education advisors will use evidence-based interventions to move these youth out of the Tier 3 track. For students who continue to fall behind after intensive interventions, a Best-Interest Determination (BID) meeting will be conducted to ensure the youth is getting the services needed within the school to achieve academic success.

IL-Empower is a statewide system of differentiated supports and accountability to improve student learning. Thorough review of the educational tracking data will enable social emotional supports/curriculum to be provided through IL Empower to students in need.

¹⁵ Garstka, T. A., Lieberman, A., Biggs, J., Thompson, B., & Levy, M. M. (2014). Barriers to cross-systems collaboration in child welfare, education, and the courts: Supporting educational wellbeing of youth in care through systems change. *Journal of Public Child Welfare, 8*, 190-211.

¹⁶ Stoiber, K. C. & Gettinger, M. (2015). Multi-tiered systems of support and evidence-based practices. In S. Jimerson, M. Burns, & A. VanDerHeyden (Eds.), *Handbook of Response to Intervention*, pp. 121-141. Boston, MA: Springer.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

This educational data is submitted through the Illinois School Report Card. Foster care is a recognized subgroup, in which all school districts need to provide a plan of improvement for “underperforming” or “lowest performing” schools.

Strategy 3.4: Find solutions to identified data needs to ensure well-being for youth in care and children served through intact family services.

Problem Exploration: The 2018 CFSR Final Report identified the need for improvement in addressing the physical and dental health needs of children in foster care and children in intact family service cases. The same finding applied to addressing the mental/behavioral health needs of children in foster care and children in intact family services cases. There is much room for improvement in ensuring that mental, behavioral, medical, and dental health needs are appropriately assessed and addressed for children and older youth, particularly in in-home cases.

The Child Welfare Advisory Committee (CWAC) was created with the general purpose of advising the Department of Children and Family Services on matters concerning the provision and purchasing of public child welfare services and providing a forum to jointly identify and address emerging program and policy issues. There are several sub-committees and workgroups that report back to the larger CWAC leaders. One such sub-committee is the Child Well-Being sub-committee of CWAC. The CWAC Child Well-Being (CWB) sub-committee provides oversight and analysis of data needs and system performance outcomes for indicators of youth well-being across levels of care/treatment to include but not limited to: specific developmentally sensitive indicators for 0-3 early childhood pre-school/school readiness, elementary age, middle school-age, high-school age and young adult/youths in transition. Indicators for outcomes for these developmental/age groups should follow the ACYF well-being framework for outcome domains:

1. Cognitive / Educational Functioning
2. Physical Health
3. Emotional / Behavioral Functioning
4. Social Functioning

The CWB sub-committee looks at multiple indicators of child well-being at case opening that include data from Child Adolescent Needs and Strengths (CANS) assessments, data on youth in care that experience one or more psychiatric hospital admissions, administrative data, and data from three standardized measures that are completed by someone other than the assigned caseworker, such as the caregiver. The standardized measures adopted include: the Devereux Early Childhood Assessment (DECA), the Strengths and Difficulties Questionnaire (SDQ), and the Social Support Network Questionnaire (SSNQ). CANS assessments include information about the strengths and needs of youth in care, their parents, and their foster caregivers. Previously CANS assessments were completed in a separate system (IL Outcomes) for placement cases and on a paper version for intact family service cases. The CANS has now been incorporated into the SACWIS system and is the primary assessment of child well-being used in Illinois child welfare, along with the integrated assessment completed upon entry into foster care, and ongoing safety assessments at various milestones. The ability to integrate the CANS into everyday operations will enhance the functionality of the tool as a meaningful guide to case planning.

Root Cause Analysis: There is inconsistent data entry in SACWIS of educational, physical health, and mental health information for children in care and significant gaps in such data for children served through intact family services cases. Anecdotal information from the field suggests that intact and placement caseworkers have competing priorities and tend to prioritize

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

activities related to safety and permanency over data entry of well-being data. For youth in care, physical health services provided generally populate into the youth's Health Passport in SACWIS based on Medicaid billing for services. Medicaid-covered mental health services for youth in care may also populate the Health Passport. Services provided through contracts with service providers must be manually entered into SACWIS. For children served through intact family services, they are not covered by a DCFS Medicaid card, so their medical services do not populate into SACWIS. The caseworker must seek signed consents from the parents for records to be released to the agency. The agency then must send a consent to each provider to request the records. Once records are received, the information would need to be manually entered into the person management screens for the child. These data entry concerns impact availability of specific well-being data points, such as the date of a child's most recent dental exam.

The CANS is intended to provide a guide for child well-being status, such as whether a child under age 5 had prenatal exposure to drugs or alcohol. Identification of areas of needs should lead to action steps to address the identified needs. Strengths should be supported and may be used to address areas of risk. There have been concerns about the reliability of CANS scoring by caseworkers, as indicated by data reports that compare CANS assessments completed by IA screeners with CANS assessments completed by caseworkers and there have been patterns identified with caseworkers rating no CANS items for child needs or child strengths. The CANS assessment includes 139 items to be scored with some items pertaining to the child and other items pertaining to the child's parents and/or caregivers. Items rated as 0 or 1 do not require a narrative comment and indicate no need for immediate action. Items rated as 2 or 3 require a narrative comment and indicate some action needed to address those items. This scoring system can have the unintended consequence of incentivizing less severe ratings on each item to allow the worker to complete the assessment with less effort. The data from CANS assessments has mostly been used in ways that are not apparent to the caseworkers completing the assessments. For some caseworkers, completion of the CANS is a lengthy and time-consuming process that seems more like a compliance activity to check off a list rather than a meaningful assessment activity that yields useful information to the worker. As a part of the certification process that accompanied the integration of the CANS into SACWIS, staff also received updated training on the "*meaningful use*" of CANS data.

Rationale for Selection of Intervention: There is currently tension between the need for reliable data on well-being indicators and the need for the entry of this data to be streamlined and simple for caseworkers to record. Attention to this issue is clearly necessary and the CWB sub-committee has been outlining some steps to provide a more complete understanding of child well-being indicators in Illinois child welfare cases. As previously mentioned, the 'meaningful use' training was a step toward re-establishing the value of CANS data for the workforce. As a part of this process, supervisors receive data reports that help them to guide staff on scoring and improving validity. The CWB committee used the CANS and other measures obtained from the IA staff. These measures were considered independent of case carrying staff. For the past three years, the CWB team, led by evaluators from the Juvenile Protection Association and Northwestern University have analyzed this independent data on youth at all developmental stages. This data has informed trainings of staff and will be used to inform practice reforms aimed at well-being. One such effort is a "Clinical Integration" committee which is convened with members of the CWB team, the immersion site directors and leadership of the clinical division. The goal of this committee is to establish early indicators that may place a youth at substantial risk of adverse outcomes i.e. psychiatric hospitalization or placement moves. Identifying an appropriate clinical staff member and incorporating them into the child and family team early in the case will support effective interventions and promote placement stabilization.

(4) Strategy/Intervention: Systemic Factors

Goal 4: Strengthening an accessible service array needed by children and families, continuous quality improvement, and foster/adoption recruitment and retention systems. (Well-Being 1; Service Array and Resource Development; Quality Assurance System; Foster and Adoptive Parent Licensing, Recruitment, and Retention)

Illinois DCFS will employ three primary strategies to strengthen its service array for children and families participating in intact services and those in substitute care placements. These strategies are: 1) coordination and expansion of Continuous Quality Improvement (CQI) such that DCFS/POS caseworkers/supervisors use case review data to improve service delivery with families; 2) implementation of a strong, coordinated statewide POS/DCFS foster/adoption recruitment, retention, and training program; and 3) partnerships with POS agencies and community organizations to expand delivery of evidence-based and trauma-informed services to address safety and mental/behavioral health needs of children, youth, and families.

Strategy 4.1: Develop a consistent Continuous Quality Improvement (CQI) process that is inclusive of change management techniques across DCFS service providers.

Problem Exploration: Historically, DCFS has had multiple types of case reviews, but has not dedicated specific resources to support teams/agencies in their CQI efforts using data from the reviews in a coordinated and collaborative way. Data collected in the case review processes is not always collected in ways that make the information meaningful and useful. Qualitative information is important but is difficult to aggregate unless the qualitative data can be quantified, such as with a rating scale. CQI meetings have become an informational process and do not effectively incorporate a CQI cycle of Plan-Do-Study-Act, strategic decision making, or tactics to improve the overall outcomes of children and families. Following case reviews, a separate unit is needed to carry out the responsibility of following up with specific teams/agencies on trends or patterns identified through aggregated review data.

The Partnering with Parents (PWP) program has collaborated with Be Strong Families to develop virtual support groups and training forums to address the barriers and stress of life in the child welfare system. These virtual meetings provide structured activities and address the protective factors leading to improved peer support and engagement. Birth parents have the opportunity to participate in these meetings statewide. This is a relatively new support to birth parents and does not currently include a component to survey willing participating parents as to their experience in the child welfare system and to provide any suggestions that would improve the experience for other parents moving forward.

Root Cause Analysis: It is critical to align the monitoring bodies (QE, ACR, Monitoring) that complete case reviews and other quantitative and qualitative data collection so that reviewers are consistently observing, defining and collecting information and data in the same manner with minimal redundancy. Alignment of all case review processes around identified practice priorities will provide some consistent reinforcement of those priority practices. Research has articulated the importance of having shared principles, language, and structure for coordinating CQI processes in child welfare systems to support change management.¹⁷ DCFS has not fully realized a “CQI system” with its POS and court improvement partners. According to leading authorities in

¹⁷ Wulczyn, F., Alpert, L., Orlebeke, B., & Haight, J. (2014). *Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare*. Chicago, IL: Chapin Hall Center for Children.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

CQI process in child welfare, “A CQI system is a coherent set of structures, functions, policies, and procedures that facilitate the CQI processes. It is the interactive collection of agency departments, oversight procedures, data collection and analytic tools, reporting protocols, feedback mechanisms, and overarching agency culture that enable staff in various roles to conduct CQI activities,” (Wulczyn et al., 2014, p. 2). DCFS’ CQI structure needs to be aligned to build this robust CQI system of support.

Rationale for Selection of Intervention: The focus on identified practice priorities, such as quality supervision and quality CFTMs, is expected to improve quality practice and expand continuous quality improvement efforts beyond just aiming for compliance targets. Illinois is receiving technical assistance from the Capacity Building Center for States to set up a structure and framework to streamline the Annual Program Services Review (APSR) with the intention that the structure and framework can be generalized to provide consistency and follow through on other CQI activities. Part of the process of developing the framework includes ensuring the availability of quality data to inform the CQI efforts. Our data collection system consists of administrative data, which is mostly quantitative data, and case review processes, which provide qualitative data. The Office of Strategy and Performance Execution is establishing a data team that will provide Operations and Quality Enhancement with relevant data to support practice improvement activities. Access to quantitative and qualitative data will be provided to supervisors at a worker level and at a team level for measures most relevant to quality casework practices. Access to aggregated data reports that are able to be filtered and sorted will be provided to agency monitoring, agency leadership (DCFS and POS) at all levels, and to Quality Enhancement specialists (DCFS and POS). Agency monitoring, with support from QE, will be using localized data in their day-to-day work with the teams/agencies that they monitor. DCFS is creating a regional support team in each region of the state that will be responsible for providing support and technical assistance to DCFS or POS teams that are identified by agency monitoring as being in need of improvement in one or more areas of practice that are directly impacting outcomes for families. Access to aggregated data reports will also be provided to the Child Welfare Advisory Committee (CWAC) for the purpose of researching the problem areas or implementation of efforts to replicate positive practices. CWAC and sub-committees of CWAC, with support from DCFS and POS QE specialists, will be tasked with identifying recommended improvements to service delivery. External stakeholders will collaborate with relevant CWAC members in the process of drafting proposed system improvement activities. External stakeholders include birth parents, youth in care, foster and adoptive caregivers, court personnel, other state agencies and departments, and community providers (contracted and non-contracted). The strategic planning steering committee structure will include communication pathways across all stakeholder groups at a statewide and localized level with guidance and oversight from a project management perspective. Particular attention will be given to input from birth parents about their experience with agency involvement and engagement efforts by the agency, such as through creation of a CWAC sub-committee focused on birth parents.

The SPE data team will be providing data governance to continuously improve data quality and reliability. Case review data collected by Administrative Case Reviews (ACR), Quality Service Reviews (QSR, which is only immersion site cases), OER plus reviews, and other targeted review processes will be validated by a secondary review or validation sample, as relevant, to ensure the reliability and validity of the data produced in these reviews. The ACR, QSR, and OER plus reviews all include an interview component and strive to consistently collect information about the quality of services provided to children and families. Providing access to this qualitative data to all relevant stakeholders is intended to provide a more consistent method of integrating the data into the day-to-day practices in the field. The ACR review tool is being modified to rate each case on the quality of services provided to the family in priority practice categories, such as child and family team meetings and supervision. Use of a four-point rating scale for each category will allow

quality information to be quantified in a meaningful way to support intervention efforts with agencies to improve quality practice behaviors and habits.

Practice improvement efforts for statewide practice or systemic changes will be monitored through a consistent change management process, as developed by the ITASC group. For jurisdictional or local practice improvement efforts, regional support teams will work with specific teams or agencies (DCFS and POS) to address areas in need of improvement with solution-focused plans. For example, a team or agency that is not performing well on CFTM expectations based on qualitative and quantitative data from case reviews and administrative data would be referred to the regional support team. The regional support team would work with program director, staff, and the agency's QE staff to identify why and develop a plan around that (i.e. new staff, supervision lacking) and bring experts, mentors, coaches to the team based on methods that are successful for other agencies or teams.

Strategy 4.2: Implement a strong coordinated POS/DCFS foster/adoption recruitment, retention, and training program statewide.

Problem Exploration: The CFSR identified the following challenges pertaining to the Illinois DCFS/POS foster care system: 1) foster homes do not meet the diverse needs of children coming into care; 2) racial disparities are not addressed adequately and a disproportionate number of African American youth are placed in more restrictive placement settings; 3) youth in care are not effectively matched with foster homes that focus on the youth's strengths; and 4) existing pool of foster parents lack support and resources for youth with behavioral health needs and there is shortage of therapeutic foster homes in some areas of the state. As of 05/21/2020, DCFS has 8,457 foster homes statewide with an average bed capacity of 2.65, and DCFS/POS are working with 6,502 youth in those homes. While 2,000 available spots are not utilized, many youth have specialized needs that prospective caregivers are not willing to take on. Some prospective caregivers may be willing to care for children and youth with specialized needs, if provided with greater levels of support. While placement stability rates have improved over time, African American children experience less placement stability (4.4 moves per 1,000 days in 2018) compared to White children (3.2 moves per 1,000 days) and Hispanic children (3.4 moves per 1,000 days). The placement moves per 1,000 days for both African American and Hispanic children have been slowly decreasing since 2012, however.¹⁸ Additionally, while the average proportion of youth who run away from placements was 18.2% in 2017-18, about one-fourth of African American youth ran away from their placement in 2017-18.¹⁹

Root Cause Analysis: Focus group data from the 2018 CFSR highlighted several root causes to the limitations of matching children and youth needing permanent placement with the existing pool of foster homes, within the existing system of support for substitute caregivers. System challenges include: 1) insufficient resources devoted to helping prospective caregivers broaden their willingness and capacity to care for youth with specialized needs, 2) insufficient supports for substitute caregivers to work through challenges (e.g. disruptive behavior) to sustain placements, particularly for African American youth; and 3) a relatively low proportion of foster homes with sufficient knowledge and skill in providing trauma-informed, culturally proficient, and

¹⁸ Children and Family Research Center (2019). *Conditions of children in or at risk of foster care in Illinois*. Urbana, IL: Author. Retrieved from https://www.cfr Illinois.edu/pubs/rp_20191008_ConditionsofChildreninorRiskofFosterCareinIllinoisFY2019MonitoringReportoftheBHConsentDecree.pdf

¹⁹ Ibid.

strengths-based approaches in their parenting style and behaviors. Hanna and colleagues (2017) highlighted challenges in engaging prospective caregivers from African American and Latino communities due to historical mistrust of the child welfare system among communities of color. These challenges are reflected in Illinois.

Rationale for Selection of Intervention: This strategy builds upon the success of similar strategies employed in New York’s “Parent for Every Child” initiative. Chapin Hall Center for Children conducted a randomized controlled trial on the effects of New York’s “Parent for Every Child” initiative, which focused on recruiting foster parents for youth residing in congregate care settings (Feldman et al., 2016).²⁰ This foster parent recruitment intervention included family search and engagement strategies, posting of personalized child videos on the “Adoption Chronicles” website, online photo listings, targeted outreach to individuals working with special needs youth, networking meetings among caseworkers in different regions, and use of social and mass media. Program participants also engaged in individualized casework with a permanency specialist to help youth overcome resistance to permanency, facilitate youth relationships with prospective caregivers, provide prospective caregivers with specialized training, and assist families with the foster/adoptive certification process. Permanency specialists received about 20 hours of additional training focused on foster parent recruitment, casework skills related to hard-to-place youth and use of the program database. After 12 months, this recruitment program showed positive, significant intervention effects for youth attainment of any permanency.

Strategy 4.3: DCFS will partner with POS agencies and community organizations to establish a robust service array that is accessible to children and families.

Problem Exploration: There is a lack of mental health, substance abuse, and safety-related services available to families who interact with the DCFS system. Focus group data from the 2018 CFSR final report identified shortages of providers for various mental and behavioral health needs, as well as physical and dental health needs, to serve families involved in the child welfare system. Supports and training to family members to alleviate critical safety risks are central to children and youth achieving better well-being outcomes. Additionally, an Illinois Task Force on the Illinois Behavioral Health Workforce assessed severe shortages of mental and behavioral health providers in Illinois, as well as needs for training and support in evidence-based service delivery among existing providers and new providers.²¹ Most children and youth involved in the child welfare system are Medicaid-eligible. Based on capacity, many providers do not accept or limit the number of Medicaid-eligible clients. Among children and youth who are able to access needed services, they often may not receive services that are found to be evidence-based from well-conducted and reviewed research.

Root Cause Analysis: Children and youth in care do not receive the mental and behavioral health services they need due to a variety of factors. Based on focus group data, Antonio Garcia and colleagues (2015) found that developing providers for effective practice strategies in proximity to locations where services are needed is a most important strategy at the

²⁰ Feldman, S. W., Price, K. M., & Ruppel, J. (2016). Not too late: Effects of a diligent recruitment program for hard to place youth. *Children and Youth Services Review*, 65, 26-31.

²¹ Post, S. (2019). *Behavioral health workforce education center task force report to the Illinois General Assembly*. [Response to Illinois House Bill 5111 (PA 100-0767)]. Springfield, IL: Optum. Retrieved from <http://www.ilga.gov/reports/ReportsSubmitted/693RSGAEmail1488RSGAAttachBH%20Workforce%20Task%20Force%20Report%2027DEC2019%20FINAL.pdf>

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

macro level.²² Caseworkers need training and job support to facilitate informed referral to evidence-based and trauma-informed services once they are available (Garcia et al., 2015). Children, youth, and families need culturally competent and trauma-informed approaches in order to overcome resistance to participating in services, and motivational support to make the extra effort (Garcia et al., 2015).

In some areas of the state, individuals may have to travel long distances (e.g. 1 hour or more) to access mental health or behavioral health service providers. In some severe behavioral and psychiatric cases, youth have to be placed out-of-state for these services. Families often need help to find appropriate providers in their area, options for telehealth appointments in remote locations, and assistance in understanding complex insurance requirements and rules. Another barrier is DCFS/POS caseworkers overcoming resistance to participating in services, even when they are available. Providers need additional funding and support to implement evidence-based and trauma-informed mental health services to serve children and youth involved in child protective services.

Rationale for Selection of Intervention: To improve access to needed services to families referred to in-home care and foster care placement, Illinois DCFS will expand its funding for, and delivery of, evidence-based and trauma-informed services, including in areas with historical shortages. These services will primarily be expanded for the following target populations: intact families to prevent children from entering foster care, pregnant and parenting youth in care to prevent entry of their children into foster care, children recently reunified with parents to prevent re-entry to foster care, and children who have achieved permanency through adoption or subsidized guardianship to prevent re-entry to foster care.

To address the mental/behavioral health needs of children and families, DCFS/POS caseworkers will be trained to skillfully refer children and youth to available behavior management interventions and supports. These mental and behavioral health interventions to youth and families are geared to reduce barriers to permanency and reunification, as well as provide solution-focused strategies to increase safety conditions in child living arrangements (in-home or foster care). In the area of mental health, DCFS will be expanding service delivery of: 1) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); 2) Child-Parent Psychotherapy (CPP); 3) Attachment, Regulation, and Competency (ARC); 4) Wraparound services; and 5) Multi-Systemic Therapy (MST). In cases where specialty services are needed for families with substance abuse challenges, DCFS/POS will expand and enhance service engagement through Motivational Interviewing. DCFS will also expand service delivery of Seeking Safety. To address safety in families, DCFS will expand community services through programming that empowers parents and families and builds on the family's strengths. In situations where additional interventions for safety are necessary, DCFS will implement enhanced services to ensure the safety of children and youth, including the Nurturing Parenting Program (NPP), Solution-Based Casework (SBC), Healthy Families America (HFA), Parents as Teachers (PAT), and Triple P.

The expansion of service delivery of these evidence-based interventions will be accompanied by intensive training and coaching supports to help DCFS/POS caseworkers be knowledgeable about services that are available and help them effectively coordinate with providers to better meet the needs of children and youth in Illinois state care. Appendix C provides additional information about the expansion of evidence-based interventions, including a map of expanded service availability.

²² Garcia, A. R., Circo, E., DeNard, C., & Hernandez, N. (2015). Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system. *Children and Youth Services Review*, 52, 110-122.

Chapter 4 – Update on Service Description

Sub-Chapter 4A - Safety Services

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

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

Critical Strategies to keeping children safe:

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

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

- Prevention
- Protection
- Partnership

Prevention:

With passage of the Family First Prevention Services Act (FFPSA), Illinois child welfare has a unique opportunity to alter the general mindset and change the focus of child welfare from removal of children from their homes, to enabling children to remain safe and well-cared-for in their homes. Increasing engagement with families through expanded and enhanced prevention programs, such as those described below, will be a benefit to all.

Intact Family Services

Intact Family Services 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:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- a) professional assessment of family issues that lead to the Department's involvement;
- b) short-term arrangement of appropriate safety plans, if necessary;
- c) provision of direct intervention and linkage to community services;
- d) taking protective actions when appropriate.

The Intact Family Services program is designed to work with at-risk families who have been referred for continuing assistance and monitoring following a child abuse or neglect investigation with DCFS. There are two types of family referrals: voluntary and involuntary (court ordered). It is anticipated that 50% of cases opened will be able to close within nine (9) months of service and 90% closed within twelve (12) months of service. The Intact Family Services Program is a statewide program, and services are provided by DCFS staff and contracted private agency staff. FY20 contracts for Intact providers were adjusted to reflect higher case rates. Contract language was also revised to clarify referral processes, casework expectations on high risk cases, available resources for Intact families, criteria for successful/unsuccessful case closure, programmatic outcome measures and quality assurance expectations.

The goals of the program are:

- o To enable children to remain safely at home
- o To ensure the safety, well-being and continued healthy development of children
- o To make reasonable efforts to keep families together
- o To address the issues that place children at risk
- o To avoid having children separated from their family and community in an out-of-home placement

Intact family providers are change agents that are expected to be knowledgeable of and networked with community and governmental resources available to families. Linkage to services beyond those provided through this program are vital to performance success in serving these families. Community resources include services as diverse as food pantries; Alcoholics Anonymous support groups; inpatient and outpatient substance abuse treatment programs provided through the Illinois Department of Human Services, Division of Substance Abuse Prevention and Recovery (SUPR) and the Child Welfare Integrated Services Program; other addiction support groups; used clothing and furniture outlets; church activity and support groups for adults and/or children; free or reduced price medical clinics; and shelters for battered women and their children. Federal or state supported services include public health clinics, mental health clinics, substance abuse treatment programs, local schools and the Department of Human Services.

State and community services to which a family is referred will largely depend upon the family's Client Service Plan that is developed with the input of the family, the findings of the DCFS Investigation Specialist, and the findings of the comprehensive assessment completed by the Intact family worker. Families will be linked to such services as; domestic violence services, parenting coaching or classes, substance abuse treatment, mental health services, day care services, early childhood intervention, housing and financial assistance either through Norman services or flexible funding as deemed appropriate, based on the assessments.

In addition to the entities mentioned above, Intact workers (both DCFS and private agency) also frequently collaborate with the Department of Human Services. Staff at DHS will triage with Intact service providers to assess for service needs and assist families in linking to the services this

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

agency provides, such as home visiting services, and Women, Infant and Children's programs. DHS will also provide 6 months of ongoing day care services after the Intact Services case closes with DCFS.

Intact service providers work closely with court in cases where court intervention has become necessary, and with various community services providers for numerous services for our families. Some of the community agencies with which intact workers collaborate:

- domestic violence counseling programs and shelters
- substance abuse treatment providers will perform assessments, provide educational services, outpatient and inpatient services for clients
- community mental health agencies provide medication management, counseling and assessments
- Headstart and early intervention services are provided to younger children

The DCFS has the ability, through the Erickson Institute, to offer birth-to-three assessments for intact families with children in this age group. It is important to work with schools in supporting parents needing to obtain services for their children who may need assessments or other special services.

Currently, the DCFS is involved in a grant study to provide Intact Family Recovery Services for families identified with substance abuse issues in Cook, Winnebago, Boone, Will and Grundy counties. The program is preparing to expand, with new pilots set to begin in October 2020 in the counties of Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgard, Ford, Iroquois, Livingston, McLean, Macon, Moultrie, Piatt, Shelby and Vermillion. In this program, a recovery coach is co-housed with an Intact Family services caseworker and they work collaboratively with the family. DCFS is working to develop a similar co-housed specialist program in the area of Domestic Violence.

County health departments often provide medical services for our families, and caseworkers should be familiar with and partner with these services providers as well.

It is DCFS' approach that Intact caseworkers, supervisors, and managers all work collaboratively with service providers to enhance the services provided to intact families.

Goals moving forward:

Illinois' new Governor has commissioned a review and report from the University of Chicago's Chapin Hall regarding the Intact Family Services Program. The report was released in May 2019, and DCFS plans to follow the recommendations made. Intact-specific recommendations on which planning has begun include: working closely with the court system to file petitions on Intact cases, should that be necessary; developing a case closing review system; and, ensuring the family has a support system in place at case closing. The work with Chapin Hall continues and arrangements are currently being made for a consultation with other states to look at evidence-based practices involved in areas of Illinois' work in intact services, including safety assessments, cultural competence, service matching and concrete supports. In addition, the unsuccessful case closure review and staffing process through the Intact Utilization Unit has been in place since July 2019. In this process each case scheduled to be closed with unsuccessful outcomes will be reviewed before closure may occur. This involves a review of the file and if needed, a staffing involving the worker, intact unit supervisors and investigations.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Family First work has continued, with the final plan due on July 1, 2020. Many groups are working on areas of the plan, led by agency leadership in coordination with Chapin Hall. Evidence-based practices have been selected and confirmed to engage 12 various programs across the state.

The High-Risk Intact program has become a major focus for the Intact program. The number of Intact staff at DCFS has increased, along with DCFS' ability to serve High Risk cases. Additional staff will be hired, and DCFS will be supporting private agency workers in carrying High Risk cases. Evidence-based approaches to service provision will be considered, as well as specialized training for High Risk Intact staff. DCFS has increased capacity to meet the intake needs of high-risk cases and has created structural changes to allow a more intentional focus on intact services. A full intact division has been created, including a Deputy Director of Intact Services, two Regional Administrators and continuing the role of the Statewide Intact Administrator to oversee the work in the Intact Utilization Unit involving case assignment and the unsuccessful case closure process. Eight additional Management Operations Analyst positions have been added to assist the unit in providing reviews, training and support to DCFS and the private sector to continue focus on improving outcomes for children and families. DCFS has also recently received approval to add Area Administrators, additional supervisors and direct care staff to meet the growing needs of the intact division. In addition, private agency capacity has been expanded to meet this growing need for services.

At this time there is a daily review of new investigations on open Intact cases. Should there be a safety concern, a notification is sent to the Intact case worker and supervisor for their response, to be received within 24 hours. Daily reports are generated on these investigations, along with cumulative data, that will be assessed, (perhaps using predictive analytics), to determine any discernable patterns. Quality Enhancement Support Teams (of the Office of Quality Enhancement) review intact cases based upon designated high risk and priority allegations. Quality Enhancement also then partners with Intact for special focused reviews as needed. A relevant Dashboard will be created for outcome measures for Intact Services. Outcome measures will be determined with the input of the Child Welfare Advisory Front End committee, Quality Enhancement, and Agency Performance Team management. Work with Chapin Hall continues regarding predictive analytics, latent class analysis and evidence based practices with the intention for changes in intact as indicated in the Chapin Hall recommendations. Both predictive analytics and the latent class analysis are projected for completion in early summer 2020 with implementation beginning late summer/fall of 2020.

It is anticipated that work with Illinois' Program Improvement Plan, Chapin Hall recommendations and the Family First Prevention Services Act will enhance programs that Intact and our community partners already provide.

Fiscal Year	Intact Cases	Children Served
2012	601	1599
2013	2928	7416
2014	7283	18360
2015	6801	17548

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

2016	5941	15126
2017	6534	16318
2018	7268	18438
2019	8292	21123

Continued growth is anticipated in the program. In order to ensure Illinois child welfare can meet the needs of this increasing population, adequate staff must be prepared to provide services.

Safe Families Program

The Safe Families for Children program was developed in 2002 by LYDIA, a Chicago based Christian social service agency, in partnership with churches, ministries, and local community organizations to offer voluntary placement arrangements to families whose children are at risk of being removed from their custody by child protective authorities. Safe Families for Children (“SFC”) is a program oriented to prevent child abuse recurrence and removal into state protective custody by recruiting and overseeing a network of host families with whom parents can voluntarily place their children in times of need. Families retain legal custody and voluntarily place their children with SFC host families. The families share decision-making authority, and SFC volunteers and paid staff serve as case coordinators for the birth parents and the host families. The average length of stay is 45 days, with ranges from 2 days to 2 years.

Families are referred to the Safe Families program in several ways. First, if the Child Protection Investigator and Supervisor determine that Safe Families may be a viable option for the family, the service is discussed with the family and if the family agrees to utilize the program they are referred. They may choose to use the temporary placement option or services such as in-kind assistance or Family Friends, volunteers who are a supportive resource for the family. Parenting instruction can also be provided. A Safe Family caseworker is assigned, and they also work with involved DCFS staff.

About 50% of the families involved with Safe Families are reported by the agency to be self-referred. Finally, another mechanism for referral is through the Intact Family Services Program. Again, if there is a situation where the family would benefit from the support of temporary placement services for the children, the Intact provider can refer the family. The Intact worker and the assigned Safe Families worker serve the family together.

While the temporary home stay is one of the programs provided by Safe Families, there are three additional programs by which more children are served. These additional programs are listed below:

- Family Friends - are volunteers who provide parent mentoring, babysitting, transportation and other supportive services to families;
- Resource Friends - are volunteers who donate a variety of items (beds, clothes, etc) or services to families in crisis;
- Family Coaches - are volunteers who visit host families, monitor the children in a home stay, and help families connect to resources.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Safe Families is a statewide program, with 90% of children being returned to their families when service is complete. Safe Families offers ongoing relationships between the host families and biological families, which provides an extra support system for the children and family.

Goals for the coming year:

Safe Families is recruiting new host families and volunteers, and hiring staff in areas of identified need, and working planfully with Illinois' response to the FFPSA in anticipation of a greater need for the prevention services provided.

In conjunction with a grant from the Arnold Foundation and assistance from DCFS, Safe Families participated in a randomized study to assess the efficacy of this program. The final evaluation will be forthcoming in FY20. Current trends observed during the evaluation phase of the study revealed that, especially in the downstate regions, children and families who engaged with Safe Families were less likely to come into care at a later date, and the rate of repeat maltreatment is lower among these families. Based on these preliminary findings and the continued use and success of this resource across Illinois and other states, DCFS has increased funding to recruit more host families statewide.

Family Advocacy Centers

There are thirty-three Family Advocacy Centers (FACs) operated by twenty-two service providers located throughout the State of Illinois. 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 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. Core Services that all FACs offer to all clients include advocacy, mentoring, parent support and training, general counseling, employment readiness training, family and youth development, and services for young adults (ages 18-21) including Financial Literacy Training. FAC Providers are expected to use evidence-based models of practice. All services provided by Family Advocacy Centers are free of charge.

In addition to traditional counseling, referrals and training services, the FAC's may also offer the following 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, classes in English and Spanish, execution of intervention strategies to support family reunification, and court-ordered supervised child visitation for non-custodial parents who are involved with DCFS and in the general community.

Each FAC provider has a specific array of services that is responsive to their communities as well as the core services. Most offer parenting classes or other types of family enrichment programs. Referrals are accepted from DCFS and private agency staff, child protection staff, community stakeholders and self-referrals. Most FACs do not have geographical service boundaries, and work directly with DCFS Field Offices and partner with intact and placement caseworkers to provide an extra set of hands, ears and eyes on cases needing additional attention. FAC staff can

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

attend Child and Family Team Meetings and participate in other clinical staffing meetings as needed, as well as provide information for court reports.

All FAC Providers are expected to form community linkages to form a provider network of services including those offered by government agencies. These linkage services must include but are not limited to:

- Housing programs
- DHS Services: WIC, TANF, Medicaid, SNAP, healthcare, childcare
- DCFS Extended Family Support Program
- Substance abuse programs
- Mental health programs
- Domestic violence programs

DCFS remains committed to ensuring that Family Advocacy Centers are trauma-informed and family-centered. All FAC providers work collaboratively with “Be Strong Families,” an agency contracted by DCFS to provide Parent Cafes and quarterly trainings to FAC Advocates. Additionally, FAC staff are encouraged to take the pre-foundation orientation training for DCFS employees to familiarize themselves with DCFS and its basic procedures.

In 2020 DCFS joined the National Family Support Network. This is a Nationwide Network of private and governmental agencies that provide family strengthening services to the community. The Network Website offers many useful resources, research studies on family support programs and grant funding sources. Access is free of charge for all Network members.

Another program that began in FY2020 for Family Advocacy Centers was the DCFS Alumni Drop In Center. This program was initiated to help alleviate homelessness among DCFS Alumni who have aged out of care and are 30 years of age and younger. The program provides social services and some hard services such as bus passes and money to cover the fees for Identification Cards, Medical Records, school registrations fees and costs related to new employment or employment retention. These services are meant to stabilize the living situation of alumni youth. Alumni youth are eligible to receive any services offered by the Family Advocacy Center closest to their geographical location.

During the current COVID19 pandemic, the Family Advocacy Centers 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. They are performing well being checks on these youth working closely with Youth Housing Programs and Youth Cash Assistance offered by the DCFS. Other DCFS Divisions are working together and utilizing the DCFS of Human Services Medicaid Data Base to obtain the most recent contact information for these youth. The number of youth contacted and the services will be available in a later update and this project is currently underway.

Goals for the coming year:

- 1) Each year FAC program staff meet with Be Strong Families staff to program trainings for the next fiscal year. Currently FAC program staff are identifying and meeting with behavioral health providers who are able to teach Mental Health First Aid at Work to FAC

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

providers in relation to adults and children under a Substance Abuse and Mental Health Services (SAMHSA) grant. The training is designed to inform professional, para-professional, and non clinical staff to notice and support an individual who may experience a mental health or substance abuse crisis. The training is free of charge. It is anticipated that the initial training will take place during the first quarter of FY 2020. Individuals who complete the training will also receive a certificate of completion and a community resource book specific to their geographical area.

2020 Update: The Mental Health First Aid Training was a success for those who attended from the Northern and Cook Regions. Training Evaluation is in the first stage and participants have given positive feedback regarding the training and their ability to use what they have learned at their home agencies. On-line training platforms are being explored for this and other trainings.

- 2) The FAC providers continue to expand their community networks. During the next reporting period the FAC providers will work more closely with the DCFS Extended Family Support Network through the Kinship Navigator Program. DCFS surveyed the EFSP contract providers and those that responded stated that at least 50% of the families they serve could benefit from services provided by Family Advocacy Centers. The Department will use funding from the Kinship Navigator Program to help these families prosper by referring the families to FAC agencies.

2020 Update: A Kinship Navigator was hired April 2020 by one of the Family Advocacy Centers to coordinate referrals to the Family Advocacy Centers Statewide from the Extended Family Support Program. It is too early to gage the success of this program or to measure the amount of referrals generated.

- 3) Services offered by Family Advocacy Centers are part of the Illinois FFPSA plan that DCFS is scheduled to begin, with an anticipated increase in the amount of referrals from Intact Family Service workers as well as for youth who are aging out of care.

2020 Update: Illinois FFPSA has not been fully implemented at this time thus unable to measure at this time. A general summary of clients served appears at the end of this update.

- 4) As funding becomes available, the Family Advocacy Program continues to expand their service areas either through satellite sites or new centers in areas of demonstrated need.

2020 Update: A plan has been submitted for FAC expansion and is awaiting funding for new centers and expansion for existing centers into new counties throughout the state.

- 5) FAC program staff will continue to develop program evaluation tools during this reporting period including the ability to track Kinship Navigator participants and to identify where services are being provided either in a classroom, office or in a home setting, as well as on-line.

2020 Update: The Web Based Family Advocacy Center Data Base has been updated to track the number of referrals from the Extended Family Support Program. With the hire of the Kinship Navigator Statewide Coordinator, referrals to the Family Advocacy Centers will begin.

Be Strong Families

Be Strong Families (BSF) will continue implementation of its Building Protective Factors with Child Welfare Involved Families program as part of DCFS federal five-year CFSP by partnering to develop transformative conversations among child welfare audiences that nurture the spirit of family, promote wellbeing, and prevent violence. Through this program BSF annually provides over 425 service events statewide to target audiences (Foster Parents, Youth and Young Adults in Care, and Birth Parents with placement and intact cases or under investigation). These services occur evenly between Illinois' downstate and northern regions and are focused on:

- promoting timely reunification for Birth Parents with placement cases
- supporting birth parents and caseworkers in developing stronger relationships
- supporting Foster Parents in building a strong network of support and reducing placement disruptions
- assisting youth in care as they prepare for their transition into adulthood by educating them on the CSSP YouthThrive™ Protective and Promotive Factors and Strengthening Families™ Protective Factors and understanding parenting as a life skill.

Services include training workshops and Café peer-to-peer support service events that will build and strengthen the Strengthening Families™ Protective Factors and YouthThrive Protective and Promotive Factors.

In addition, BSF offers a menu of trainings for child welfare professionals from DCFS and private agencies and Family Advocacy Centers. These trainings focus on strengthening worker-parent engagement skills and improving relationship-based and trauma-informed practices.

In implementing this program, BSF collaborates with approximately 80 agencies annually who have direct access to the clients and assist BSF by providing the service setting. These partners include multiple DCFS locations, Family Advocacy Centers, Transitional Living Programs, and other child welfare family & youth service agencies.

Through March 2020, BSF has served:

- 538 unique birth parents, with overall attendance totalling 1,143 in 136 service events provided. 238 or 44% of unique participants have returned for at least a second session. Getting on the Fast Track workshops are the highest percentages of services provided with this audience and offer sessions on the importance of strengthening caseworker and caregiver relationships, understanding visitation, and developing positive social connections. Through March 90+% of participating are reporting satisfaction with the trainings and 83% are reporting learning valuable information that they have not received elsewhere.
- 421 unique foster parents, with overall attendance totalling 885 in 89 service events provided. 219 or 52% of unique participants have returned for at least a second session. Foster Parents are participating in Parent Café peer to peer support and parent education services as well as trauma informed workshops on topics such as Using Lifebooks, Maintaining Family Connectedness, and Trauma Stewardship. 90% of participants are reporting an increase in their network of support.
- 320 unique youth and young adults, with overall attendance totalling 885 in 129 service events provided. 203 or 63% of unique participants have returned to participate in at least one additional session. YYA participate in café services providing peer to peer

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

support and education on the Strengthening Families™ Protective Factors and YouthThrive. Over 80% of participants are finding the trainings and services helpful and are feeling valued as a result of their participation.

Services have shifted drastically in response to the COVID-19 pandemic. BSF has continued working to deliver services online to its audiences, pivoting as early as March 18th. The shift has been successful overall, although there are challenges serving the birth parent audience who in some cases lack access to technology and/or internet. Some youth in residential settings do not have permission to utilize technology as well, but we have been able to overcome this by partnering with the agencies to gather participants in a common room and utilize the agency's audio-visual equipment.

There have been positive effects since converting to online as well. For example, the online delivery platform has facilitated our ability to convene and deliver services to larger audiences in the Central and Southern regions. This has historically been a challenge due to the geographic distances involved. We've seen a large increase in foster parent participation because the trainings and services are being provided online and are being offered in the later evening after children have gone down to sleep. Parents have been reporting that the ability to log in at home without the additional travel and childcare logistics needed to attend an in-person event has been a major factor contributing to their attendance.

Goals moving forward:

Entering FY21, there is a plan in place to provide a similar service array and an anticipated need to continue providing online services as the year begins, and following the lead of DCFS and State government leadership in preparing to transition back to onsite delivery. Also, based on the feedback from foster care parents and the increase in their attendance due to the convenient schedule of online offerings, there are plans to offer a hybrid of in-person and online options for foster parents. A plan is being developed to analyze the effectiveness of services in assisting birth parents with completing their plans and increasing parenting knowledge and skills and the impact of protective factors in the lives of both birth parents and foster parents.

Through the delivery of services it is expected birth parents will report a change in attitude toward their relationship with their caseworker and feeling more confident about achieving their reunification goals in their case plan. In addition to increasing their network of support, services will also continue to assist Foster Parents in learning about new community resources available to them, and increasing the promotion of trauma-informed parenting practices such as maintaining family connectedness, trauma stewardship and working with their foster kids to create Lifebooks.

Services for youth and young adults will offer new tools and skills to help them transition towards independence and in feeling more confident that they have a good life and can handle whatever challenges arise. Services for professionals will help them learn new tools, skills and strategies to use in their role and work to increase their confidence in engaging parents in a strength-based, appreciative manner.

Program metrics and outcomes also serve to compliment Illinois child welfare priorities identified in the most recent Performance Improvement Plan (PIP) Goals to:

- Improve timelines to permanency;
- Effectively meet the needs of children and youth while in care;

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Engage mothers and fathers early and often throughout their department involvement; and
- Support the workforce to effectively and consistently engage children and families.

Extended Family Support Program

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 the relative and child in the child welfare system. The program provides services through fifteen contracted private agencies. DCFS does not have a provider to serve the LaSalle County and less populated counties around it. Otherwise the program serves the entire State.

Services provided by EFSP include:

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

DCFS employs one EFSP Program coordinator. All referrals to EFSP agencies are made by the EFSP Coordinator. The coordinator also tracks client progress for all clients referred to the program, requests and reviews criminal backgrounds and accepts bills from the providers and determines if the providers are billing appropriately. The coordinator also monitors services that the seventeen contracted agencies provide to the clients.

One of the major goals of EFSP is to insure the relative has obtained guardianship of the relative child(ren). EFSP client closing reports submitted by EFSP providers consistently show that the providers were successfully helping the relative caregivers obtain guardianship for two-thirds of the cases DCFS approved for this assistance.

Most EFSP referrals (more than 60%) are made by relative caregivers calling the DCFS child abuse hotline seeking services. The rest are made by the Division of Child Protection (DCP) and DCFS and private agency intact teams. DCFS recently made changes to the program which will increase the number of referrals from DCP and intact teams. Through new Procedures approved at the end of 2018, DCFS now allows both DCP and intact teams to keep their cases open 30 days after referring a family to EFSP. Another change is that intact teams can refer relative caregivers on intact cases that have been open for more than 45 days. These changes have led to an increase in the numbers of cases referred from DCP and intact teams.

In FY20, DCFS returned to the practice of reviewing all caregiver's child abuse and Illinois criminal record before determining whether DCFS will allow the EFSP provider to assist the caregiver obtain guardianship. DCFS had temporarily relaxed this standard in FY19 (only using this information to assess safety threats).

The contracted EFSP providers become familiar with applying for guardianship hearings as well as develop relationships with local court personnel and the judges who hear the cases for guardianship. EFSP workers also need to become familiar with Illinois Department of Human Services (IDHS) Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Assistance for Needy Families (TANF) and subsidized childcare policies. EFSP workers often find that IDHS is not as familiar with services for relative caregivers and often make mistakes when reviewing relative caregiver applications for assistance. Similarly, public schools are not as familiar with rules governing enrollment of children living with relatives. The EFSP workers often need to help relative caregivers through these processes.

In FY20, DCFS used federal kinship navigator money to hire a Kinship Navigator Ombudsperson. She will work with the Department on Aging (DoA) to reconvene the Kinship Caregiver Task Force (KCTF, formerly referred to as the Grandparents Raising Grandchildren Taskforce). KCTF will try to resolve barriers to services for relative caregivers, including those listed in the paragraph above. She will also support the DoA's Kinship Caregiver support groups. DCFS has also started discussions with the Illinois Department of Human Services to work with homeless minors (ages 14-17) who have been locked out of, or have left, their parent's home. When the youth cannot return to their parent's home but are able to find a relative who can care for them, DCFS will determine if EFSP services are appropriate. DCFS also started discussions with the Department of Juvenile Justice to help relative caregivers who are caring for a relative's child when a parent is placed in one of their detention centers.

Goals moving forward

- DCFS applied for and received over half a million dollars in federal kinship navigator funding to enhance EFSP. DCFS is working now to address the following goals that were discussed in last year's report, namely: Creating and maintaining a kinship navigator website
- Creating and staffing a kinship caregiver task force to recommend policies and practices that will assist relative caregiver families.
- Creating local kinship caregiver support groups

DCFS hopes that these strategies will not only provide needed support and assistance to current relative caregivers but will also encourage additional families to seek this service in order to stabilize children in their home.

The Department applied for more than \$500,000 again in March 2020 to continue to expand EFSP in this manner. DCFS is considering additional enhancements to the program in order to seek federal Family First funding in future years. These enhancements could include:

- Including the EFSP Case file on SACWIS
- Meet with relative caregiver families monthly
- Conduct a safety assessment every 90 days.

Norman Services

Norman Services assist families who lack food, clothing, housing or other basic human needs that place children's safety at risk and would otherwise necessitate their removal from the family or would be a barrier to family reunification. The Norman Services program was created in response to a lawsuit against DCFS which led to the Norman Consent Decree. The statewide program provides:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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

Cash Assistance is requested by child protection workers and their supervisors and must be authorized in the Norman Payment Authorization System. Norman Cash Assistance is entered into that database and then requests are forwarded to one of sixteen contracted Norman Cash Assistance Providers located throughout the State. DCFS supervisors can also approve requests for Norman housing advocacy services, which are provided by fifteen contracted private agencies. Norman Housing Advocacy Providers serve most counties in Illinois but there are some rural counties that don't currently have a provider. DCFS continues to seek providers who can serve those counties. All requests for Norman cash assistance and housing advocacy made by private agency child welfare workers (and some requests made by DCFS workers) are submitted to one DCFS employee: The Purchase of Service (POS) Norman Liaison. The POS Norman Liaison approves thousands of requests for services each year. Below are the numbers of families served by these programs since FY17:

Fiscal Year	Families - cash assist	Families - housing assist
FY17	2,187	1,109
FY18	2,730	1,193
FY19	3,253	1,467
FY20 (first half)	1,493	908

The program has had enormous growth over the past couple of years. However, many housing advocacy providers have been at capacity since the latter half of FY18 and often could not accept new referrals. Other options have been given to prevent homelessness of children and families:

- Effective program monitoring and training has increased the effectiveness of the housing advocates. Even though most families referred have extremely low-incomes, poor credit scores and little history successfully maintaining housing, DCFS consistently reports that approximately three-fourths of the families served are housed when they leave the program.
- The housing advocates have created a secondary goal of diverting families from becoming homeless when the family does not have the income or other resources to obtain housing on their own. This may include providing supports, so the family is able to live with friends and family members. These efforts have kept hundreds of families from entering shelters.
- The Family Unification Program (FUP) continues to expand. FUP provides a housing choice voucher to families who have children who are in danger of being placed in, or cannot be returned home from, DCFS care due to inadequate housing. FUP is administered by local housing authorities, but Illinois child welfare refers all families served by the program. Sixteen housing authorities in Illinois currently have 1,827 FUP vouchers,

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

most of which serves Norman certified families (FUP can also serve youth who are aging out of, or have aged out of, DCFS care).

To provide housing services to Norman certified families DCFS works with all local housing authorities and other subsidized housing providers. DCFS works closest with the sixteen housing authorities that currently administer FUP. DCFS also works with the nineteen homeless Continuums of Care in Illinois. CoCs are a network of housing, shelter and service providers and advocates for homeless individuals and families.

DCFS helped local housing authorities apply for Family Unification Program (FUP) housing choice vouchers (also known as Section 8). Last fall, DCFS successfully assisted the Chicago Housing Authority, the Rockford Housing Authority and the Winnebago Housing Authority obtain new funding for FUP housing choice vouchers.

Goals for the coming year

There are currently fifteen housing advocacy providers located in nineteen offices around the State. DCFS plans to add two more housing advocacy providers in FY20. DCFS identified a provider located on the South Side of Chicago and another has offices in Joliet and Naperville, as these areas are currently underserved.

DCFS has challenged child welfare workers to employ the "housing first" model when serving families with children in care. Many workers have advised that they struggle to serve homeless families because the family is more interested in meeting their housing needs than the other issues that the workers feel are more important. Workers have been guided in realizing that providing housing first can help them develop their relationship with the family. Housing the family first will also stabilize the family, making them more likely to attend court and participate in other services. By employing a housing first model, there will likely be an increase in the number of children returned home, while decreasing the amount of time children spend in care.

Youth Housing Assistance Program

The Youth Housing Assistance Program (YHAP) provides housing advocacy services and cash assistance to youth under the age of 21 who are aging out, or have aged out, of DCFS care. The program intends to prevent youth from becoming homeless after leaving DCFS care, and some assistance is provided to youth under the age of 21 who have a previously closed case, to prevent the youth from re-entering foster care.

Number of Youth

Fiscal Year	Cash Assistance (served)	Housing Assistance (referred)
FY17	95	216
FY18	121	274

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

FY19	130	285
FY20 (first half)	65	149

Cash Assistance is requested by caseworkers and their supervisors for youth with open cases, and youth housing advocates and their supervisors request assistance for youth with closed cases. The YHAP Coordinator and supervisor approve cash assistance requests, it is entered into the database and then requests are forwarded to one of eight contracted Youth Cash Assistance Providers covering the state. The YHAP Coordinator also approves requests for Youth housing advocacy services, which are provided by fifteen contracted private agencies. Youth Housing Advocacy Providers serve most counties in Illinois but there are some rural counties that don't currently have a provider. DCFS continues to seek providers who can serve those counties.

During the COVID 19 Pandemic, DCFS decided to provide youth cash assistance to youth who had already aged out of care since October 1, 2019. Almost all of these youth are older than 21. DCFS has already provided cash assistance to help youth who already aged out of care maintain adequate housing.

DCFS has collaborated with local homeless Continuums of Care (CoCs) which are networks of community agencies that serve and house homeless individuals and families (including youth who have aged out of care). There are nineteen CoCs in Illinois, and DCFS is currently working with three local CoCs to apply for federal funding to end youth homelessness. The program will provide funding for housing and services to homeless youth, including youth who aged out of DCFS care. DCFS also helped local housing authorities apply for Family Unification Program (FUP) housing choice vouchers (also known as Section 8). While FUP usually serves families, it can also serve youth who are aging out, or have aged out, of DCFS care. Last fall, DCFS successfully assisted the Chicago Housing Authority, the Rockford Housing Authority and the Winnebago Housing Authority obtain new funding for FUP housing choice vouchers.

In addition to those housing authorities, the Cook County, DuPage, Lake County, Madison County, Rock Island, Springfield and Williamson County housing authorities will accept FUP referrals for youth. Youth referred to FUP must receive follow-up services for eighteen months after they are housed. To meet this requirement, DCFS sought and received federal approval to use their Independence Facilitation Grant funding to provide housing advocacy and cash assistance to youth referred to FUP until they turn 23. DCFS is unique in its efforts to reach out to housing authorities across the State to utilize FUP in this manner.

Goals moving forward:

DCFS renewed the contract of the Youth Housing Assistance Program coordinator in FY20. The program continues to grow during her tenure.

DCFS worked toward identifying providers in underserved areas, and was able to locate providers on the South Side of Chicago and another with offices in Joliet and Naperville. Work will continue to find housing assistance providers in underserved areas.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Because of changes to FUP and the decision to allow DCFS to use Independence Facilitation Grant funding after the youth turns 21, and the decision to serve other youth over 21 during the COVID-19 pandemic, it is likely that the number of 21 and 22 year old youth served through the program will increase.

DCFS is also responding to bills passed by the Illinois legislature regarding coordinating services for youth who have aged out of care. While the bills differ, they all agree that DCFS and other state agencies and private entities, as well as the youth themselves, need to address this issue together. This is an opportunity to make real changes to policies and practices both inside and outside of DCFS.

Public Education

The DCFS Communications Office conducts ongoing efforts to connect parents, caregivers and the public with child abuse prevention and child safety information across Illinois. The office coordinates media outreach for DCFS across the state, serves as a liaison for DCFS with the media and manages major media campaigns on programs and services.

The Communications Office has a number of other duties:

- Focuses on promoting positive media stories to recruit foster and adoptive parents on television, radio, newspaper articles and social media platforms, including Facebook, LinkedIn, Twitter, Instagram and YouTube.
- Serves as a spokesperson for the Acting Director and for DCFS; and interprets DCFS policies and actions for the media, DCFS clients and the public.
- Manages DCFS presence on Facebook, Twitter, YouTube, Instagram and LinkedIn. The office also manages DCFS internal "D-Net" website accessible by staff and private agency partners and the DCFS' public-facing website (www2.illinois.gov/DCFS).
- Serves as liaison between DCFS and the Governor's Communications Office, lawmakers, other state agencies, federal regulatory and budgetary agencies, the public and the media.
- Collaborates with state and local private providers, agencies and community members to work together to improve safety for children and families.
- Partners with businesses, nonprofits, law enforcement, public and private schools and churches for initiatives including Child Abuse Prevention Month; letting child victims know that help is available by calling the hotline; the ABCs of Safe Sleep Campaign to reduce the risk of infant deaths due to unsafe sleep practices; and the Water Safety Campaign reminding parents of safe practices to avoid accidental drowning.

Goals moving forward

- Foster parent recruitment: The State of Illinois is facing a shortage of foster caregivers and licensed foster homes. To reverse this trend, the Communications Office is leading the development of a state-wide comprehensive five-year plan to attract, recruit and retain qualified caregivers that are willing to support youth in crisis and provide safe and stable

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

placements in licensed foster homes across the state. To this end, the Office of Communications, in collaboration with Resources and Recruitment and the Office of Affirmative Action (Foster Parent Recruitment Communications & Outreach Committee) meet bimonthly to plan and implement recruitment strategies in alignment with the Foster Parent Recruitment Plan.

Plans for this initiative in FY21 include:

- Creating a social media campaign focused on recruitment
- Development of a tracking system for recruits
- Information gathering, analysis and role defining for key stakeholders
- Clearly define data metrics
- Defining measurable outcome goals set to address the most pressing placement needs of children and youth in care. This includes targeting families to support: children and youth in need of specialized care, those in sibling groups, are dually involved, LGBTQ, African American adolescents, pregnant teens or require bilingual (Spanish speaking) home placement.

ABCs of Safe Sleep Campaign: This ongoing campaign educates parents and caregivers about safe sleep practices to reduce the risk of Sudden Infant Death Syndrome and other sleep-related deaths through traditional earned media outlets. In fiscal year 2021, the Communications Office will continue to promote a state-wide “safe sleep environment” campaign focused on sharing safe sleep information with the public through a targeted social media campaign utilizing DCFS’ Facebook, Twitter, Instagram, YouTube and LinkedIn channels and through experiential marketing efforts. The goal of the effort is to reach specific communities where consumption of traditional media is dropping off and new practices are required to impact public awareness.

Protection

An integral piece of safety intervention is protection. DCFS must ensure the safety and protection of our most vulnerable resource, the children of Illinois. This requires a well-trained and responsive Child Abuse and Neglect Hotline along with sufficient numbers of well-trained investigators to handle the reports initiated through the Hotline. High risk intact services can provide the support and education a family needs to remedy those situations that place children at the highest risk before there is a need to enter into foster care system or a child is injured. These programs are discussed below.

Child Abuse Hotline

Each year, the Illinois Department of Children and Family Services (IDCFS) Hotline workers respond to over two-hundred thousand calls alleging abuse and neglect of children. The goal is to process every call with a sense of urgency to ensure child safety. Training and comprehensive procedures, as well as clinical supervision and consultation, are tools in place to assist staff in thoroughly and accurately assessing child safety.

The Hotline is operational 24/7, 365 days per year and serves the entire state of Illinois. Callers to the Hotline may be mandated reporters such as school teachers, law enforcement and medical staff or non-mandated reporters such as family and neighbors. The focus of the Hotline is ensuring child safety by conducting thorough clinical assessments and determining if the criteria is met for a child abuse/neglect investigation based on the Abused and Neglected Child Reporting

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Act (ANCRA). Should the report not meet the criteria for investigation, the Hotline staff will also screen to make possible referrals for child welfare services, licensing referrals, and referrals to the Child Advocacy Centers. As of 4/30/2020 the Hotline has an increased budget for staffing to 136 Child Welfare Specialists and increased shift patterns to 9.

On 3/16/2020 in response to the COVID19 Crisis the Illinois Hotline all staff were deployed to working remotely from home to handle Hotline calls of Child Abuse and Neglect.

The Hotline's work is mostly receiving and processing information and is able to access and utilize information from two key state agencies: Department of Human Services (DHS) and Illinois Secretary of State. Through DHS-Integrated Eligibility System (IES) Hotline workers are able to access public aid information. This information allows workers to verify demographic information regarding subjects reported to the Hotline. Through the Secretary of State, workers are able to run license plate number checks on unknown subjects reported to the Hotline, if the reporter has a license plate number available.

Goals for the coming year

A priority project for the Hotline is to increase efficiency, reduce redundancy, and eliminate manual processes for workers. This effort directly affects child safety, as staff are working towards processing calls in real time.

The Hotline's goal: To decrease the message-taking rate and increase the percentage of calls handled and assessed when a caller calls in the first time. The table below represents Hotline goals for the next 5 years.

FY	Message-taking Benchmarks	Actual Performance	Answering Call Benchmarks	Actual Performance
19 (actual)	58.6%	58%	39%	39.8%
20 (Q 1-3)	55%	48%	44%	47.5%
21	50%		50%	
22	40%		60%	
23	30%		70%	
23	25%		75%	

The steps to reach the goal are two-fold and large initiatives.

The first step is to partner with OITS/DoIT (Information Technology) to identify and correct problem areas in the Statewide Automated Child Welfare Information System (SACWIS) to improve efficiency of processing intakes. The focus area is to put all work into the SACWIS system make it trackable, and automate assignment to the field directly rather than a manual assignment. Work is being done to enhance the system to do more of the processing, eliminating duplicate steps and reduce errors. The outcomes of this project will be transferable should DCFS no longer use SACWIS and enter into another Child Welfare Information System (CWIS). Changes will be accomplished through meeting on a monthly basis. Goals are the following:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- FY20 systemic issues will be identified along with the potential fixes and estimated timeframes: *Update:* Three identified IT bundles waiting on Deputy Level approval to move the bundled changes to Governance Board to review for approval and set agency priority for the project.
- FY21 the goal is to have 25% of the fixes completed
- FY22 the goal is to have 50% of the fixes completed
- FY23 the goal is to have 75% of the fixes completed
- FY24 90-10% of the fixes completed or conversion to a new application

The second step is to fully operationalize the Online Reporting System. This will be done through education and publication to all potential users statewide. The on-line reporting system reduces the call volume allowing the hotline to process on-line intakes in half the time it takes to take a phone call and assess and document the information in the SACWIS system. Goals are the following:

- FY20 - a strategy for education and publication to all potential users will be developed for Northern, Southern, Central and Cook Regions: *Update:* A new On-Line Reporting platform is in development and is expected to be available to the public by 6/1/2020. A launch campaign is being developed and will be submitted to DCFS executive leadership for approval.
- FY21 – first region will be fully educated and receive all publications
- FY22 - second region will be fully educated and receive all publications
- FY23 - third region will be fully educated and receive all publications
- FY24 - last region will be fully educated and receive all publications.

Child Abuse Investigations

The Division of Child Protection's major purpose is to ensure the safety of children brought to our attention, by responding to every report taken by the child abuse hotline, and conducting a thorough assessment and investigation. The focus of the Division is maintaining the child with their family of origin, and when that is not possible, removing the child to foster care to support reunification or another permanent, safe and stable living alternative. The Abused and Neglected Child Reporting Act (ANCRA) identifies that only DCFS child protection investigators can investigate claims of abuse/neglect. Clients served are the families of Illinois and the authority by which DCFS can intervene with a family is outlined within ANCRA. Statewide there are approximately 730 staff serving as investigators.

Child Protection workers could not do their jobs without the vast array of stakeholders who share our goals:

- Other state agencies such as the Departments of Human Services, Healthcare and Family Services, and Public Health manage programs such as daycare, WIC, home visiting nurses, Individual Care Grants, and child support. These programs are vital to many families and also provides another set of "eyes" to help ensure children are safe.
- Medical Professionals, including Child Abuse Pediatricians who provide critical medical opinions informing on injuries, trauma, and/or neglect to the children brought to the attention of DCFS.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Local court systems, attorneys and Judges assist investigators with orders of supervision, filing petitions, and determining the best outcome for a child.
- Law enforcement and DCFS investigators work closely together in the assessment of safety of the children brought to the attention of DCFS and law enforcement.
- Child Advocacy Centers are also a key stakeholder in setting up multidisciplinary teams and forensic interviews to investigate abuse.
- Private agency partners are relied upon daily, as they currently hold approximately 80% of all intact services and families.
- School systems are key partners and the largest reporting group to DCFS hotline. These are the community partners with whom children spend up to eight hours daily, and as such, often a safe place in which children feel comfortable in revealing abuse/neglect.

Goals over the coming years

Over the next five years the Division of Child Protection will

- Continue to work on filling vacancies quickly and using the “pipeline” to have staff onboarded and ready to step into vacancies
- Ongoing monthly calls and review of staffing levels will continue.
- Assessment for a reorganization of DCFS is in process to enforce accountability and expedite investigative findings. This assessment and reorganization should be completed within the next six months.
- DCFS is engaging in the Four Disciplines of Execution and is addressing behavioral changes in investigators to improve engagement with families, ultimately hoping to reduce the number of deaths and serious harms to children three and under.
- With the new Family First legislation and a focus on prevention, Child Protection will be assessing and making a determination regarding implementation of an alternative response program as an alternative to a child protection investigation.

Strengths and Challenges of Safety Services

Illinois has built a Safety Intervention System over the years and continues to enhance and refine this system by developing new processes, updating tools, creating expanded partnerships, and focusing on the importance of good supervision and critical decision making. Illinois still leads the nation in numbers of children deflected from removal. Every time a child is removed from their family, trauma is experienced by that child which may have a lasting impact on their daily functioning. DCFS focuses on children remaining safely in their family homes.

DCFS works closely with community partners such as private agencies, Family Advocacy Centers, Child Advocacy Centers, local medical, mental health and substance abuse providers among others. While DCFS maintains strong, positive relationships with community providers, there remain some gaps in services that increased during the Illinois budget crisis and have not yet recovered. DCFS remains dedicated to these providers and helping them reinstitute services.

Calls to the Child Abuse/Neglect Hotline have risen over the past three years as compared to the decline observed over the prior twenty years. Increased calls have resulted in a higher rate of investigations and necessary staffing for both investigative and intact family services. DCFS has reassessed required degrees for investigative positions and reduced the experience criteria to bring in new candidates. Additionally, DCFS has developed a pipeline of trained, waiting workers

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

to fill vacant positions; avoiding the lengthy hiring delays experienced in the past. This will continue to be assessed over the next five years.

DCFS has undergone a re-alignment that occurred in December 2019. Each Division of Operations (Child Protection, Permanency, and Intact) now has its own reporting structure of administrators ie Public Service Administrators (PSA) Area Administrators (AA) Regional Administrators (RA) and a Deputy. Each of these structures report to the Chief Deputy of Operations. This specialty focus enables each division to provide a laser focus on its goals, while communicating routinely across divisions.

Private Agencies maintain 85% of the intact family caseloads and the focus is currently to build experienced high-risk intact teams both within DCFS and with private agency partners to better serve the families we are seeing today.

To assist parents in safely raising their children, prevention services must begin before abuse or neglect occurs. With the current Family First federal legislation, the Department will be identifying the candidate group for intervention and deflection and begin building services to enhance the entire prevention continuum.

Partnership

Although DCFS is charged with the responsibility to care for and serve the families of Illinois, there are other entities also working in this endeavor. It is a chief priority for DCFS to continue efforts to forge partnerships with sister agencies as well as law enforcement, schools, medical providers, and numerous community organizations. Below will be described a number of agencies and programs with which DCFS collaborates in partnership.

Human Trafficking Program

The Statewide Human Trafficking Program Manager works under the Division of Delinquency Prevention and Restorative Justice (ODPRJ). The goal for the program is to administer and develop service resources to detect, intervene and prevent the trafficking of youth who are in contact with the Illinois Child Welfare System. The program also functions to develop policy and procedures for program services and provide technical advice and consultation associated with trafficking. The Program Manager serves as (or appoints a designee to serve as) a key stakeholder on state-wide taskforce groups regarding human trafficking issues that include but are not limited to: statewide law enforcement departments, FBI, and The National Center for Missing and Exploited Children. The Program Manager for the Human Trafficking program also visits youth in care who are placed in out-of-state human trafficking treatment facilities on a quarterly basis.

For calendar years 2016-2019 there were a total of 1176 allegations of human trafficking, 841 investigations with human trafficking allegations, and 233 indicated reports of human trafficking. At the end of calendar year 2019 there were 233 indicated reports, 11 pending investigations, and 597 unfounded allegations of human trafficking.

Members of the Human Trafficking Program and the following organizations collaborate to address the trafficking of youth in contact with the Department: Child Advocacy Centers, Cook County Juvenile Probation Department, Cook County Juvenile Court, Law Enforcement

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Personnel, Chicago Police Department Human Trafficking Task Force, Cook County Sheriff's Recovery Unit, State of Illinois Sheriff's Department, the National Center for Missing and Exploited Children, various community trafficking programs, and trafficking task force organizations across the state; as well as any providers who work with trafficked victims and survivors (youth and adults) across the country.

In July 2019, DCFS began the initial stages of formalizing an IDCFS Multiple Disciplinary Team, by attending a 3 ½ day Multidisciplinary Team Response to Child Sex Trafficking (MDT to CST) training in St. Louis Missouri, offered by the National Criminal Justice Training Center. The 10 team members, representing eight agencies from Illinois, joined together and began to develop the IDCFS Illinois Chicagoland Area Response to Exploitation, ICARE. Members of these organizations have previously collaborated to combat trafficking; however no formal agreements were in place.

The IDCFS ICARE Team determined that its purpose was to streamline communication and increase the effectiveness of the response to Child Sex Trafficking (CST) in Illinois, increase awareness of CST, implement prevention and education programs, and provide appropriate resources to assist survivors of CST. The overarching goal is to become the model for a CST MDT for the State of Illinois.

As a current example of collaborative work: the Chicago Advocacy Center, Cook County State's Attorney's Office, IDCFS Human Trafficking Program Manager, and DCFS' Child Protection Administration are currently in discussion regarding the development of a protocol and policy that directs DCFS response to hotline calls with ineligible perpetrators to determine the feasibility of expanding the definition of "eligible perpetrators." It has been determined that some calls with human trafficking allegations could possibly be missed due to the restraints of the current definition. For example, there are youth that have been trafficked and the hotline notified. However, the call/s were not taken, and no investigation initiated, due to no eligible perpetrator (individual in a caregiver role), being present. When this occurs, DCFS is missing the ability to interrupt the victimization of a young person.

Goals are as follows

Development of specialized placements in Illinois for human trafficking victims. This goal will continue into fiscal year 2021:

- DCFS has partnered with two stakeholders who are developing sex trafficking therapeutic group homes for the population of sex trafficked youth in the Chicagoland area. Both agencies are in the rate setting phase of an agreement. The development of these two group homes meets the legislative mandate of July 1, 2019 - which amends the Children and Family Services Act - to require DCFS to enter into contracts with public or private agencies or complete the development of specialized placements for youth in DCFS' care who are victims of sex trafficking. The target opening of July 1, 2020, has been pushed back due to the COVID-19 pandemic. The current anticipated opening date for both facilities is October 2020.
- DCFS continues to maintain its' contract with the only safe house for female victims under the age of 18 in Illinois. In addition to specialized placements for victims of sex trafficking, DCFS continues to develop services with collaborative partners for this population. An example is DCFS' contract with Hoyleton's Healing and Loving Oneself Mentoring Program. This program provides therapeutic mentorship in the southern region for youth

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

who are confirmed victims or at risk of becoming victims of sex trafficking. This program began in fiscal year 2018 and has already been approved for fiscal year 2021.

- The Human Trafficking Program Manager has also scheduled a meeting with Administration to bring therapeutic mentoring to the Chicagoland area. A provider with experience working with trafficked youth has submitted a program plan and budget for service delivery. Emerging research suggests that mentorship interventions offer an effective tool for working with trafficked youth. This intervention has been impactful among youth in the southern region.
- Roll out of various prevention curriculums for congregate care facilities statewide. This goal will continue into fiscal year 2021. *Update:* In October 2019, DCFS entered into contract with Selah Freedom, a nonprofit organization whose mission is to end sex trafficking through four programs, Advocacy and Awareness, Prevention, Outreach and Residential. Based on their need, congregate care facilities can choose from Selah's five different education, prevention and awareness presentations to increase education related to serving trafficked youth. The Human Trafficking Program Manager is also exploring additional Family First approved sex trafficking education, awareness and prevention models, similar to the Selah Freedom model, to present to administration for approval.
- Intervention Curriculum for our confirmed victims of trafficking. This goal will continue into fiscal year 2021. *Update:* The Human Trafficking (HT) Program Manager has identified an Intervention Curriculum for confirmed victims of trafficking. This curriculum was presented to the previous Deputy Director; however, he expressed the need to delay moving forward until the two therapeutic group home budgets were approved. Budget approval for the therapeutic group homes has not been finalized to date, however the Program Manager is requesting to implement an intervention curriculum and will submit this to current administration and reprioritize this for fiscal year 2021.
- Piloting of an Assessment Tool to identify victims of trafficking at the investigation level. This goal is currently on hold. *Update:* At this time, a standalone assessment tool has not been implemented or recommended for usage within DCFS. Previously DCFS was asked by the Chief Judge in Winnebago County to pilot the STAR assessment tool in his county. The previous Director had agreed to launch the pilot pending collaboration with University Partners. However, the current Acting Director, Marc Smith, asked the DCFS' Clinical Division, the HT program manager and clinical consults to review DCFS use of the STAR tool. Overall, this internal review did not support the need or usage of the STAR tool at any point of a youth or family's interaction with DCFS. The reviewers noted that a youth's service needs and progress are assessed via the Child and Adolescent Needs and Strengths Assessment (CANS). Both the ACR and CANS enable case management staff to identify and assess progress, behavioral concerns, and service needs. Any significant behavioral incidents of a youth in care are captured in the Significant Events Incident Report. This report specifically asks if the youth is a suspected or confirmed victim of human trafficking. Should a youth return from elopement, protocol directs staff to complete CFS680-A Missing Child Debriefing Form with the youth to gain valuable information and assess if the youth was a victim of trafficking while missing. Should any of the above assessments identify a youth as a suspected or confirmed victim of trafficking, DCFS' Human Trafficking Program Manager is to be notified and services are

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

implemented. As a result of this internal review, this goal is currently on hold, until the current Acting Director Marc Smith, determines how to proceed.

- Finalization of an Assessment Tool to be utilized to identify victims of trafficking at the investigation level. *Update:* Due to the reasons stated above this goal is on hold.
- Inclusion of human trafficking dynamics on the CANS for use by placement and congregate care staff. This goal was met in fiscal year 2020. *Update:* CANS 2.0 now captures human trafficking indicators in the following areas: # 1 Sexual Abuse, # 36 Legal, # 40 Sexual Development, # 66 Runaway, # 71 Sexually Reactive Behaviors, # 90 Intimate Relationships and # 93 Victimization. This goal was achieved in fiscal year 2020.
- Roll out of updated web-based human trafficking training across the state for all staff and POS providers. This goal will continue into fiscal year 2021. *Update:* The training curriculum has been completed and is awaiting final approval from the training division. However, because of COVID 19 and other mandatory trainings the Human Trafficking Program Manager is recommending that the training be launched during Human Trafficking Awareness Month, January 2021.
- Revisions, updates and rollout of DCFS operational methods, practice and policies related to victims of human trafficking. This goal will continue into fiscal year 2021. *Update:* The process of updating operational methods, practices and policies is underway. The initial focus has been on DCFS' definition of human trafficking and the need for there to be an eligible perpetrator for the hotline call to be accepted for an investigation.
- For the first time, DCFS participated in Dr. Kisha Roberts-Tabb and Associates Girls Night Out on National Human Trafficking Awareness Day January 11, 2020 from 10:00 pm until Midnight. During this time DCFS, stakeholders and community volunteers went into communities throughout the Chicagoland area to reach out to individuals conducting sex work. Bags of toiletries, resources and prayer was offered to all those who were encountered. DCFS will continue to participate in this event as scheduled.
- Develop, implement a functioning DCFS Multiple Disciplinary Team for youth who are victims or at a high risk of becoming trafficking victims. This goal will continue into fiscal year 2021. *Update:* In July 2019, DCFS began the initial stages of formalizing a DCFS Multiple Disciplinary Team. This team has met and continues its collaboration for the provision of services, support and assistance with human trafficking cases. Administration must approve the IDCFS ICARE team. If DCFS Administration approves the development of this team, Memorandums of Understanding between the organizations and DCFS will be needed as well.

ADDITIONAL GOALS FOR FISCAL YEAR 2021

- 1) Development of specialized foster parent homes who will foster survivors of sex trafficking.
- 2) Contracting with additional sex trafficking residential specialty programs for high end sex trafficking victims.
- 3) Continue to develop comprehensive resources for trafficked youth.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- 4) Continue to develop human trafficking awareness initiatives throughout Illinois.

Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)

MPEEC is a consortium of the Chicago Children's Advocacy Center (CCAC), John H. Stroger, Jr. Hospital of Cook County, and the University of Chicago Comer Children's Hospital. The MPEEC program is directed by the University of Chicago; the program process is based upon a multidisciplinary team (MDT) model and has a medically trained clinical coordinator who shepherds the necessary interagency agency real time collaboration between the medical child abuse expert, law enforcement and DCFS investigators which culminates in a comprehensive medical opinion which must include a final medical opinion regarding the manner of a child's injury.

Both children's hospitals are recognized child maltreatment centers that commit to maintaining child abuse pediatric directed child interdisciplinary child advocacy and protection teams which provide clinical care to children with concerns for all forms of child maltreatment; and a robust commitment to academic and educational efforts that include the MPEEC two-day trainings on medical aspects of child maltreatment.

Since 2000, all children who reside in Chicago that are less than 3 years of age who have been reported for head trauma and bone fractures have received the real time interagency MPEEC response. Additionally, MPEEC offers to DCFS access to child abuse pediatricians for expert consultation. MPEEC hospitals are recognized by the medical, child welfare, criminal and legal communities as centers for child abuse medical expertise. Annually there are about 200-225 MPEEC cases and in addition, between the two hospitals more than 1500 children receive services from the child advocacy and protection teams per year.

The MPEEC program will continue to provide consultation and second opinions to DCFS staff. Going forward additional Child Abuse Pediatrician resources are being developed by the MPEEC Medical Director. These additional resources include Rush Hospital, Loyola Hospital, Advocate Children's Hospital, and University of Illinois Hospital. This expands the support available to the Department.

While MPEEC is available in the Chicago area, similar expert medical evaluation resources are available in other areas of the state to assist child protection staff and law enforcement in the investigation of child abuse. These resources also provide ongoing education for staff and community providers on child abuse issues. Child Abuse Pediatricians for the Downstate Regions are:

Dr. Ray Davis, University of Illinois at Rockford, Medical Evaluation Response Initiative Team (MERIT)

Dr. Channing Petrak, Pediatric Resource Center (PRC), Peoria

Dr. Kathy Swafford, Children's Medical and Mental Health Resource Network, Southern Illinois

Track and Prevent Child Deaths

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)

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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 5 years. All child deaths reported to the child abuse hotline are investigated, if they meet the state defined definition of a child/abuse neglect maltreatment. All investigations are reported per NCANDS guidelines. For Indicated investigations with a death allegation, maltreatment death is identified on the record. DCFS continues to administer the Child Death Review Teams as outlined by Illinois Statute (20 ILCS 515). Within this process, 9 multi-disciplinary teams throughout the State meet regularly, with 5 teams meeting monthly and 4 teams meeting every-other month, to provide in-depth review of recent child deaths. The Executive Council also meets every month, and a meeting with the DCFS Acting Director is held every other month to insure there is regular sharing of information.

The review process includes the following:

1. an accurate and comprehensive determination of the cause of each child's death
2. assisting the State and counties in developing a greater understanding of the incidence and causes of a child's death
3. investigating all methods to preventing similar deaths
4. identifying any gaps in services to children and families
5. developing and implementing measures to prevent future deaths from similar causes

The professionals on these teams are from disparate disciplines and agencies who have responsibilities for children and have the expertise through their knowledge and experience to provide an in-depth analysis on these tragedies. The teams review the investigation (including medical records and police reports) and the service delivery processes to determine if additional efforts could have been made to prevent the child's death. A greater understanding of the incidence and causes of child deaths is necessary if the State is to prevent future child deaths.

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)
3. DCFS system – focus on the programs, policies, and procedures of DCFS (e.g., safety and risk assessment, foster parent training)
4. Other agency/system – focus on agencies or systems outside the parameter of DCFS (e.g. public health, state's attorney's office)

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. The majority of recommendations from the review teams are directed at the State Child Welfare Agency (DCFS). DCFS is mandated to respond to each of the recommendations made. The teams do make recommendations to any other organization that can benefit from addressing any systemic issue 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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

to unsafe sleep practices. In the next year greater focus will be on reducing the number of deaths related to unsafe sleep practices and the program is looking to develop a strategic plan to address this.

Our goal for FY21 and in the years to come will continue to be to reduce the number of child deaths in the State of Illinois. The most recent Annual Report (which should be final any day) indicates that approximately 83 recommendations have been made. Each of these recommendations have been responded to by DCFS or are in various stages of being addressed. While this report contains recommendations from the CDRT for reducing deaths and the Department's response to those recommendations, this cannot be considered the full plan/strategy for addressing maltreatment deaths. This report is not generated by the Department but by the CDRT. The CDRT is not under the purview of the Department.

The recent impact of COVID-19 and the "shelter-in-place" order caused the cancellation of 4 of our March meetings and postponed the Annual Symposium that is developed by the Child Death Review Teams. Historically, all meetings have been in-person meeting but given the current crisis, meetings in April and subsequent months will be held via videoconferencing until it is deemed safe to conduct in-person meetings again.

OIG Education Initiatives

In 2008, legislation was enacted requiring the Office of the Inspector General (OIG) to remedy patterns of errors or problematic practices that compromise or threaten the safety of children as identified in Inspector General death and serious injury investigations and by Child Death Review Teams (20 ILCS 505/35.7). The OIG's Error Reduction initiative is aimed at building better organizational processes and reducing the incidence of child injury and death. The initiative informs both administration and front-line staff (DCFS and private agency) throughout Illinois and promotes critical thinking and decision-making.

During the past 6 years, and looking forward to the next, the OIG has collaborated with State's Attorneys, the Cook County Office of the Public Guardian, the Cook County Youth Advisory Board, the Teen Parent Service Network, the DCFS Office of Learning and Professional Development (OLPD), the University of Illinois Springfield-Child Protection Training Academy, the University of Illinois, Illinois Department of Public Health, the Child Death Review Teams, Juvenile Protection Association and the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC).

The work of the OIG is driven by complaints for investigation and the findings of those investigations. The OIG examines repeated and emergent trends or problematic practices and policies that result from those investigations. While it is not possible to predict future investigations, the OIG plans to continue assessing whether DCFS and private agency practices, policies and procedures enhance child safety and well-being and increase positive outcomes for permanency. The OIG looks forward to continued collaboration with other stakeholders in the child welfare arena. We anticipate continuing to train Department and State's Attorney staff on Egregious Acts: "Lessons Learned from Physical Abuse Fatalities", subsequently transferring training responsibilities to the OLPD. Also, in 2021, collaborating with the Department and other State agencies in developing strategies, interventions, and PSAs that address the safety and wellbeing of workers and the families we serve during the Covid19 pandemic; reviewing the Department's Model of Supervision curriculum; and developing trainings arising from FY2020 investigative findings recommending review and improvements in Investigation, Intact, and Placement practices and procedures.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The focus for Error Reduction Training for the remainder of 2020 and moving forward into 2021 will include taking a closer look at how the data surrounding the efficacy for all trainings being delivered to the field is being measured and what that data is actually informing. A particular area of concern is that of sustainability of the workforce and the rate of turn over at the 18 to 24 month mark for newly hired staff and what impact supervision plays in sustainability.

Substance Abuse Partnership

DCFS collaborates with the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR) to serve families involved with DCFS and impacted by substance use disorders (SUD). Substance Use Disorders can impact both adult family members and youth in a family. Individuals with SUD can negatively impact the safety, permanency, and/or well-being of themselves and the entire family. Any individual in a family experiencing a SUD or impacted by a family member's SUD can receive services from DCFS and the partner agencies funded by SUPR.

SUPR provides substance abuse treatment as well as urine toxicology drug testing services for DCFS-involved parents and family members. DCFS-involved families can also benefit from recovery support services through SUPR-funded Recovery Homes. These are provided primarily in the areas in and around Chicago, while Recovery Coach services are provided by SUPR in Cook, Madison, and St. Clair Counties.

In Cook County, the Intact Family Recovery (IFR) Program provides services to families where an infant has been born substance exposed. The IFR program pairs a specially trained caseworker with a substance use outreach/case manager. They jointly work the family case and help ensure child safety and refer parents into treatment and recovery services. The DCFS Operations division also partners with the Illinois Coalition on Youth (ICOY) to provide specially funded IFR services in the Northern Region; that program will be addressed in another chapter. The programs communicate with each other to maintain the vision of IFR services – maintaining children safely at home.

Cook County IFR Program functionality is described below:

- I. The Intact Family Recovery program of Cook County (IFR) joins child welfare with alcohol and other drug (AOD) abuse treatment in a team effort to provide comprehensive services to intact families during the recovery process. Full recovery can take one to two years and the IFR program is designed to last 18 to 24 months and provide continuous support and services for intact families in three phases. In Phase 1, the team helps the parent(s) get prepared for substance abuse treatment, including arranging for child care. They also help with medical care, school assessments and additional services that are important to the family to help them enter treatment. In Phase 2, the team supports the parent(s) during treatment and works to help strengthen parenting skills, as well as, developing personal goals and aftercare plans. In Phase 3, the team supports the parent(s) in maintaining recovery and continuing to strengthen their parenting skills and personal goals.
- II. IFR serves the geographical areas of Cook County in Illinois and is divided into three regions: Cook North, Cook South and Cook Central. IFR partners with these POS agencies that are contracted to serve the IFR families: Lutheran Social Services of Illinois (LSSI) in DesPlaines and LSSI in Blue Island and Lutheran Child Family

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Services (LCFS) in Chicago. IFR has one Supervisor and three DCFS Child Welfare Specialists (one CWS is Bi-Lingual/Spanish Speaking). The Child Welfare Specialists serve as monitors and agency liaisons for the program and provide consultation and technical assistance to child welfare and Substance Use Disorder (SUD) POS agency staff. They are critical to assisting POS agencies in accessing substance use disorder services for families served by the agencies.

Collaboration is an important part of the work to address substance use for DCFS-involved families. DCFS and SUPR (DHS - Substance Use Prevention and Recovery) are key collaborators. Additional external partners include the Governor's office/task forces and councils, SAMHSA, substance use recovery providers, ACF, IDPH, and POS agencies. The SUD program also supports internal divisions, including Operations, Licensing, Monitoring, and the Guardian's office.

The IFR program uses a referral process to connect families with services. When DCFS investigates an allegation of substance exposed infants (#65) and determines that the allegation of substance abuse occurred; the investigator can recommend the IFR program for the family. Once it is recommended to come to the IFR program; the IFR Supervisor reviews the referral packet along with the IFR forms and checklist and; after it's approved, the IFR Supervisor assigns the case according to the family's geographical area and respective IFR liaison. The IFR liaison notifies their POS agency about the referral and a hand-off discussion and Transitional visit is set up between the POS agency and the investigator and their Supervisor. After the Transitional visit, the POS agency assumes case responsibility and provides oversight for the next 18 to 24 months. The POS agencies have specialty training for their caseworkers and AOD (Alcohol and Other Drug) workers, who are considered Recovery Coaches, and all are CADC certified (Certified Alcohol Drug Counselor).

The involved POS agencies are Lutheran Social Services of Illinois (LSSI) in DesPlaines, LSSI in Blue Island, and Lutheran Child Family Services (LCFS) in Chicago. Again, each agency has their assigned DCFS IFR liaison who meets weekly with the POS team to monitor, review, and provide consultation for substance affected families. All the agencies and DCFS collaborate with community-based services such as local day cares, churches, schools, medical professionals, mental health professionals, domestic violence agencies, therapists, psychologists, and psychiatrists. Partnerships exist with substance abuse treatment centers like the Women's Treatment Center, Haymarket, and Gateway. If families are involved with Cook County Juvenile Court, they interface with TASC (Treatment Alternatives for Safe Communities), State's Attorneys, Judges, and other state agencies such as SUPR.

SUD Program – Overarching Assessment and Goals

DCFS will continue to work with the Division of Substance Use Prevention and Recovery and its provider network to increase and improve the SUD services available to DCFS youth and families. In the coming state fiscal year DCFS plans to continue work with SUPR to develop residential treatment programs that can better address the needs of DCFS youth with co-occurring mental health and substance use disorders. Efforts will also include programs to better address the needs of DCFS involved adults with similar co-occurring disorders.

As the opioid crisis continues in Illinois, DCFS will collaborate with SUPR to provide additional treatment resources to address the needs of DCFS youth and families with opioid use disorders

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

(OUD), including the expansion of medication assisted treatment (MAT) across the state. New and more effective models to treat youth and adults with OUD will be developed in partnership with SUPR. This was an important collaboration in FY20 and remains a priority for FY 21.

In FY 20, DCFS explored the expansion of substance use Recovery Homes for DCFS parents and their children. DCFS will look to expand this service model to more downstate and rural communities, especially those impacted by the opioid crisis and the reoccurrence of methamphetamine use. A new mother's recovery home was developed with Maryville, but it has not yet been able to accept clients in FY20. In the coming state fiscal year, these programs will be developed to serve adults, youth, and families both separately and together.

DCFS and SUPR recognized and discussed (in FY 20) the crisis presented by SUPR's reduction in adolescent services. The DCFS SUD program presented to DCFS administration the possibility of developing a SUPR licensed adolescent treatment site, partnering with a POS agency to implement the program. The feasibility of this endeavor will be studied in May and June 2020, and exploration/development will proceed through FY 21.

The existing inter-governmental agreement (IGA) between DCFS and SUPR expires 06-30-20. The IGA is being updated for review and signing by each agency's legal teams and Directors in preparation for continuation in FY 21.

IFR Program – Assessment and Goals

The goals from last year were met through the IFR program and the POS agencies (LSSI/LCFS). Teams provided intensive substance abuse treatment services for the families involved with the program and ensured children were in a safe environment. If there were underlying issues such as domestic violence and/or mental health issues, community-based services were linked for the families/children involved. If evident and warranted, families needing a higher level of intervention were referred to the States Attorney's Office for Juvenile Court Intervention, ensuring the safety, permanency and well-being of the children.

During this reporting period, the employees of DCFS and POS are functioning within Governor and DCFS Acting Director-issued COVID-19 protocols. The goals of FY 20 will remain for FY21 but be revised as necessary. Focus on the safety of children and families, finding permanency for children, and ensuring the well-being of children remains at the heart of the work of the IFR program.

The prior IFR Supervisor retired and the new IFR Supervisor brings in her experience in Investigations, along with her knowledge of child abuse/neglect, familiarity with legal screening with the States Attorney's Office, and the processes of the Cook County Juvenile Court system. With this leadership, a new lens is created to guide the mission of the IFR program through FY 21.

Child Advocacy Centers

Established in 1995, the Children's Advocacy Centers of Illinois (CACI) is an accredited chapter of the National Children's Alliance. The CACI is the network that coordinates and provides a comprehensive response to child abuse in Illinois. CACI is dedicated to the multidisciplinary, child advocacy approach and a coordinated, comprehensive response to child abuse. DCFS works closely with and provides funding to the CACI which assists local CAC's with funding and

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

organizing, along with promoting achievement of accreditation standards and tracking outcome measures, as well offering trainings throughout the year.

Child Advocacy Centers (CAC's) in Illinois play a critical role in the coordination of investigative activities, as research has shown that this multidisciplinary approach to investigation is best practice and results in a higher prosecutorial rate, enhanced investigations and increases the well-being of families and child victims. This multidisciplinary approach includes DCFS investigators, law enforcement, state's attorney, medical and mental health providers. The CAC brings these parties together and provides coordination to address the needs of the child and obtains one effective interview without revictimizing the child by retelling their story repeatedly.

Initially, CAC's were designed to address allegations of sexual abuse, but have been authorized by statute to assist in allegations of serious harms such as broken bones, head trauma, internal injuries, bruises and burns and child deaths. They also assist in cases of human trafficking. DCFS realizes the CAC is an asset and the importance of the role the Centers play.

Currently, there are 40 accredited Child Advocacy Centers covering 98 of 102 counties in Illinois. There are also two developing CACs in two of the four unserved counties. In FY19 over 14,290 forensic interviews were performed and that number continues to increase. Many of the CAC's also provide aftercare services to help the child and family heal and reduce the trauma experienced.

Children's Advocacy Centers collaborate with:

- Law Enforcement
- State's Attorneys
- Community mental health providers
- Medical professionals

It is this multidisciplinary team that ensures a thorough investigation of maltreatment in a setting that protects children and reduces any additional trauma when gathering critical information about an event of suspected maltreatment to a child.

Goals for the coming years

- DCFS has a vision for an expanded role of the CAC in providing interviews to children who are victims of domestic violence, witnessed a violent crime or are experiencing severe trauma, and increasing the availability of aftercare services to those children.
- DCFS supports the expansion of the CAC's to cover all 102 counties of the state and remains committed to assist in supporting CACI financially

Illinois Community-Based Child Abuse Prevention Activities (CBCAP)

The Illinois Community-Based Child Abuse Prevention (CBCAP) Program is comprised of a team of two, and is designed to support community based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect of children in Illinois. CBCAP programming includes the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse or neglect. CBCAP funding is used to support primary prevention programs and strategies available to all families and secondary prevention efforts that target children and families at risk. The Illinois Department of

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Children and Family Services CBCAP Prevention Focused Programs and Activities: offer assistance to families, provide early comprehensive support for parents, promote the development of parenting skills, increase family stability, improve family access to formal, informal resources and support needs of families with children with disabilities.

CBCAP Prevention Focused Programs and Activities include the following:

- offer assistance to families
- offer crisis nursery services
- provide early comprehensive support for parents
- promote the development of parenting skills
- increase family stability
- improve family access to formal and informal resources
- support the needs of families with children with disabilities

DCFS CBCAP program has close working relationships with several agencies which include the Department of Human Services, Division of Alcoholism and Substance Abuse, Division of Mental Health, Division of Developmental Disabilities, a vast array of youth services programs, DHS Medicaid Services, Department of Commerce and Economic, Employment Security, Department of Juvenile Justice and State Board of Education. CBCAP partners are in service coordination with Public Housing Authority, Department of Youth and Child Services and Public Schools. In addition, CBCAP fosters a close working relationship with local governing entities throughout the state; collaborates with other long-standing advisory groups, such as the Youth Advisory Board and Partnering with Parents Councils around the state, as supplementary vehicles for sharing information, obtaining critical feedback and input from stakeholders into policy initiatives and strategic planning.

Prevent Child Abuse Illinois (PCAI) assists DCFS with statewide coordination of primary and secondary prevention activities and promotes systemic change. PCAI is involved in prevention education, public awareness, community outreach, public policy advocacy and promotion of effective prevention programs.

Beginning in 2019, CBCAP shifted toward funding Evidence Based (EB) and Evidence Informed (EI) child abuse prevention programs and practices. This process is intended to help programs better support and serve families in their communities. In addition, DCFS uses Continuous Quality Improvement (CQI) reviews of programming activities to ensure that programs are systematically and intentionally increasing positive outcomes for the families and children of Illinois. This process involves: collecting, reviewing, analyzing data and adjusting practices based on findings.

2020 Goals

1. In FY20, CBCAP will work with the Crisis Nurseries (CN) Coalition to expand CN Services in Illinois. The Goal of the Lead Agency for FY20 is to work with communities based on need assessments to designate locations to start two new CNs. *Update:* Crisis Nursery services are now available in Effingham County, services are available to surrounding areas: Fayette, Jasper, Cumberland, Clay, Coles, Marion, and Shelby Counties.
2. The CBCAP plans to work with funded providers who offer parenting trainings and classes. CBCAP will work with providers to expand father programs and services. *Update:* CBCAP will provide technical assistance to the newly formed fatherhood coalition. The establishment of this coalition provided an opportunity to identify new possibilities to

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

advance fatherhood services within communities. (Working with the fatherhood coalition can impact communities' systems to increase father-friendly practices, policies and successfully engage fathers in services).

3. The Lead Agency will establish a partnership with the National Family Support Network to work to strengthen the family. The mission of the NFSN is to promote positive outcomes for all children, families, and communities by leveraging the collective impact of state Networks and championing quality Family Support and Strengthening practices and policies. *Update:* Illinois is now a member of the National Family Support Network. NFSN has shared information and resources available through the membership.

2021 Goals

1. Continue to work with the CNs to increase capacity and services to meet unmet needs for CN services in underserved communities.
 2. Support the expansion of the fatherhood coalition, programs and resources that promote and support father's parental involvement.
 3. Increase Parent Leadership statewide by establishing new Parent Advisory Councils and supporting the activities of existing Parent Advisory Councils. DCFS will support offerings of parent leadership training opportunities, working with Birth Parents Councils and various other parent groups within Illinois.
 4. To work with the NFSN to begin implementing Standards of Quality certification program. The Standards are designed to be used by all stakeholders: public departments, foundations, networks, community-based organizations, and parents across different kinds of Family Strengthening and Family Support programs as a tool for planning, providing, and assessing quality practice.
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Sub-Chapter 4B – Permanency Services

Introduction to Permanency Services: Illinois child welfare has continued efforts towards keeping permanency as one of its paramount goals. This is first and foremost done at the initial contact with the family, the very beginning stages of engagement. Whenever possible the goal is to keep children with their families by providing both community and DCFS contracted services. If this is not initially possible and a child must be removed due to safety concerns, it becomes the goal to make every effort to reunify the family once the reason for the initial removal has been alleviated. If a child is not able to return home due to no reasonable efforts by the parents, Illinois child welfare and the courts are charged with seeking permanency for the child. The need for a child's permanency, regardless of the type, is something that is highlighted in Procedures 315 - Permanency Planning.

Out-of-Home Care: DCFS and its agency partners offer an array of provider services for children requiring out-of-home care. These are described below.

Foster care services

DCFS provides a variety of foster care programs and coordinating level of care for children based on their needs. Relative or Fictive Kin care is always sought if a child must enter substitute care. DCFS seeks relatives (blood relatives and those persons who meet the criteria of fictive kin) and these potential resources for youth are located through Family Finding efforts. If a relative is located but not suitable for placement or cannot take placement of the child, they may continue to have a relationship with the minor in a supportive role. If relative placement is not possible, traditional foster care is utilized. If a child's needs exceed the capacity of relative or traditional care, those youth may be placed in a level of care to meet their needs, including:

- Specialized foster care – Child/youth may have increased needs for emotional/behavioral or medical issues. Foster parent receives an additional stipend to cover costs of this care
- Therapeutic foster care – Child/youth has intensive needs, and foster parent may not work out of the home. Multiple therapeutic interventions will be involved in the home
- Emergency foster care – A temporary placement (usually only a few days) when a more permanent placement is not immediately found for a child
- Different levels of congregate care – Group homes and residential treatment centers

Out of home care is supported across many entities and divisions. Youth in specialized foster care are managed by private agencies who contract with DCFS for specialized or therapeutic foster care, as well as the emergency foster homes. All children, regardless of their living arrangement, receive supportive services to maintain those placements, such as therapy, mentoring, crisis intervention or placement stabilization services. Additional partners range from schools to Family Advocacy Centers and CASAs.

During this year, DCFS has faced unprecedented challenges in out-of-home care and permanency services. The number of children in care has increased, which has been an additional challenge when working towards timely permanency. The state entered a "shelter in place" order in March 2020, and this impacted our foster, adoptive, and biological families in unprecedented ways. Supervised visitation was suspended, and video or phone visitation was

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

introduced in its place. Many service providers moved to virtual provision of services. All stakeholders learned new ways to use technology, interview children and their caregivers around issues of safety, permanency and well-being and have different conversations about reasonable efforts and reasonable progress within this context. Despite these challenges, nearly 250 children achieved permanency in the months of March and April 2020. These lessons will inform the work in FY21, to improve service provision and ensure timely permanencies.

Residential Treatment and Monitoring

The Statewide Residential and ILO (Independent Living Option) and TLP (Transitional Living Program) Monitoring Team consists of highly skilled child welfare professionals who represent DCFS in conducting monitoring reviews of residential treatment and ILO/TLP agencies. They work collaboratively with multiple stakeholders to assure compliance with program requirements, youth progress towards discharge from treatment programs and youth gain skills to support self-sufficiency. There exists a pilot program named the Therapeutic Residential Performance Management Initiative (TRPMI). The TRPMI pilot model was designed to be a clinically driven, trauma-informed and team-oriented approach to monitoring residential facilities, with a focus on utilizing continuous quality improvement (CQI) methods and addressing organizational culture and climate. The pilot's intent is to focus on the safety, well-being and clinical outcomes of youth in residential facilities, in addition to a review of the facilities themselves. The team is made up of 5 roles with distinctive yet collaborative functions – team coordinator, monitor, clinician, quality improvement and manager. TRPMI has been implemented in the Cook, Northern and Southern regions and currently monitors 15 of the 41 residential programs. Overall, Residential Monitoring has oversight responsibility for a total of 41 residential treatment facilities with a total of 101 Residential ILO/TLP Contracts. 925 youth in care are currently receiving residential treatment services. ILO/TLP Monitoring has oversight responsibility for 27 ILO/TLP agencies providing services for 309 TLP youth and 241 ILO youth. The team also monitors 5 shelter programs and youth in 16 out of state facilities, with there being a total of 32 out of state contracts. There are currently 40 DCFS Residential Monitoring staff of which there are 5 vacancies. There are fourteen TRPMI Pilot team members with a total of three vacancies.

The ultimate mission of Residential Monitoring is to work collaboratively with residential providers to improve residential treatment services in Illinois. Residential monitoring staff develop and maintain a thorough knowledge of the residential treatment programs assigned to them, including understanding clinical capability, admission standards, treatment philosophy, and overall performance. Residential monitors assess systemic issues as they relate to the care of individual youth in residential treatment. Through assessment and training, data collection and evaluation, direct observation, and collaboration with providers, the Residential Monitors aim to increase the effectiveness of residential treatment in Illinois. The efforts of the Residential Monitoring Unit will result in improved youth stabilization, better clinical outcomes, and clinically appropriate transition of youth to less restrictive settings.

DCFS continues to partner with Northwestern University (NU) and the University of Illinois at Chicago (UIC) to develop an improved monitoring system via the aforementioned TRPMI pilot. Chapin Hall was selected as the evaluator for this pilot. Residential Monitoring also partners closely with the Division of Clinical and Child Services, Legal Services, and Operations. While there is a large portion of our work that requires oversight and monitoring of Congregate Care facilities, Residential Monitoring has a strong and supportive collaboration with the provider community.

Goals for the future:

1. Family First Prevention Services Act Implementation

Last year's goal remains relevant and consistent with this year's goal which is to provide guidance and support for our residential providers in reducing youth-in-care Length of Stay (LOS) by 10%. Because the timeline has been extended and the roll out of Family First is scheduled for July 2020, our goal is to reach 10% by FY 22. This will be achieved by targeting and implementing trauma-informed, evidence-based interventions, enhancing family connections through Child and Family Teams (CFT) and Family Finding, and working to develop community-based resources. Establishing an active CFT prior to referring a youth for treatment in a QRTP will be essential. Early identification of the youth's discharge plan, including identification of post-discharge placement and anticipated service needs, helps ensure that the youth's time spent in the QRTP is within the Family First Prevention and Services Act (FFPSA) length of stay parameters.

2. Elimination of Residential Treatment Discharge Protocol (RTDP) phases & development and implementation of Therapeutic Residential (TR) Procedures

Recommendations have been made to eliminate the phases of transition (currently referred to as Phase I, II, and III in the DCFS Residential and Transition Discharge Protocol [RTDP]). The current phases of transition differentiation appear to not benefit the youth or the planning process. Review of the available data suggests that the separate phases may actually be delaying meaningful, tangible planning by keeping the planning too vague and general; thus, the youth's length of stay in the residential setting may be negatively impacted.

The TR Procedures Workgroup has been on hold since June 2017. Revitalization of the workgroup was initiated in 2019 and the workgroup began to merge components of the RTPD with the TR Procedures. However, this document must be aligned with Family First and because it has yet to be finalized, The TR Procedures workgroup had to be placed on hold, again. The procedures should support the implementation of family first and assist in youth's admission, transition, discharge and aftercare. By October 2020, our goal is to have a considerable amount of work completed in developing and integrating changes to the current TR Procedures.

3. The Illinois Department of Children and Family Services (DCFS) Congregate Care Monitoring Model

Traditional Monitoring has begun to develop the framework for a Congregate Care Monitoring Model with the goal of completing full development of the model by July 2020. Grounded in the Family First Prevention Services Act (FFPSA), our goal is to improve safety and enhance the quality of service in order to achieve positive outcomes for Illinois youth and families in need of residential treatment, independent living or transitional services

To advance this vision, the Division of Monitoring is developing a Congregate Care Monitoring framework strategy that is in alignment with the Illinois Core Practice Model, FFPSA, and the DCFS Council on Accreditation (COA) agency-wide Performance and Quality Improvement system (PQI). This PQI system engages staff, persons served, and other stakeholders in advancing the agency's mission and achieving strategic goals through continuous, integrated, data-driven efforts to improve outcomes for youth. This framework will complement the existing system by utilizing an enhanced version of current residential monitoring operational practices and be inclusive of quality enhancement measures meant to integrate and sustain best practice, and meet federal standards for child and family services of safety, permanency and well-being including:

I. Safety Outcomes

- Youth in congregate care are protected from abuse and neglect, with the goal of reducing maltreatment in care and increasing treatment opportunity days by minimizing youth elopement
- Milieu programming and physical environment meets licensing standards and are trauma informed, ensuring safety for youth in congregate care settings
- Enhanced Significant Event Reporting (SER) system to better track, monitor, and advise around youth runs, restraints, and other critical incidents which impact safety
- Nursing available to safeguard the health and well-being of children

II. Permanency Outcomes

- Continuity of family relationships & connections is established and preserved for youth with intense focus on building and enhancing child and family teams throughout their congregate care experience
- Continuum of care established to ensure youth are transitioning from therapeutic residential programs to safe, stable and thriving step-down placements within 12 months
- Youth who step down from residential have sustained favorable outcomes in a less restrictive, community-based setting

III. Wellbeing Outcomes

- Youth individual treatment needs being met utilizing Trauma-Informed Treatment Models which are embedded in the treatment planning, clinical interventions, and all aspects of congregate care
- While in treatment, youth in congregate care receive appropriate services to meet their educational needs, in turn improving educational outcomes
- While in treatment, youth in congregate care receive appropriate medical and dental services
- Youth and family receive six months of aftercare services to support the youth in the home and enhance the family's capacity to provide for the youth's needs
- Infusing race-informed and LGBTQ+ practice to address implicit bias and the dynamics of institutional racism

Congregate Care Monitoring Model Values & Goals

- Intense focus on utilizing data to monitor congregate care facilities, requiring the development of an efficient data system that allows for both current and historical use, identification of trends, and predictive analysis of data, to be responsive to the needs of youth in care
- Develop an enhanced monitoring system that addresses the complexity of residential services to include identification of key elements required to ensure contract compliance and quality services
- Establish Congregate Care Monitoring Procedures to ensure uniformity across the entire child welfare system
- Training that reinforces consistent, best practice statewide and system wide

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Improve outcomes for youth by implementing intensive, comprehensive reviews that identify and address barriers within congregate care programs and the larger child welfare system

The Therapeutic Residential Performance Management Initiative (TRPMI)

TRPMI is one of the projects in the BH Consent Decree Implementation Plan that is designed to effectively monitor, evaluate and promote therapeutic residential program effectiveness as well as enhance youth treatment, progress and well-being. As such, there is no established date of completion at this time. TRPMI is clinically driven, trauma-informed and team oriented with a focus on utilizing continuous quality improvement (CQI) methods and addressing organizational culture and climate. Conceptually, the goal was to implement effective strategies throughout Monitoring, statewide, as data confirmed which TRPMI strategies were effective. At this time, TRPMI has proposed a redesign of their work moving forward, which is being taken into consideration. To date, none of their proposed strategies has been successfully implemented across monitoring as projected.

The Run Initiative: TRPMI initiated a QI project to review each provider's runaway protocol to

1. assess the protocol's consistency with the runaway guidelines and DCFS policy
2. determine whether the provider is using an effective assessment process that identifies youth at risk to run as well as those assessed as potentially dangerous or vulnerable while on unauthorized absence.

TRPMI developed a process to evaluate each provider's implementation of the protocol with respect to prevention and individualized planning. The goals of this QI project include:

1. achieving greater fidelity in reporting runaways
2. assisting providers in establishing clear, consistent guidelines for staff with respect to the 6 domains
3. helping providers establish a way to effectively assess youth at high risk of runaway and those who are highly vulnerable and dangerous during run episodes, because many of the youth will require individualized treatment planning
4. reducing providers overall runaway rate

Youth Experience of Care Survey: DCFS Residential Traditional and TRPMI Monitoring units have partnered with the Statewide Youth Advisory Board (SYAB) to develop a Youth Experience of Care survey for residential programs who serve youth 12 years of age and older as well as young children and youth with intellectual and developmental disabilities. The purpose of the survey is to obtain a better understanding of youth perspectives about residential services, and ultimately, more comprehensively incorporate the youth voice into operations at both the program and system level. 2020 Youth Experience of Care Surveys have been delayed due to COVID-19. However, as a result of this survey and youth's voices being heard, the Department in collaboration with TRPMI, SYAB, and Loyola University, are actively amending Rule 384-Behavior Treatment Management to ensure it is trauma-informed and up to date.

Data Development: The Department of Information Technology (DoIT) Leadership is recommending TRPMI be one of the first pilot testers/early adapters of the Dynamics technology and Data Warehouse functionality. DoIT is partnering with TRPMI to develop a residential portal in the DCFS Data Warehouse. CCWIS will be built on top of the Microsoft Dynamics platform and the systems will become a Dynamics integrated module. This system will have the ability to build screens for Monitoring's internal use and it also offers web portal functionality which allow

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Monitoring to access provider portals where providers can enter their own data which will be fed into the Dynamics platform.

Policy and Training goal: The Division of Monitoring would like to partner with the Office of Training to establish a Residential Monitoring training curriculum and with the Office of Child and Family Policy to create sound policy and procedures that will serve to provide guidance and consistency to the Residential Monitoring staff. Once our new monitoring model is established, this will be embedded in training and procedures.

Initiatives to Assist with Achieving Permanency

Permanency is one of the primary overarching outcomes for youth who are involved in the foster care system. Illinois child welfare is engaged in several initiatives aimed at improving permanency practice and outcomes for children and families in Illinois. There are many services aimed at providing positive outcomes to assist the child and family towards reunification. When this is not possible, legal permanency is sought through adoption or guardianship.

The initiatives below are utilized to support the permanency process and allow for sustainability of permanency for youth. Many other programs, previously addressed, also assist in improving permanency rates, and insuring that Illinois' children and youth are provided the best possible chance of finding safety and well-being in a permanent home.

Clinical Intervention for Placement Preservation (CIPP)

CIPP is a facilitator-guided, team decision-making process to improve placement preservation and increase placement stability of youth in care. A CIPP staffing is conducted to determine the array and intensity of services needed for a child or youth whose current placement is threatened with disruption or whose care cannot be provided for in his/her current placement. A CIPP staffing is also conducted to determine the array and intensity of services needed for a child or youth whose placement has disrupted.

In a CIPP staffing, the caseworker brings together key people in the child/youth's life, with the assistance and support of a trained facilitator who leads a discussion sensitive to the individual needs, motivation and capabilities of the child/youth. Participants are encouraged to offer their assessment of the child/youth's wishes, needs and strengths and to generate ideas on how those wishes, needs and strengths can be best addressed, ideally in the child/youth's current placement. When the services needed cannot be provided in the current placement, staffing participants will determine the setting best suited to meet the child/youth's individual needs. Caregivers will be encouraged to participate in the child/youth's treatment and to remain a placement and/or visiting resource for the youth when residential/group home care and/or a transitional living or independent living program is warranted.

The CIPP Program works closely with Healthcare and Family Services, Department of Human Services, Juvenile Justice, law enforcement, courts, along with individual educational and service providers for youth who are staffed as a part of the CIPP process. It is critical that all key stakeholders and significant adults in a youth's life are included in the staffing process.

Current work is being done in two counties with the Juvenile Court personnel in the Central Region to deflect youth who are adjudicated delinquents from coming into child welfare custody. These youth often have emotional and behavioral issues that impact their parent/guardian's ability to manage them safely in a home environment. The goal is to provide enhanced services to support

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

the youth and caregivers in keeping the youth and family intact. The outcomes of this staffing protocol will continue to be evaluated and work done with legal staff to determine support of expanding this program. If evaluation shows positive impact on prevention of youth coming in to care, the expansion of this program can support the Family First prevention efforts of the Department.

Goals moving forward

- The CIPP program is a state-wide process in which DCFS anticipates some changes over the upcoming year. Plans are to make the process more clinical in nature with enhanced focus on follow up to ensure that recommendations are able to be effectively implemented. Staff will receive additional training in evidence-based practices, CANS assessment and trauma to support the enhancement of this process and to fully align with the goals of Family First and other department initiatives supporting child well-being and permanency.
- The CIPP process will integrate with the existing Regional and Specialty Clinical staffing processes to ensure that the agency is not duplicating processes for youth, families and casework staff. This will enhance system and personnel efficiency and will also provide improved continuity for youth, families and casework staff. At the time of implementation, the clinical team will move from utilizing the Child Assessment Service Intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSI) and begin using the CANS as the assessment tool. The move to this assessment tool aligns with the universal assessment tool being utilized by our congregate care providers, casework staff and our Medicaid providers. This change also supports objectives as outlined in the Family First implementation plan. This process is to be fully integrated and implemented by the first quarter of FY21.
- The process of staffing youth will remain trauma-informed, family-centered and strength-based. The process will also work to support the Child and Family Team process, empowering families to actively participate in case decision-making and building both formal and informal supports.

Central Matching

The purpose of the Centralized Matching Team (CMT) continues to be to facilitate, expedite and support the placement of children and youth in care into a stable placement with the capacity to provide, or to access, timely and effective services. CMT has a statewide perspective to equitably manage services and resources throughout the state. There are currently 7 staff (and one additional position vacancy at this time) statewide who complete the matching process for all youth. The focus of the referral and matching process is to facilitate a good clinical fit between the youth and family's needs and program services while managing utilization of statewide services and resources. The referral and matching process is centralized and considers a variety of factors to achieve a good clinical fit between the youth's needs and program services. These factors include the youth's presenting problems and need for specialty services, family relationships and dynamics, school or employment situation, and availability of program services and expertise. The matching process balances the youth's clinical needs with available resources, and whenever possible, strives to match youth to programs located in proximity to the youth's family and social support system. If the youth cannot be placed in a program close to family, CMT stresses the importance of maintaining those connections through collaboration between the worker/supervisor and the placement resource to facilitate phone calls, video conferencing (i.e. face time, skype, zoom, etc) and in person visits.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

CMT collaborates with various Divisions and other Offices within DCFS as well as external stakeholders. CMT works very closely with CIPP (Clinical Intervention to Preserve Placement), Clinical Services, all contracted Socialized Foster Care, Residential and Group Home Providers as well as the ILO/TLP (Independent Living and Transitional Living) Providers, DCFS Legal, the GAL's Office, Family and Delinquency courts, the Office of Monitoring, Agency & Institutions Licensing, The Office of Delinquency Prevention, The Guardian's Office, all levels of Permanency staff, University partners from Northwestern and University of Illinois, as well as Contract Administration and the Budget and Finance Office.

Goals for the coming year

CMT is a part of the Placement Resources Unit. There is currently still 1 significant vacancy in this unit and 2 more vacancies expected within the next 2 months. As indicated in the previous 5-year plan, CMT continues to be involved in over 3,300 matching episodes annually and this is done by a staff of only 7 people. Within the next fiscal year, CMT will continue to explore how this unit can be expanded to include more staff for the purpose of intensifying follow up of matched youth for each level of care and providing more hands-on assistance with expediting the exchange of referral packets and consents for admissions.

Currently the Placement Resources Unit has an independent data system that is not integrated with other DCFS systems, requiring matching staff to pull information from various systems and reports in order to identify the appropriate matches for youth. The existing CMT data base is antiquated and continues to crash on a regular basis which impedes our ability to gather accurate data regarding pending referrals, declines, acceptances, historical information and program availability. It is our goal to develop/acquire an updated and reliable data system that can produce clean data reports and provide up to date and accurate information. This would improve CMT's ability to readily identify available resources, match youth in a more timely manner and facilitate their referrals to the appropriate programs.

Reunification Foster Care

When DCFS first introduced Reunification Foster Care, it was implemented for selected cases that met eligibility criteria and therefore, tended to be underutilized. As DCFS revised procedures related to permanency and reunification, shared parenting was emphasized for all families with a reunification goal, rather than just for a subset of families. The special service fees and other financial supports to foster parents are still available in situations that meet the eligibility criteria. However, shared parenting is expected in all reunification cases unless a critical decision has been made to exclude the family due to safety concerns.

Members of the Reunification Team include the parent, caregiver, caseworker and the child. A Family Reunification Support Special Service Fee provides reimbursement for caregivers who team with parents to work toward reunification in eligible activities. This specialized type of foster care is aimed at identification of caregivers who are prepared to support family reunification and providing them the training and tools needed. To achieve reunification, foster parents serve as partners, mentors and role models for the family and are active participants in the process of reuniting a family.

The Child and Family Team Meeting process is used to address any barriers to reunification and to enlist support from team members to aid in the reunification process. If the permanency worker,

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

caregivers, and parents are all present at the shelter care (temporary custody) hearing, the permanency worker shall introduce the caregivers and parents to one another. Within 72 hours of a child's placement in foster care, the permanency worker shall visit the foster home and discuss with the caregivers the importance of their role in shared parenting and will review the importance of this collaborative role at all subsequent visits to the foster home. An Introductory Meeting with the child's parents, foster parents/relative caregivers, and the permanency worker should be scheduled within 7 days after protective custody, followed by a Child and Family Team Meeting at 14 days after protective custody. Child and Family Team Meetings are then scheduled at least every 90 days throughout the rest of the case and are to include discussion about the importance of the parenting partnership and the ways that the parent and caregiver can support each other in parenting the child.

Financial reimbursement for travel and/or approved family activities is provided for caregivers who work with parents of children in their care toward reunification. The emotional well-being of children in such a placement is improved in seeing the important adults in their lives cooperate in caring for them. This will contribute to their placement stability and facilitate productive work toward early and safe family reunification.

Shared parenting requires a partnership between the parents and the substitute caregivers and must be consistently encouraged and supported by all other stakeholders in the child welfare system, including permanency workers/supervisors, service providers, juvenile court judges, juvenile court attorneys, and Guardian Ad Litem. If all parties in the case show support and encourage shared parenting activities with an emphasis on reunification, there is a much greater chance that it will be successful.

The goals of safety, permanency and well-being will continue as DCFS priorities for all youth under the care of DCFS. There has been concerted effort in the past year on training for staff, particularly supervisory staff related to enhanced supervision and for all staff, refresher training related to safety. Implementation of the Core Practice Model which focuses on use of child and family team meetings, supervisory practice and FTS (Family Centered, Trauma Informed and Strength Based) practice will expand in the coming year. All components of the Core Practice Model directly impact the engagement of stakeholders and presence of family voice in decisions for the family and child.

During the COVID -19 pandemic, creative ways to engage foster parents and biological parents were utilized including video visitation and worker contacts.

Intensive Placement Stabilization (IPS)

The Intensive Placement Stabilization Services (IPS) program is a state-wide, community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to clients, for whom DCFS is legally responsible. Clients with trauma reactions, emotional and behavioral problems; as well as those who are at risk of losing their current placement or living situations (and their families) are considered for services within this program. IPS was developed in response to the BH Consent Decree that requires DCFS to provide services to children in the least restrictive setting. Placement stability and increases in client functioning are the primary outcome goals of the IPS program.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

IPS agencies are expected to provide a mix of formal and informal support to families that promote placement stability. As such, each service array is flexible, individualized and tailored to meet the needs of the child and family. A typical service array might include individual and/or family therapy, respite, crisis intervention, school advocacy, tutoring and psychoeducation therapy. The length of service is six months, though providers can request an extension depending on clinical necessity. IPS services are accessed through referrals from DCFS and private agency casework staff on behalf of the child and family experiencing (or at risk of experiencing) placement instability. One of the primary strengths of the IPS program is the ability to quickly deliver intensive in-home services to support the family and caregiver involved in the care of a child experiencing a traumatic reaction or emotional/behavioral problems. IPS providers must make contact with the Caseworkers within 2 days of receiving a referral; and upon acceptance of the referral, must make a home visit within 5 days to begin services.

Training and clinical consultation in the evidence-informed framework, Attachment Regulation and Competency (ARC), continues to ensure IPS providers have the skills and tools they need to be able to stabilize both the youth with complex trauma exposure and their caregivers. This model provides concrete interventions that will enhance the caregivers' abilities to regulate and support the youth in times of stress and dysregulation. Monthly consultation with all direct line staff focuses on case presentations, the development of individualized treatment interventions and peer consultations to help staff with integrating the ARC model in their work. The model of consultation has added skill-based affinity groups that promotes continued engagement and deeper understanding among more experienced staff.

IPS attends Clinical Intervention for Placement Preservation (CIPP) and Priority Clinical Staffing (PCS) to provide clinical input; to serve as community resource experts; as well as assess whether the IPS program could provide stabilization services to the families coming to CIPP/PCS staffing.

IPS and Psychiatrically Hospitalized Children: IPS is continuing to work with the DCFS Clinical Practice to create a strong linkage with youth in psychiatric hospitals. The goal is to provide intensive in-home stabilization services to the youth and family in the critical months following discharge from a psychiatric hospitalization. The outcome measures are the same for this population as in the traditional IPS program. IPS is continuing to work with children and their families during this time of the COVID-19 pandemic. At this point in time, the method of service delivery is primarily via telehealth or video conference. Agencies are following their internal pandemic protocol and continue to strive to engage and stabilize both the youth and their caregivers during this difficult time.

IPS provides services to children who are residing in Emergency Foster Care and in Interim Foster Care placements to stabilize the youth and caregivers during the child's time in the home. This service is essential as the child or youth have experienced a disruption from a previous home or have experienced a removal from their family of origin, which can be a traumatic experience for a child. IPS works to prepare the caregivers for how to interact with a youth who is new to the emergency (or interim) foster parent and/or the child welfare system.

IPS and the Specialized Family Support Program: The Specialized Family Support Program (SFSP) went into effect on April 1, 2017 as an extension of IPS. IPS provides short-term stabilization services for children 10 and younger. In collaboration with Healthcare and Family Services, Department of Human Services, Department of Juvenile Justice, Department of Public Health, and the Illinois State Board of Education, IPS works to create a pathway for youth at risk of custody relinquishment to receive services through the appropriate child-serving agency. Youth are at risk for custody relinquishment when a parent or guardian refuses to take the youth home

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

from a hospital or a similar treatment facility because of a reasonable belief that the youth will harm themselves or other family members upon the youth's return home to an environment where there is no evidence of abuse or neglect. It is important to note these children are not youth in care; the program is designed to keep this population of youth from becoming youth in care. It is not anticipated for many children that young to be at risk of custody relinquishment, but the information will be tracked.

IPS is regularly utilized to spearhead new initiatives, whether in the form of new placements or target populations. Divisions across DCFS view IPS' ability to a) serve in the home and community; b) flexibly and quickly provide new services in high-risk cases; and c) implement new services due to previous experience with implementation of multiple evidence-based practices. Collaboration between administrators and field-level staff ensure high quality of services, regular communication, and feedback loops to improve operations.

Placement Stability Outcomes:

The IPS program has been measuring various outcomes since FY 2006. This report provides an overview of performance indicators for the calendar year of 2019; with the exception of placement stability as this outcome is measured on an annual basis and FY 2020 is not yet concluded. The report includes a review of placement stability during the IPS treatment episode and clinical progress measures using the Child and Adolescent Needs and Strengths (CANS) tool while in treatment.

Placement Stability

- In calendar year 2019, 64% of clients did not move during services, 33% did not move within 6 months of services ending.
 - For youth "stepping down" from residential, group homes, or psychiatric hospitalization, 54% did not move during services and 52% did not move within 6 months of services ending.

Placement stability continues to be impacted by the widening of the target population served in the Intensive Placement Stabilization program. Children who have been in psychiatric hospitals and stepping down from Residential have higher emotional and behavioral health needs. Further study is being conducted to understand the factors impacting stability rates.

Goals moving forward

- As a result of the rates of staff turnover, IPS will continue to enhance IPS providers' abilities to treat traumatized youth using trauma-informed best practice approaches and concrete interventions through additional training. Provider training support is provided by the Statewide Administrator for IPS. In addition to the training, IPS Administrator will concentrate on the practical application of the training and education through additional case consultations and ongoing support to ensure the implementation of the training content.
- Develop the IPS Program Management's ability to analyze various data points and make programmatic decisions; as well as evaluate outcomes and case extension requests.
- Continue developing an implementation plan to ensure that every psychiatrically hospitalized youth is considered for Intensive Placement Stabilization services to ensure the provision of community-based mental health services to both the youth and family.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Improve the understanding of the factors that are impacting stability rates, identify opportunities for different or higher quality services, and implement changes to improve placement stability rate.
- Work collaboratively with Residential Monitoring to ensure IPS services are put in place prior to a child or youth stepping down from a higher level of care.
- Efforts are underway to evaluate each child in residential facilities who are considered “ready for discharge” to find suitable homes. Among these cases, IPS will be key in providing services to this population.

Permanency Enhancement Project

Established in 2012, the Office of Racial Equity Practice oversees DCFS’ efforts to reduce and/or eliminate racial disproportionality, race-based disparities and improve permanency outcomes for children and families of color in the Illinois child welfare system. Efforts to-date have centered on the Permanency Enhancement Project that began in 2007 with the aim to:

- a) Educate the general system on the nature of race-based disproportionality by focusing on outcome data
- b) Create the capacity of the child welfare system to engage in courageous and civil conversations with a collective and functional understanding of racism
- c) Examine how implicit bias and institutional racism impact current policies and practices
- d) Seek out interventions to address the causal factors in our child welfare practices that restrict or prevent Racial Equity and improved permanency, safety, well-being and accountability outcomes for children and families of color.

In the BH Implementation Plan, DCFS commits to utilize a reinforced Core FTS Practice Model (the Family-centered, Trauma-informed, Strength-based Practice and the Model of Supervision) as an intervention in addressing racial disproportionality and disparities. The Core Practice Model will need to integrate “Race-informed” principles and practices to qualitatively shift engagement practices with children and families of color to eliminate the negative effects of implicit bias, cultural racism, and institutional/structural racism.

The Office of Racial Equity Practice is staffed by two managerial staff who oversee the direction, planning and support of a system of 30+ Local Action Teams supported by 4 Universities providing data and technical assistance. The Chief also supervises a receptionist to the DCFS Director’s office, who also provides administrative/clerical support to the Office of Racial Equity Practice.

As a “systems-based” approach to addressing the issue of race and disparities, the Office of Racial Equity Practice impacts and collaborates both internally to DCFS units and individuals and externally to private agencies, courts, law enforcement, community-based organizations, and university partners, to name a few.

Children of color in the Illinois child welfare systems are disproportionately represented in investigations; entries into care; long stays in foster care and other key outcome measures that arguably impact all areas of safety, permanency and well-being. It is when these outcomes are expressed in relative terms that disparities become apparent for children of color, particularly African-American and Latinex children are experiencing poorer outcomes than their White counterparts.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

A significant contributor to the disparities and lack of equity in outcomes existing between children of Color and White children can be best explained by implicit racial bias and structural racism. The operating principle is then, that the combination of: Race Prejudice + the Misuse of Power by individuals and Institutions permeate our general society, our workforce and ultimately our practice in child welfare. By extension, if we are to change our outcomes for children of color, child welfare must change the practice of engagement with these same families and children.

Effecting change in child welfare practice is not a simple matter of teaching front-line staff about the history and dynamics of racism that shapes the nature and quality of their engagement with families of color. To effect systemic change, there must be a significant shift in values and learning by all system “gatekeepers and persons in charge”. From investigators to case managers, from executive-level staff to licensing and recruitment staff, from legal staff to quality assurance staff, from foster care providers to court personnel, all must be informed of the issue of racial inequity and how they must act to mitigate its impact. Therefore, learnings, principles, values and methods within the Race-Informed Practice must be integrated into primary methods of instruction and policy to our entire workforce and providers.

The Office of Racial Equity Practice, in collaboration with Crossroads Antiracism Organizing and Training, has developed a Race-Informed Practice Model expressly to be integrated into the DCFS Core FTS Model. This instruction expands upon the existing practice model by introducing Implicit Bias, Cultural Racism, Institutional/Structural Racism as considerations and/or impediments to effectuating fidelity Family-Centered, Trauma-Informed, Strength-based practices in Illinois for children and families of color. Work of this office is being supported as a major objective of the DCFS Director’s Child Welfare Advisory Committee (CWAC). The Chief of the Office of Racial Equity Practice also co-chairs the Racial Equity Practice Committee (a standing committee) of the CWAC.

Continuing goals:

1. To-date the Office has been unsuccessful in leveraging the resources (authority, financial and contractual) necessary to plan and pilot a Race-Informed Curriculum and Intervention method for integration into the DCFS existing Core Practice Model (Family-Centered, Trauma-Informed, Strength-Based practice and Model of Supervision). This objective remains a high priority and will continue to be actively pursued through 2020 and 2021.
2. In Fiscal Year 2020 the Office was able to secure funding to support one of its 30+ “Local Action Teams” LAN 41(Cook County) in their programming for permanency and race outcomes. The action team was able to collaborate with a DCFS-funded *Family Advocacy Center* in a targeted community. The project, funded for \$115K is providing for the social-emotional, mental health, and early learning needs of families with young children ages birth to eight-years-old. The project’s service methods include: connecting children and families to early childhood resources and supports; providing trauma education for community leaders and families; and providing “wrap-around” funds to meet immediate needs of the families.
3. The Office was unable to pursue staff development funds to support Regional Transformation Teams focused on racial equity. Staff shortages due to the early (unexpected) retirement of the office’s Statewide Permanency Enhancement Administrator severely restricted the amount of time and opportunity to pursue this objective in 2020. Through 2021 the Office will seek staff development resources to support the maintenance of Regional Transformation Teams in Cook, Central and Southern Regions. These teams meet quarterly to discuss data, racism, child welfare practice to make recommendation for policy and practice changes promoting racial equity.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

4. The Educational Campaign, "Informing Our Practice by Race" is still in development, having been delayed by staff vacancies and COVID-19 pandemic management. Four (4) of the ten (10) modules/weeks remain incomplete and in stages ranging from initial taping needed to level I and level II editing. The projected completion of this project is late 2020, early 2021.
5. The Office of Racial Equity Practice will continue to support Operations, Personnel, the Office of Affirmative Action, Advocacy, Private Service Providers, Legislators, Birth Parents and other entities on matters of racial equity and disparities in the Illinois Child Welfare System of practice.

Adoption and Guardianship Services

DCFS supports adoption and guardianship throughout the state with Adoption and Guardianship teams in each region. Within each of these teams staff will provide three services:

- 1) Adoption casework: work is done with DCFS families preparing to adopt or take guardianship of children in their home
- 2) Adoption subsidy work: staff review and approve adoption/guardianship subsidy paperwork from private agencies
- 3) Post-Adoption work: staff provide support and referrals to families with Adoption /Guardianship subsidies.

The Adoption unit sends a welcome letter to the adoptive/guardian parents upon case opening, providing the name and contact number of their assigned worker. The parents will also be notified of the statewide toll-free number that will connect them to the Post Adoption Unit in their region, and a website that includes the toll-free number and a description of available services. Each region has resources in the local community to assist with maintaining stability of youth with their respective adoptive or guardianship families. Some of these services are available to the public, and others are accessible through contact with the assigned Post Adoption Specialist.

The Adoption Unit collaborates with various private child welfare agencies, community service providers, adoption attorneys, and county courts across the State who work to obtain permanency for youth in care and provide support and preservation services to the family after finalization. In addition, the Unit partners with DHS/HFS regarding provision of medical services and equipment to meet the medical needs of former youth in care.

Goals for the coming years

- 1) Finalization of adoption or guardianship for youth in care within 120 days of the goal change in at least 80% of cases by June 30, 2024 remains a goal. However, progress on this goal will require adequate staffing levels at both DCFS and POS agencies, which remains an issue. An added issue with the current COVID 19 pandemic has the majority of the courts statewide closed and only hearing emergency cases where a child is at risk. This has impacted the ability of movement with finalization of Adoption and Guardianship. While adoption staff are continuing to work with families via Zoom and other technologies, permanencies have been decreased or stopped at the court level. Regional meetings were held with adoption supervisors, adoption panel attorneys, DCFS' Office of Legal Services and the Statewide Adoption Administrator to discuss strategies to move youth in care

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

toward permanency. A few courts have begun signing finalization orders using the same technology. There is also discussion about holding Adoption Days in several counties once the Courts are opened.

- 2) Continue with Post Adoption message of supports available and the importance of asking for help early and not waiting until a family is in crises before they contact our Post Adoptions Unit (normalizing the need for assistance). Ensuring this message is provided to families throughout the adoption/guardianship process, rather than only at the end, is the objective. The goal is to standardize communication at crucial points in time to achieve consistency within the next 3 years.
- 3) Adequately staffing the PATH Beyond Adoptions website and phonebank to respond to the calls received. Identifying post adoption services that may need expansion through these avenues. This objective will be ongoing, although adequate staffing will be prioritized within the next two years. *Update:* DCFS has added one DCFS and one contracted position to assist with manning website and phonebank. Due to COVID 19 second position is waiting to be filled.
- 4) Development of a training framework for Adoption Support and Preservation (ASAP) providers to ensure the quality of services is standardized and equitable across the four regions, to be fully implemented by 2024. *Update:* Training requirements for Post Adoption/Guardianship Support and Preservation Services (ASAP) were written into the contracts for these services. During COVID 19, ASAP providers have utilized telework, Zoom, teleconference and some rare in-person services to support Adoptive/Guardianship families.

Populations at Greatest Risk of Maltreatment

In response to the Family First Prevention Services Act, Illinois child welfare has created several work groups to develop implementation plans for the various segments of the legislation. Within this work, target populations have been identified based on the risk of being candidates for foster care. This work is ongoing and currently is focused on:

- 1) Children that have been indicated (substantiated) as victims of abuse and neglect, and the investigation did not result in removal of the child from the home;
- 2) Children residing in families that are receiving Intact Family Services on a voluntary basis;
- 3) Children residing in families in which the caregivers are engaged with community-based services for substance use or homelessness;
- 4) Children of youth in foster care;
- 5) Children recently reunified with their parents; and
- 6) Children residing in families in community areas with high levels of known community level risks.

Specific eligibility criteria and exclusionary criteria are still being identified, as well as periods of service that would apply to each category. Illinois child welfare is assessing the availability of trauma-informed and evidence-based services in different geographic areas of the state in an effort to build comprehensive services in all areas of need. Some services are provided by partner agencies, such as Substance Use Prevention and Recovery programs, the Department of Human Services, and the Department of Public Health. Other services are provided by community agencies and not-for-profit entities. Illinois child welfare is exploring data-sharing agreements to

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

implement a continuum of care and avoid duplication of services for families involved with multiple state systems and services.

DCFS continues to support strong prevention and public awareness campaigns through the use of the state website, Facebook and Twitter feeds. Communities, agencies and stakeholders throughout Illinois participate in Child Abuse Prevention activities in the month of May, including the Blue Ribbon campaign.

Services for Children Under the Age of 5

DCFS supports the following efforts with families - a new model of Child and Family Team Meetings, training all frontline supervisors in Models of Supervisory Practice to enhance skill development in frontline staff, developmental screenings for involved children birth to three, and educational programs for involved children ages three to five.

In the past year, DCFS engaged in a variety of efforts to address the developmental needs of vulnerable children under 5 years of age. Children who come into care receive an Integrated Assessment, and for children under five this comprehensive assessment process includes a developmental screening. In the past year Integrated Assessments were expanded and began using the Devereux Early Childhood Assessment tool, which offers numeric scores that capture the emotional areas of need and strength for all young children, including infants.

When the results of developmental screenings indicated the need for further evaluation through DHS Early Intervention, the Erikson DCFS Early Childhood Project assures those referrals are made. This past fiscal year, the Erikson DCFS Early Childhood Project facilitated 1,269 referrals to DHS Early Intervention. 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 DCFS Early childhood Project also facilitated 319 referrals for case study evaluations for children in care three to five years of age to determine if they needed early special education services. These efforts include staff creating partnerships with the 25 agencies statewide who administer DHS Early Intervention, and the Chicago Public School system. The flexible and wide-ranging efforts needed to assure young children received the evaluations and services for which they are recommended, are measured as consultations, and staff completed 987 consultations last fiscal year. Furthermore, the Erikson DCFS Early Childhood Project attended 260 DCFS CIPP staffings to offer early childhood consultation, and supported linkage to early childhood services when needed.

DCFS recognizes the need to identify young children in need of early intervention evaluation in Intact Family Services, the services offered by DCFS for children where there has been maltreatment identified and children remain at home with supportive services. Last year, the Erikson DCFS Early Childhood Project reached out to the case managers of over 3300 young children Birth to Three in Intact Family Services to offer developmental assessment and linkage to early childhood services.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

DCFS continues to support safe sleep for children under the age of 5 involved in investigations and intact cases through the provision of pack 'n plays. Since July 1, 2019, DCFS offices have received 2,120 pack n plays for distribution to families who come into contact with the agency. Of these, 1,918 have been distributed through mid-May 2020.

Services for 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. DCFS is currently working on replacing our 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 our systems. In the meantime, manual tracking options will be explored with the objective to begin gathering this data by July 1, 2020.

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 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 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 website, as well as the DCFS website and social media outlets.

Strengths and Challenges to Permanency

Permanency Challenges:

The May 2018 CFSR confirmed challenges to timely permanency within the child welfare system. The following practices were identified during stakeholder meetings as Illinois began the development of a Program Improvement Plan (PIP)

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

1. We struggle as a system to effectively engage parents and youth early and often in the life of a case
2. Children linger in care and do not achieve permanency in a timely manner
3. Appropriate services that meet the needs of children and families are difficult to find or are limited in availability
4. Recruiting, developing and retaining a front-line workforce is an ongoing challenge
5. A robust and iterative CQI process that utilizes data to improve practice is needed.

Furthermore, the CFSR Final Report of 2018 stated, in part, the following, which are just some of the comments pertaining to Illinois' challenges in child welfare:

1. DCFS struggles to ensure that regardless of case management responsibility, basic child welfare casework practices, such as caseworker contact with children and parents, occur routinely statewide at the level required to promote child safety, permanency, and child and family well-being outcomes.
2. Key statewide systems including caseworker and supervisor training; foster and adoptive parent licensing, recruitment, and retention; court processes and coordination with the child welfare agency to ensure timely permanency for children in foster care; a comprehensive and accessible array of services; and integrated continuous quality improvement (CQI) approaches are also not functioning sufficiently well to promote the achievement of outcomes, despite state initiatives to address these challenges.
3. Case reviews identified challenges with accurately assessing risk and safety concerns and in providing appropriate safety-related services to prevent children from coming into foster care. Additionally, when safety plans were developed, they were not adequately monitored.
4. Casework challenges associated with contacting and engaging parents was evident across both foster care and in-home cases. Fathers, in particular, were not routinely engaged in the assessment and case planning processes, even when their whereabouts were known.
5. DCFS and its court partners continue to experience significant challenges in achieving timely permanency for children in foster care. Case reviews and stakeholder interviews revealed that, while initial permanency goals were often appropriate, the agency and the courts were slow to change course and pursue goals that could better meet the permanency needs of children.

During this fiscal year, there has been a rise in the number of youth in care. This has been coupled with the challenges of maintaining a private and public workforce that can manage the increase in caseloads.

Permanency Strengths:

While DCFS has strived to provide children in Illinois with safety, permanency and well-being, it is clear that we must do more. There are a number of initiatives that are strong and show promise for the future:

- Fictive Kin legislation which allows children to be placed in a home that does not have to be a blood relative, as it recognizes the importance of personal connections to the child and family.
- Life books are available for youth in care to keep a tangible record of the time they spend away from the family. It allows a child to tell their own story and is not only a

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

record but engages them in their own time spent in care and what they feel is important.

- Advocacy for incarcerated parent rights due to legislation passed that strengthens and reinforces their ability to be involved with their child in the child welfare system. This allows the parent and child to maintain connections and increases the likelihood of reunification for these families upon release of the incarcerated parent. Research has shown that when children and their incarcerated parents maintain regular visitation, the children have better emotional and behavioral stability, the incarcerated parent has better emotional and behavioral stability, and recidivism rates for the parent decrease.
- Fostering Connections is targeted to assist our older youth in gaining permanency. This program allows for extension of time that the adoption/guardianship subsidy can be provided to those youth who are older at the time of finalization.
- The Lean Management project has examined the process of how a child's permanency is handled once they have been identified for adoption or guardianship, focusing on cases that linger without permanency. This project spurred Policy Guide 2018.07 that governs Procedure 309, which includes the Adoption Timeline that was adopted in May 2018. This process should help decrease the time in which permanency can be secured for a child.
- Family Finding continues to identify resources for our youth in care, whether it be an option for placement to avoid shelters and emergency foster homes or just important individuals who can maintain lifelong connections after DCFS is no longer involved with a youth.
- DCFS is actively redesigning the service plans (case plans) for families receiving intact and out of home care services. These plans reflect the work that the agency is doing with families through Child and Family Teams, including a strong family voice in developing their case plans.

Sub-Chapter 4C – Well-Being Services

Illinois child welfare is committed to ensuring that children in state care achieve their potential, and, in order to do this, children need access to 1) quality education programs; 2) medical services; and 3) mental health services. In this section, DCFS will address these three service areas that help assure children's well-being.

Education Services:

Kindergarten-12th grade services:

The DCFS Office of Education and Transition Services (OETS) works to ensure youth in care are receiving a Free and Appropriate Public Education (FAPE). While this has been improving, some youth are still not receiving FAPE. While most people agree that safety and permanency are a primary concern in child welfare, youth cannot be successfully launched without the educational tools which will lead to success in post-secondary or the workforce.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

While OETS' plan for the 2019-2020 school year, to monitor and interject at pivotal moments in a youth's academic career, is showing improvements for educational outcomes, there are still improvements to be made. Barriers continue to be 1) data, 2) provider partnerships, and 3) child welfare practices that short-change the educational well-being of youth, particularly the older population.

Below is a breakdown of 4-year high school graduation rates.

Academic School Year	State Graduation Rate	Foster Care Graduation Rate
2009-2010	82%	34%
2010-2011	81%	36%
2011-2012	83%	34%
2012-2013	82%	31%
2013-2014	86%	34%
2014-2015	86%	35%
2015-2016	86%	38%
2016-2017	87%	39%
2017-2018	85%	41%
2018-2019	86%	43%

Education Highlights:

1. Youth-in-care 4-year graduation rate above 50% (57% unverified for 19-20 school year (pre-pandemic) for the first time in over 10 years.
2. Identified district-appointed foster care liaisons at all 852 school districts. This allows OETS to communicate with school districts on a regular basis regarding the progress of our youth. The district-appointed liaison is able to provide DCFS with necessary paperwork in less than 24 hours, i.e. IEPs, 504s and transcripts. Also, due to this continued communication the following progress with the multi-tiered system of supports has occurred:
 - Tier 1 (Youth on-track to graduate and showing strong academic progress with no attendance issues): 17% to 15% (December 2019 to March 2020)
 - Tier 2 (Youth who are making satisfactory progress and not missing more than 5% of school within a school calendar month): 38% to 52% (December 2019 to March 2020)
 - Tier 3 (Youth who are failing a combination of 3 or more courses and considered chronically absent): 45% to 33% (December 2019 to March 2020)

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Pandemic-Related Education Highlights:

1. 750 Chromebooks were purchased for 67 school districts throughout Illinois. These Chromebooks are needed to continue remote instruction for youth-in-care who do not have access to a device. These Chromebooks had to be requested by the school district, because the teachers and administrators would best know if a device would be needed to continue learning. 67% of school districts do not offer a 1:1 initiative (each child is provided a school device), so this means the majority of students throughout Illinois are provided paper packet options for remote learning.
2. There was weekly communication from the DCFS Education Specialists in each region to all 852 school districts regarding youth in care. This has enabled the team to intervene with youth and families who are not participating in remote learning during the pandemic.
3. Monitoring and data tracking has allowed OETS to find all youth enrolled in PreK-post-secondary settings. At the inception of the shelter-in-place order, post-secondary specialists were able to contact all youth enrolled in college or university settings, were able to find housing for all youth in need, increase the monthly board payment from \$532 to \$632, and assist with bringing home any study abroad students (DCFS had only 1 student).

School Readiness Initiative:

The goal of the School Readiness Initiative is to ensure that every child involved with DCFS through foster care is enrolled in an early education program. School Readiness staff also provide information and resources regarding early childhood care and education to intact families and the youth-in-care teen parent of a child. Per DCFS Procedure 314.50/70 the following are the general programs in which children can be enrolled:

- 1) Head Start or Early Head Start
- 2) Pre-Kindergarten programs for children at risk of academic failure
- 3) Accredited child care programs (licensed childcare or home visiting programs)
- 4) Early Intervention services for infants and toddlers with developmental delays
- 5) Early childhood special education programs for 3-5-year-old children with disabilities

The statewide School Readiness Team currently has four positions statewide, with one Team member in each of the four regions of the State. Team members monitor early childhood care and learning resources in their region and monitor enrollment in these programs of children in care ages 3-5, as well as ensuring that the children's learning needs are being met in accordance with Procedure 314 – Education Services. Team members also assist intact and TPSN (Teen Parent Support Network) caseworkers with available early childhood care and education resources as requested.

In situations where children are experiencing challenges in the classroom or are at risk of suspension or expulsion in their educational placement, if requested, School Readiness staff will participate in Clinical staffings, CIPP (Clinical Intervention for Placement Preservation) meetings and Child and Family Team Meetings (CFTM) to help ensure educational stability. Team members also support and participate in efforts to build stronger relationships between the early childhood, child welfare and caregiver communities through local events, conferences and trainings. Team members also advocate for change in policy both at the state and federal level.

Monthly reports received from DCFS's Office of Information Technology (OITS) identify children in foster care who are in need of an educational placement. School Readiness staff sends

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

requests to caseworkers, supervisors, foster parents and/or private agency monitoring staff seeking educational updates, and if a child is not in a program, staff investigates appropriate programs within the child’s placement area. Staff continue to follow-up on this until there is confirmation that the child is enrolled in a school/program. Below is a sample of data kept by the School Readiness Initiative:

Statewide Data Report: January-March 2019

Region	Age 3-5 in foster care	in Head-start	in PreK	in Day Care	on wait-list	Adoption or Guard recently complete	return to bio-parent	transition to kindergarten or first grade
Cook Co.	1085	21	261	310	1	5	33	125
Northern	624	50	179	111	5	13	9	65
Central	1190	120	295	170	7	2	7	87
Southern	803	102	157	154	6	14	25	78

Additional activities associated with the School Readiness Initiative include:

1. The Office of Education and Transition Services developed an Early Childhood Care and Education Suspension and Expulsion Tracking tool for children in care, and began use of this tool in July 2018. Eight children have been expelled from early childhood care programs in the year 2019. The plans for use of this data include advocating for an increase in services for children involved in the child welfare system who are suspended or expelled from early childhood programs. The team educates staff on the importance of getting children re-enrolled into programs as quickly as possible and uses the data to gain an understanding about the children who are being suspended or expelled. This information is discussed at various Early Learning Council Sub-Committees.
2. The Teen Parent Support Network is a statewide program that assists with registering children of teen parents in quality early childhood education programs and monitors their enrollment. TPSN continues to emphasize the caseworker’s responsibility for the children of TPSN youth, and the value of early education. TPSN staff members provide resources and education on early learning and will also accompany the young parent to early learning centers to walk the youth through the application and enrollment process. The following tables illustrate the changes in early education enrollment throughout FY 19, divided by age groups, separation status, and the Network overall.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

OVERALL NETWORK EARLY EDUCATION ENROLLMENT AS OF 3/31/20						
Child Age:	Age 0-3		Age 3-5		Age 0-5	
Type of Program	Parent Care	State Care	Parent Care	State Care	Parent Care	State Care
Licensed/Non Accredited	37	8	14	7	51	15
Accredited Program	4	2	1	8	5	10
Public Elementary School	0	0	2	5	2	5
Early Head Start/Head Start	3	1	2	3	5	4
Not in School	134	30	12	6	146	36
Total Enrolled	44	11	19	23	63	34
Total Eligible	178	41	31	29	209	70
Combined Total Enrolled	55 (25%)		42 (70%)		97 (35%)	
Combined Total Eligible	217		60		279	
Total Excluded (Non-Custodial, Under 6 Weeks, Over 5)	82	(includes <6 weeks)	22	(includes 5+)	104	

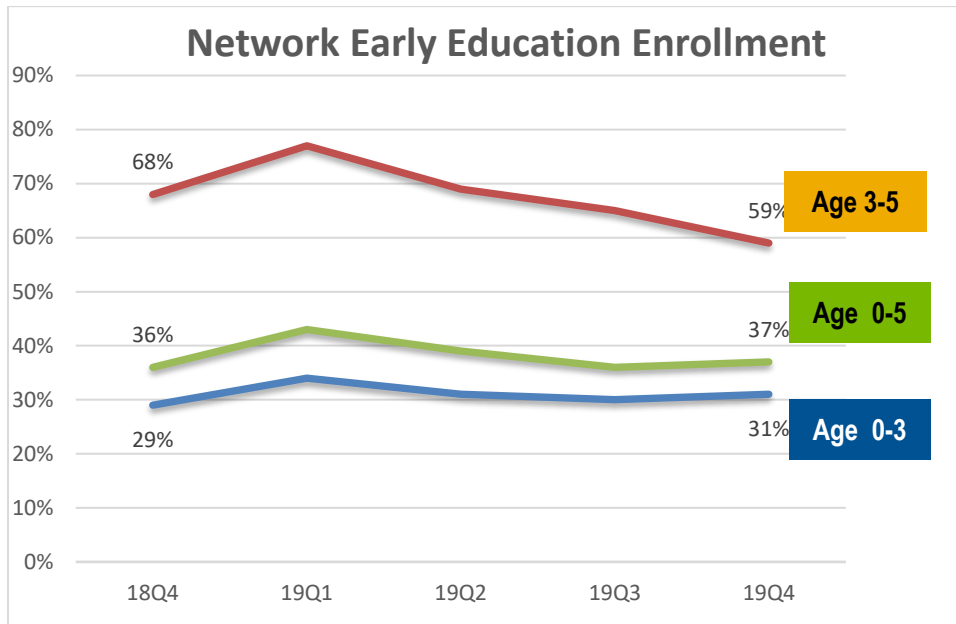
As of 6/30/19, according to records, there were 21 children between the ages of 3-5 that were currently not in school. 5 children in DCFS care and 16 children in their parent's care.

- For the 16 children that were in their parent's care,
 - 12 of these parents were currently not in school or working.
 - 10 youth were assigned to at least 1 TPSN provider; 4 were currently working with a TPSN Education Coach or Family Development Specialist, who provide direct assistance towards the early education enrollment process. 8 had a Clinical Consultant assigned.
 - For the 6 youth that had no TPSN provider assigned, 3 were assigned to an RSP agency, 1 was assigned to UCAN's Foster Care program and the remaining 2 lived in downstate regions and did not have access to TPSN direct services.
- For the 5 children in DCFS care, 1 was closed out of the Network as of 7/3/19. Of the remaining 4, 1 was assigned to an RSP agency, 2 were assigned to ASP agencies, and 1 was assigned to DCFS. All youth with children aged 3-5 that were not in school were referred to Education Support for direct service, or consultation.

The graph on the following page illustrates the rates of early education enrollment over the last year. As the graph illustrates, the rate of enrollment for children aged 0-5 has remained consistent over the last year, though the enrollment for children ages 3-5 has dropped by 11%. The Education Support Department continues to utilize data collected by the Quality Improvement

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

team for targeted outreach efforts to parents of children aged 3-5 who are identified as not in school, in order to offer resources and address any barriers to enrollment.



3. To work effectively, DCFS has partnered with the Illinois State Board of Education, which includes data sharing of the information for the 11,323 youth in care enrolled in ISBE funded schools. To that end, DCFS has joined the Illinois Longitudinal Data System with the following agencies:
 - Illinois Board of Higher Education
 - Illinois Community College Board
 - Illinois Department of Commerce and Economic Opportunity
 - Illinois Department of Employment Security
 - Illinois Department of Human Services
 - Illinois State Board of Education
 - Illinois Student Assistance Commission

This data system enables DCFS to follow youth education and workforce data from age 3 to adulthood.

4. DCFS and Head Start/Early Head Start (HS/EHS) Grantee Agencies have an Intergovernmental Agreement (IGA) which began in 2007 and is in effect until June 2023. The purpose of this IGA is to foster collaborative efforts between child welfare and HS/EHS and to enhance working relationships in order to improve outcomes for Illinois children, families and communities. The primary impact of the IGA places child welfare involved children on a priority path, i.e. if there is a waiting list, children in care are placed at the top of the waiting list.
5. Further cooperation between the DCFS Office of Technology, Office of Education and Transition Services and the Department of Human Services occurred in the development

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

of an encryption list for Head Start to use with early recruitment and enrollment of children ages 3-5 entering DCFS care. The encryption allows only specified persons at Head Start to have access to the private information of children and families, but also affords them the opportunity to reach out and begin the registration and enrollment process as early as possible.

6. To ensure successful collaborative efforts between early childhood providers and the child welfare community, with the goal of giving positive learning experiences to children, School Readiness staff interact with a variety of people and entities, including:
 - School Readiness staff actively participated with the introduction of P.A. 100-0105 Preventing Expulsion of Children Birth to Five, which allows School Readiness staff work in tandem with child care facilities to develop necessary transition plans for students who are at risk of expulsion.
 - The Governor's Early Learning Council Committees and subcommittees, as well as other committees throughout the state has yielded policy changes which benefit not only DCFS-involved children, but homeless children and children who live in economically challenged areas.
 - All Our Kids network meetings, which is a collaboration of multiple stakeholders to work on issues related to the educational, mental and physical health needs for the DCFS population.
 - School education liasons, and Illinois State Board of Education (ISBE) staff to improve communication and to work collaboratively on student services and support.
 - Efforts at the community level working to ensure the child welfare population has needed information to supply the foster parents with informed opportunities for the educational component for children placed in their homes.
 - Training collaborations with the Ounce of Prevention Fund, HS/EHS, ISBE and other DCFS staff which provide opportunities for child welfare, child care, education, homeless service and supportive housing providers to learn each other's systems while making valuable connections with workers in other systems.
 - ISBE statewide collaboration continues to strengthen as contact is made with School District Liaisons on a weekly basis ensuring that children and youth in care are engaging in remote learning.
 - If an education issue surfaces OETS Education Specialists will work with the Liaisons to provide needed intervention and resources to support the student's education.

The Office of Education and Transition Services recognizes the importance of education throughout the developmental years of childhood, and is disheartened by the fact that only approximately 43% of children in foster care graduate from high school. The OETS also understands that caseworkers are overburdened by their myriad duties, and few of them have expertise in school policies, Individual Education Plans, 504 Plans, or how to engage in an appeal

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

process. This is where the OETS can strengthen child welfare and increase children and families' success in schools. In order to accomplish this, OETS has three goals:

Goals for FY21:

- Continued improvement of the NIU Education Access Project contract. This contract is still a primary focus as too often youth in care are not getting what they deserve from the outputs of this work. This collaboration will be utilized to train child welfare workers on best practices around education, including the importance of documenting educational progress and history. Only 26% of cases have educational information recorded in SACWIS. With our partnership with NIU, DCFS would like to see this increase to 50% in FY21.
- Partner with IL-Empower, which is the statewide system of support that empowers schools with greater choice in determining their path to improved student outcomes. Schools are informed through a continuous school improvement process which includes analysis of academic and school quality indicators, a systems needs assessment, and selecting an approved learning partner. This partnership will focus on the academic outcomes of youth-in-care. By utilizing the Illinois School Report Card, OETS will be able to evaluate how each of the 852 school districts throughout Illinois are doing with the foster care population. The plan is to emulate the districts that are doing well with the foster care population. OETS will work with the Illinois State Board of Education to increase evidence-based interventions with foster care youth.
- Partnership with Chicago Public Schools to provide training to educators and child welfare workers on Best Interest Determination (BID) meetings. Once this training is developed and fully implement in CPS, OETS will replicate the work in the other 10 largest school districts throughout Illinois which have the largest enrollments of the youth-in-care population.

Physical Health Services:

See: Healthcare Oversight and Coordination Plan – Appendix C

Mental/Behavioral Health Services:

Office of Clinical Practice

The Division of Clinical Practice's Regional Clinical Program is responsible for supporting the field through the provision of clinical consultation and the convening of clinical staffings. The Division accomplishes this mission through its Regional Clinical Units or linkages to Clinical Specialists. Regional Clinical Units (Clinical Managers and Clinical Services Coordinators) are located in each Region across the state, with three units being located in Cook County. Spanish-speaking Clinical staff is located within the Cook Central and Northern Regional teams. The Administrator of Social Work Practice has Administrative responsibilities for the Regional Clinical Units and reports to the Associate Deputy Director of Clinical Services. The Associate Deputy reports to the Deputy of the Clinical Division.

Target Population: The youth and families served by DCFS and contractual agencies are included in the target population. Clinical consultation or staffing requests are made by the Regional Clinical Unit's DCFS and POS staff including (but not limited to) Administrators, Investigative and Permanency Staff, Licensing and Monitoring Staff, Resource Staff, Legal and

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

other support units. Court personnel acting on behalf of DCFS youth in care, biological parents, adoptive parents and substitute caregivers may also make referrals for clinical consultation.

Regional Clinical staff collaborate with the following stakeholders:

Internal:

- DCFS Investigative/Permanency Staff (Operations)
- Supervisors
- Administrative staff (including but not limited to: Central Office, Advocacy Office, Legal Services, and Guardian's Office)
- Licensing
- Regulation/Monitoring
- DCFS Consulting Psychologists
- Clinical Intervention for Placement Preservation (CIPP)

External:

- Purchase of Service staff and administration (POS)
- Congregate Care providers (Residential, Group Home, Transitional Living Programs)
- Public Guardian's Office (GAL)
- Intensive Placement Services (IPS)
- Screening Assessment Support Services (SASS)
- Hospital psychiatric programs (private and state-operated)
- Court appointed special advocates (CASA)
- County court systems (circuits)
- Community agencies (mental health, developmental disabilities, substance abuse, domestic violence, sex offender/victim)
- Medical providers
- State agencies (Department of Human Services, Healthcare and Family Services, Juvenile Justice)
- Managed Care entity (YouthCare)

The Regional Clinical Units continue to support a number of programs and initiatives throughout the State. While no changes have been made to customers or data sources for FY21, there have been enhancements made to the data sources to assist with improved data collection and report functionality within the Regional Clinical Units. Some of the programs supported are as follows:

Youth in Residential Care: The Regional Clinical program has taken an increased role in the clinical assessment and monitoring of youth in residential care in collaboration with POS/DCFS case manager, residential treatment teams and residential monitoring programs. This work is done in collaboration with Child and Family Teams which are developed to strengthen families and support purposeful, intentional, respectful and supportive engagement with youth and their families. There has been a focus on supporting clinical teams, youth and families in stepdown/discharge planning efforts for youth who are targeted to return home to biological parents or to a relative home placement. These efforts will continue to support shorter lengths of stay in our residential treatment programs consistent with Family First legislation and support work to improve permanency for youth in care. In addition, the enhanced work with our residential treatment teams and the casework staff managing youth in this level of care provides not only support but opportunities to enhance skills around trauma-informed care and the use of evidenced-based practices to serve youth and families.

Post Adoption Units: The Clinical Division continues to support Post Adoption Units through the staffing of youth adopted through DCFS who are at risk of disrupting from their adoptive home.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The work with these youth and families is supported by our sister agency, Healthcare and Family Services (HFS), through the Special Family Support Program and the Family Support Program. There is collaboration and planning with HFS to ensure that these youth can remain in the custody and guardianship of their adoptive parents while receiving the level of treatment necessary to support their emotional, behavioral and developmental needs.

Human Trafficking: The Regional Clinical Units have continued to support Human Trafficking Specialist in working with our youth who have been trafficked and who are at risk of trafficking. There will also be enhanced clinical consultation with trafficked youth who are in congregate care settings. Specific consultation will be provided to support the safety and treatment of our youth who have been trafficked or who are at risk of this level of abuse. This area of clinical work will focus on youth engagement in treatment, planful stepdown/discharge planning primarily centered around returning youth home to a biological parent or relative. Efforts to support these youth will be done in collaboration with the treatment teams, human trafficking specialist, consulting psychologists, licensing and monitoring units and clinical assessment teams in congregate care settings.

Psychiatrically Hospitalized Youth: The Clinical Division partners with consulting psychologists, along with Clinical facilitators, clinical specialists and educational support staff to not only provide clinical staffings with these youth and family systems, but also to ensure that there is follow up to support the delivery of treatment, placement and stabilization needs recommended for these youth in the DCFS' care. During the first quarter of FY21, the role of the clinical facilitator will be enhanced to support the implementation of recommendations made during the youth's clinical staffing(s). In addition, the clinical team will transition from utilizing the Child Assessment Service Intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSI) to begin using the CANS as the universal assessment tool for clinical assessments. The move to this assessment tool aligns with the standardized assessment tool being utilized by our congregate care providers, casework staff and our Medicaid providers. This change also supports objectives as outlined in the Family First implementation plan. This process is to be fully integrated and implemented by the first quarter of FY21. In addition, there will also be enhanced work with the Managed Care entity around treatment provided during hospitalization; but also, in the support of youth and families in connection to community-based service arrays that support the youth's emotional, behavioral and developmental needs upon psychiatric hospital discharges. Through enhanced assessments, planning and implementation support, there has been a goal set for FY21 to reduce rehospitalization rates by 30% among youth who are coming from a community-based placement setting.

LGBTQI+ Youth: The Regional Clinical units will assume increased responsibility for the clinical consultation and support for LGBTQI+ youth with whom the Department is involved. DCFS Clinical and the Office of Affirmative Action (OAA) will be partnering to enhance programmatic support among LGBTQI+ youth and families. Training has been provided by the Associate Deputy of Behavioral Health for the transition of support services. In addition, the Associate Deputy and OAA staff will also continue to support Regional Clinical units as subject matter experts regarding best practices for LGBTQI+ youth.

Parents with children in state custody have a wide range of services available to them through the programs mentioned above; as well as those described further in this section. Individually, they can obtain mental health counseling through an established list of providers located throughout the State. In addition, DCFS will engage providers with private contracts to meet the particular needs of an individual/family, or to provide services in a specialized area that is associated with the needs of LGBTQI youth and families as an extension of services covered by

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

an established service provider. Below is a list of some of DCFS' established therapy providers throughout the state. The Clinical Division will continue to utilize SPIDER, Statewide provider database, to support efforts in locating and linking youth, caregivers and families with services to support well-being and permanency. The goal in FY21 is to increase the use of the SPIDER resource tool at the point of staffing to promote a more timely and appropriate service referral and linkage to care.

**FY21 Therapy Providers
Serving DCFS Families**

Region Served	Agency	Population Served	Type of Service	Funding
Chicago, Cook	Larabida Children's Hospital	DCFS youth	Sexual abuse, trauma	DCFS contract
Northern, Cook North, Chicago	Northwest Treatment Assoc	DCFS youth and offenders	Sexual abuse	Medicaid
Central	ABC Counseling & Family Services	Individual*, group and families	Sexual abuse, trauma	Medicaid
Southern	CHOICES counseling	Youth	Sexual abuse, trauma	Medicaid
Central	Youth Advocate	DCFS involved family/individual	General counseling	Medicaid
Chicago	Catholic Charities	DCFS involved family/individual	Individual, group, family counseling	Medicaid
Central, Southern	One Hope United	DCFS involved families, individual	Individual, group, family counseling	Medicaid
Central	Children's Home Association	Intact and foster families	In-home therapy	DCFS Contract
Central	Transitions of Western IL	Individuals, Families and Youth in Care	Family and Individual therapy	Medicaid
Northern	Youth Services Network	Intact and Foster families/individual	General counseling	Medicaid
Southern	Egyptian Health Department	Individuals and families with DCFS	General counseling	Medicaid
Cook	Kaleidoscope	Individuals and families with DCFS	Intensive home-based stabilization	DCFS contract

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Cook	Forward P.C	Individuals and families with DCFS	General counseling	Medicaid
Southern	Alternatives Counseling	Individuals and families with DCFS	General counseling	Medicaid
Southern	Lutheran Social Services of IL	Children and families with DCFS	General counseling	Medicaid
Central	YSB Illinois Valley	Individual and families with DCFS	General counseling	Medicaid
Cook, Northern	Garden of Prayer Youth Center	Individual and families with DCFS	General Counseling/Human trafficking	Medicaid

*Individual denotes both youth and adults, unless otherwise noted.

There are a number of other programs that offer services to parents, including the following, all described in Chapter 4:

- 1) Reunification Foster Care
- 2) Substance Abuse Partnership with SUPR
- 3) Family Unification Program

Intellectual/Developmental Disabilities Program

The Intellectual/Developmental Disabilities Program (ID/DD) was established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of this child welfare population. The Statewide Intellectual/Developmental Disabilities Coordinator is overseen by the Statewide Intellectual/Developmental Disabilities Administrator. Some of the activities of the office:

- The Intellectual/Developmental Disabilities Program manages transitional planning for intellectually /developmentally disabled youth who are 14.5 years of age and older throughout the state, including addressing various issues impacting the process:
- Provides consultation and professional technical assistance to DCFS and POS staff regarding youth with intellectual/developmental disabilities
- Maintains effective communication with DCFS & POS staff and other resources
- Attends meetings and serves on other statewide organizations concerned with intellectual/developmental disabilities, such as Illinois Council on Developmental Disabilities
- Coordinates trainings with the contracted Transition to Adult Services Manager for DCFS and POS staff regarding developmental disabilities

The Intellectual/Developmental Disabilities Program has an Interagency Agreement with the Department of Human Services/ Division of Developmental Disabilities (DHS/DDD) and the Illinois Guardianship and Advocacy Commission (GAC) regarding transitional, planning, and funding for DCFS youth in care with a developmental disability; in process of being updated. The

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Intellectual/Developmental Disabilities Program collaborates with Kaleidoscope via a DCFS contract, which provides for a Transition to Adult Services (TAS) manager. The TAS manager maintains a list of DCFS youth eligible for transition to adult services with DHS. The TAS manager provides consultation with caseworkers, residential providers, other provider agencies, and DHS-DDD providers to aid in the timely and successful transition of youth in care with intellectual/developmental disabilities from the child welfare system to the adult DHS-DDD system or other appropriate provider and permanency. The Intellectual/Developmental Disabilities Program collaborates with the DCFS Office of the DCFS Guardian regarding youth in care with an intellectual/developmental disability, given that a part of the transition to adult services process is the identification of adult guardian as appropriate. The Intellectual/Developmental Disabilities Administrator will be appointed to the Illinois Council on Developmental Disabilities and the Coordinator will serve as backup.

The Intellectual/Developmental Disabilities Program will continue to collaborate with DHS DDD, TAS, DCFS Guardian's office, POS, OPG, State's Attorney, DORS, Operations, Licensing, Monitoring, Budget/Finance, Contracts, Diversified Service Network and community providers/advocates to address service needs for youths and families.

Goals moving forward:

1. To finalize the Interagency Agreement that DCFS has with DHS and OSG by end of 2019. The purpose of this agreement is to mandate that joint planning occur among the parties to ensure that there is coordinated and effective activities occurring to provide a smooth transition to adult services for youth in DCFS care with a developmental disability. *Update:* Efforts to get this finalized have been ongoing. There have been several collaborative meetings among the stakeholders. The draft was made final on 1/8/2020. The next step was for DHS DDD to get their legal office to approve it and their Director's signature and once done, the document would be forwarded to DCFS and OSG for Directors' signatures. The COVID-19 crisis has impacted agencies day to day functioning by directing resources to service the needed populations. As of 4/21/2020, DHS/DDD shared they would try to move the process along, but the pandemic crisis has significantly increased the work load of their Budget office.
2. To submit a copy of DCFS procedure 302, Appendix N to the Office of Child and Family Policy by end of July 2019 so that a draft can be published for comments. This policy updates and clarifies for the field, steps needed to transition youth in care to adult services for developmental disabilities. It also provides instructions regarding requesting an adult guardian for youth in care. *Update:* Developmental Disabilities program continues to work collaboratively with the DCFS Guardian's office and Office of Child and Family Policy (OCFP). The last response to questions from the OCFP was 2/6/2020; this process is ongoing.
3. Create a standardized method by end of 2019 for flagging youth who are 15.5 years of age and older with an intellectual disability so that youth can be placed on the Prioritization of Urgency of Need for Services (PUNS) with DHS. This would put DHS on notice of a youth in DCFS who may need transition to adult services. *Update:* During the discussions surrounding the draft Interagency Agreement, it was determined that this was no longer needed. DHS DDD stated that advanced notice is not needed, given that DCFS youth in care are guaranteed funding for adult services through DHS if eligible.
4. Maintain regular contact with Sequoia Consulting Group and DCFS consulting psychologist; this is ongoing. To help ensure youth with a developmental disability who are 17.5 years of age have an updated DCFS approved psychological evaluation (if possible) for consideration of continued eligibility for social security benefits. *Update:*

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

There has been regular contact with Diversified Service Network (formerly Sequoia) and the assigned DCFS Consulting Psychologist. The meetings are now occurring quarterly; the next is scheduled for 6/4/2020.

5. Partner with additional community resources, throughout the state, to support youth with Autism by end of 2019. *Update:* This continues to be an ongoing effort.
6. Create a description of the program and contact information of program staff for the DCFS DNET page by end of June 2019. *Update:* The announcement was made on the DCFS DNET page on 6/25/2019.
7. Utilize a centralized mailbox for Transition to Adult Services for Developmental Disabilities. This should be fully operational by end of June 2019. This would allow staff of this program access to information that is communicated to the field regarding TAS and that field's response. *Update:* This continues to be an ongoing effort. The mailbox should be fully operational by August 2020.
8. The TAS Manager to have consistent regional trainings regarding the TAS process; this is ongoing. *Update:* The DCFS Intellectual/Developmental Disability program, Kaleidoscope's Transition to Adult Services (TAS) program, and DCFS Office of the Guardian provided a detailed training about the transition process for individuals in DCFS care with intellectual disabilities who may require adult services. The training addressed the following: eligibility for adult services, service options, and adult guardianship. It was designed specifically for DCFS/POS caseworkers, residential providers, supervisors, but was open to anyone interested. A training was held in each DCFS Region: Central Region 10/2/2019, Southern Region 10/3/2019, Cook Region 10/9/2019, and Northern Region 11/21/2019. TAS is currently in the process of scheduling annual regional trainings, which will be virtual this year given the COVID-19 pandemic. Possible dates would include at least one training in June, July, and August: 6/8 10 to 1, 6/10 9:30 to 12:30; 7/13 10 to 1, 7/15 9:30 to 12:30; 8/10 9:30 to 12:30, 8/12 9:30 to 12:30.
9. On 10/25/2019, the Statewide I/DD Administrator, Kaleidoscope Transition to Adult Services (TAS) Manager, and the Associate Director of Learning and Development from the Office of Learning and Professional Development met to discuss developing a webinar for Transition to Adult Services training. A draft plan for the project was developed and course learning objectives were identified: describe each stage of the transition process, recognize role/responsibilities in facilitating timely transition prior to youth attaining age 21, and identify who may be eligible for the Transition List/DHS DDD adult services. A meeting is scheduled with TAS and the Office of Learning and Professional Development for 5/15/2020 to review/discuss the Transition to Adult Services lesson draft. This project is ongoing.
10. The Statewide I/DD Administrator was notified of appointment to the Protection of Individuals with Disabilities in the Criminal Justice System Task Force on 10/23/2019. This task force was enacted by Public Act 101-391 (<http://ilga.gov/legislation/publicacts/101/PDF/101-0391.pdf>) to consider issues that affect adults and juveniles with disabilities with respect to their involvement with the police, detention and confinement in correctional facilities, representation by counsel, participation in the criminal justice system, communications with their families, awareness and accommodations for their disabilities, and concerns for the safety of the general public and individuals working in the criminal justice system. The Task Force will make recommendations to the Governor and to the General Assembly regarding policies, procedures, legislation, and other actions that can be taken to protect the public safety and the well-being and rights of individuals with disabilities in the criminal justice system. Due to the shelter-in-place order in place as a result of the COVID-19 pandemic, the Protection of Individuals in the Criminal Justice System Task Force held a virtual

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

introductory meeting 4/29/2020. The I/DD Administrator will attend all scheduled meetings.

Note: Due to the COVID-19 crisis, the transition to adult services process has been significantly impacted. There has been little to no movement for youth due to shelter-in-place order, ISC coordinators working remotely, and adult providers inability to screen referrals for eligibility. Similar circumstances exist for the progress towards completion of the adult guardianship process, due to limited hearings occurring in probate court. Developmental Disabilities Program will continue to collaborate with DHS DDD, TAS, DCFS Guardian's office, POS, OPG, State's Attorney, DORS, Operations, Licensing, Monitoring, Budget/Finance, Contracts, Diversified Service Network and community providers/advocates to address barriers.

Deaf/Hard of Hearing and Blind Program

The Deaf/Hard of Hearing and Blind Program was established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of this child welfare population. The Statewide Deaf/Hard of Hearing and Blind Coordinator is overseen by the Intellectual/Developmental Disabilities Administrator. Some of the activities of the office:

The Deaf, Hard of Hearing, and Blind Program assists in the coordination of services for deaf, hard of hearing, and visually impaired youth and families served by DCFS throughout the state, and serves as liaison to the deaf/hard of hearing/visually impaired community. In an advisory capacity, the program Coordinator

- Provides case consultation, technical guidance, training and assistance to DCFS/POS staff
- Communicates with Deaf or Hard of Hearing clients who contact the Deaf Services Coordinator using sign language
- Functions as an appointed board member to the Illinois Advisory Board for Deafblind
- Helps to facilitate documents in large print or braille when appropriate
- Develop policy with regard to blind services
- Work closely with contracts to maintain sign language vendors

The Deaf/Hard of Hearing and Blind Program collaborates with sister state agencies and their respective Deaf/Hard of Hearing and Blind programs. The Deaf/Hard of Hearing and Blind Program works closely with the Illinois Deaf and Hard of Hearing Commission to ensure the Department is current with regard to changing legislation. The Deaf/Hard of Hearing and Blind Services Coordinator is appointed to the Illinois Advisory Board for Deaf/Blind.

Goals moving forward*

1. Attempt to have a radial button added to the demographic screen in SACWIS that gives the user the choice of marking the individual as either Deaf/Hard of Hearing or Blind by end of 2020. This would assist in having more accurate data as well as meeting service needs more efficiently. This was previously requested of the Division of Innovation and Technology via ESR in 2016; there will be follow-up.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

2. By the end of 2020, develop a tickler system to notify the Deaf/Hard of Hearing and Blind Services Coordinator of youth who are being considered for cochlear implants. This would allow for case consultation and technical guidance/assistance to the field surrounding this procedure.
 3. Make and add video clips to the DCFS webpage that are provided in American Sign Language (ASL); this would be developed with the assistance of the Deaf and Hard of Hearing Commission (IDHHC) and Central Management Systems (CMS) recording studios. Timeline is undetermined as IDHHC will notify the Coordinator when design can begin.
 4. Add sign language to the Language Barriers – Burgos Consent Decree and Limited English Proficiency (LEP) Training module by the end of 2019.
- *All goals are continued from previous fiscal year.

Domestic Violence Intervention

The Domestic Violence Intervention Program (DVIP) is a statewide Specialty Services Program within Behavioral Health Services, under the larger umbrella of the DCFS Division of Clinical Practice and Program Development. The general activities of the DVIP are clinical case consultation, technical support and guidance, policy development, and training to support direct service staff around the complexity of cases involving domestic violence.

Throughout FY20, the DVIP was fully staffed, with a Clinical Domestic Violence (DV) Specialist in each region of the state: Central, Cook, Northern and Southern Regions. The DV Specialist in the Northern Region is a Senior DV Specialist, who provides additional program development and oversight, and staff supervision.

Clinical Case Consultation

Clinical case consultation is an integral and primary component of the work of the DVIP. Cases are referred to the DVIP directly from the field – by child welfare staff and/or their supervisors - from DCFS and POS agencies. On many occasions, community providers, such as domestic violence agencies, also contact the DVIP for assistance with families involved with DCFS that are experiencing domestic violence.

The purpose of case consultation is to recommend strategies for domestic violence protection planning, assist in assessing the family's needs based on the history of domestic violence, and identify appropriate services for the victims (children and adult) and perpetrators. Case consultation with DCFS and POS staff also creates excellent opportunities for education and provision of information on the dynamics of domestic violence. The DVIP provides consultation on topics such as: definitions of domestic violence and teen dating violence, power and control dynamics, co-morbidity with other underlying conditions (such as substance abuse and mental health), risk and lethality indicators, cultural factors, policy implementations and limitations. The DVIP participates in CIPP and D-CIPP meetings, Priority and Clinical Staffings, Child and Family Team Meetings, and other case discussions.

From July 2019 to April 2020 the DVIP provided 1,250 DV consultations/staffings to DCFS and POS agency staff across all regions.

With the current concerns regarding COVID-19, the DVIP team is regularly sharing information with the field to let staff know that the DVIP continues to work remotely and is available to provide

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

guidance and support statewide. The following is information that is being communicated to DCFS and POS agency staff:

- 1) The DVIP is maintaining updated information on DV providers that are offering services through crisis lines, video-chats, online chats and text.
- 2) The DVIP can help locate emergency domestic violence shelter for clients.
- 3) The DVIP can participate in phone meetings with staff and clients to discuss domestic violence protection planning.
- 4) The DVIP is providing clinical consultation on cases involving DV, including participating in Clinical Staffings, CIPPs, CFTMs and other meetings via conference calls.
- 5) The DVIP is providing DV training and presentations via WebEx and conference calls.

Training

Along with training on the policies and procedures pertinent to cases involving domestic violence, the DVIP conducts trainings on various topics related to domestic violence. Audiences for these trainings include DCFS and POS agency staff, foster parents, youth in care, and community providers with collaborative/networking relationships with DCFS.

In FY20, the DVIP created a curriculum for core domestic violence training, which is available statewide for DCFS and POS agency staff. The DVIP continues to partner with the DCFS Office of Learning and Professional Education to provide staff in attendance with continuing education credits. In FY 2020, the DVIP focused on outreach efforts that involved providing presentations at staff meetings. These presentations explained the consultation and supportive services offered by the DVIP, the referral process, domestic violence information, and the statewide directory of domestic violence service providers.

From July 2019 to April 2020 the DVIP provided:

- **9 trainings with 377 DCFS and POS staff in attendance.**
- **18 presentations with 418 DCFS and POS staff in attendance.**

The Statewide Domestic Violence Provider Directory is updated annually and was most recently updated in April 2020. This Directory contains detailed regional listings of all community based domestic violence victim service providers and DHS protocol-approved Partner Abuse Intervention Programs across Illinois.

Collaborations

The DVIP works collaboratively with all divisions and programs within DCFS, including the Director's Office, Child Protection and Operations, the offices of Legal Services, Policy, Communications, and Training, as well as others. DVIP also works with a variety of community partners and stakeholders, serving on many local and statewide committees/coalitions with the City of Chicago Division of Family and Support Services, Illinois Department of Human Services, the Illinois Coalition Against Domestic Violence, the Chicago Metropolitan Battered Women's Network, Partner Abuse Intervention Programs, the Illinois Family Violence Coordinating Councils, Juvenile Court in Chicago, and the Domestic Violence Court in Chicago.

Relationships with the above mentioned partners facilitates DCFS' overall goal of working with community-based programming to facilitate family preservation and safe reunification. Collaborative work with community-based partners includes cross training on domestic violence/child welfare policies and procedures, as well as discussing and identifying solutions to issues related to service delivery.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

From July 2019 to April 2020, the DVIP attended various committee meetings including: Domestic Violence Stakeholders Meetings with the Cook County Suburban DV Courthouses; the Early Childhood Court Implementation Subcommittee with DCFS; the Lake County and Mt. Vernon Immersion Site Stakeholder Committees with DCFS; the Illinois Family Violence Coordinating Council Steering Committee; and the Illinois Family Violence Coordinating Council Committee in Kane County.

In response to the current concerns regarding COVID-19, many providers have suspended in-person services but are providing counseling and support via their 24/7 crisis lines; and many providers' doors are closed. The DVIP team is maintaining connections with the Network to End Domestic Violence, the Illinois Coalition Against Domestic Violence, IDHS and the Cook County DV Court, to remain up-to-date on information related to domestic violence. The DVIP team is also contacting DV providers on a weekly basis to obtain up-to-date information on available services. The DVIP team continues to provide information to the field on the status of service provision by DV agencies during the COVID-19 pandemic.

As noted above, the overarching goal of the DVIP is to support direct service staff in dealing with the complexity of cases involving domestic violence, which promotes DCFS' mission to ensure the safety, permanency and well-being of children under its care.

Toward this end, the DVIP strives to achieve the following objectives:

Objective 1: Complete 90% of clinical case consultations within 21 business days of case assignment.

Metric: DV Specialists will maintain excel logs that tracks referral dates and consultation/staffing dates.

FY20 Outcome: Based on data from the first six months of FY20, 96.3% of clinical case consultations were completed within 21 business days of case assignment.

Objective 2: For 90% of clinical case consultations conducted, submit clinical case notes within 10 business days of completing the consultation.

Metric: DV Specialists will maintain excel logs that track consultation dates and report submission dates.

FY20 Outcome: Based on data from the first six months of FY20, 75.9% of clinical case notes were completed within 10 business days of completing the consultation.

Objective 3: Provide written documentation of consultation/staffing recommendations to the field in response to 100% of referrals deemed appropriate for the DVIP services.

Metric: A written clinical report will be produced for each referral for which a consultation/staffing is provided, which includes a summary of case dynamics and clinical recommendations.

FY20 Outcome: A written consultation report was generated in 100% of cases for which a DV consultation was conducted.

Objective 4: Obtain consumer satisfaction feedback from recipients of DVIP consultations in order to identify (and remediate) problems in service delivery in a timely manner.

Metric: Consumer satisfaction will be assessed using surveys that will be distributed to direct service staff who receive DV consultations.

FY20 Outcome: Among Placement and Intact Workers ($n = 30$), 83% agreed that the DV Consultants helped identify service resources for families; 83% agreed that DV consultants

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

helped them work more effectively with families; and 83% said they would recommend DV consultation services to their colleagues.

Among Investigation staff ($n = 35$), 80% agreed that it was easy to access DV Consultation services; 89% agreed that the DV consultants were supportive of their efforts to manage cases; and 83% said they would recommend DV consultation services to their colleagues.

Objective 5: The DVIP will provide direct service staff with an updated information about statewide community based domestic violence victim service providers and DHS-protocol approved Partner Abuse Intervention Programs.

Metric: The statewide service directory will be updated annually and made available to direct service staff.

FY20 Outcome: The Statewide Domestic Violence Provider Directory has been updated through April 2020 and is available to all DCFS and POS agencies statewide.

Objective 6: Address the training needs of DCFS and POS staff as they relate to domestic violence, as evidenced by 90% positive ratings on evaluations collected at the completion of each DVIP training.

Metric: In collaboration with the DCFS Office of Learning and Professional Development, a training evaluation form will be distributed in all DV trainings to assess quality of trainings.

FY20 Outcome: as noted above, 9 trainings were conducted during FY20 with 377 DCFS and POS staff in attendance. Analysis of the training satisfaction ratings is in progress.

For FY21, the objectives for the DVIP will remain the same as those stated above.

LGBTQI+ Youth and Families

The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex Youth/Families Program serves as a support for LGBTQI youth, families and caregivers involved with DCFS. The program title has been expanded from the original title to convey that support and education may be offered by the (one) Program Specialist at any point in a family's contact with DCFS. The Specialist can help ensure that practice comports with the Illinois Human Rights Act, and that there is affirming practice and service for adults and children working with DCFS, no matter what the person's sexual orientation or gender identity expression may be.

The Program Specialist manages statewide DCFS programs and initiatives to ensure that appropriate services are provided to LGBTQI youth. The Specialist also develops and implements statewide policies and procedures, develops culturally sensitive resources for placement and supportive services, monitors outreach efforts to LGBTQI youth and provides consultation regarding the preservation of current placements for children and youth. The Specialist may also be a crucial participant in child and family meetings, CIPP (Clinical Intervention to Preserve Placement) meetings and Regional clinical staffings. In this role, the Specialist serves as the DCFS' LGBTQI liaison with community providers and national networks.

DCFS policy is to maintain and promote a safe and affirming environment for LGBTQI youth and families served by DCFS or POS agencies. This involves all children in DCFS care, including youth who are in DCFS contracted residential facilities and programs, foster care, and any other substitute care settings. It is important for DCFS and POS staff, providers and foster parents to understand that when DCFS youth in care explore/express gender and or sexual orientation which is different from either the gender assigned at birth or different from a strictly heterosexual

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

orientation, that they be supported and respected without any effort to guide the youth to any specific outcome for their exploration. The Program Specialist is a key educator regarding these circumstances and can help address bias and misconceptions regarding the LGBTQI community.

Youth who are lesbian, gay, bisexual, transgender, and questioning are protected by the Illinois Human Rights Act. They have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open about their sexual orientation.

The Program currently has one Specialist. Often when LGBTQI youth in care present with a crisis, there is a need to dedicate a great deal of time to assess why the youth is in crisis, help maintain a stable placement, prevent the youth from falling victim to trafficking while on run, and link the youth and caregivers or agency with resources specific to the youth's needs but that may be scarce in the area where the youth lives. The Specialist will often meet in person with youth to support the work done by the field and to help tailor services to the youth. This work includes also addressing bias or discrimination experienced by LGBTQI youth and adults receiving services from DCFS and POS.

DCFS did partner with the Human Rights Campaign (All Children All Families) in FY20 to use their webinars as baseline training for DCFS and POS staff. The DCFS Office of Learning and Professional Development is in the process of moving this to their own platform, and also determining the best steps to create the sustainable in-person training.

DCFS Clinical and the Office of Affirmative Action (OAA) are partnering to enhance the programmatic work for LGBTQI+ youth and families. A Chief of LGBTQI+ services will be hired and the current Clinical Program Specialist will transfer to OAA as a team member. Clinical referrals will be managed by Regional Clinical team members. The Associate Deputy of Behavioral Health remains as a subject matter expert and will continue to provide guidance regarding the best practices to serve LGBTQI+ youth.

The Program collaborates internally with the Operations, Monitoring, Guardian, and Licensing divisions. The Program also collaborates with LGBTQI community advocacy, medical, and services groups throughout the state (for example - Center on Halsted, Howard Brown, Lurie Children's Sex and Gender Clinic, The Phoenix Center, the St. Louis Children's Hospital Gender Clinic). The Program Specialist and Associate Deputy meet with the ACLU and the LGBTQ Roundtable. The Program Specialist and Associate Deputy also collaborate with the Office of the Public Guardian (Cook County), private agencies, the University of Illinois at Urbana-Champaign, and the Human Rights Campaign.

The Clinical division and the Office of Affirmative Action (OAA) are partnering to serve LGBTQI youth and families. The OAA is creating an office of LGBTQI services, where the current Clinical Specialist will be seated, performing tasks connected to a new OAA position. Clinical referrals will be managed by Regional Clinical teams; the Associate Deputy remains as a subject matter expert and will continue to provide guidance regarding the best practices to serve LGBTQI+ youth.

FY20 Goal Updates/Continuing Clinical FY21 Goals:

1. The request to enter and collect SOGIE (sexual orientation and gender identity expression) from electronic case records. This request has been submitted for

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

consideration by the technology governance committee. *Update:* The work has progressed to developing a draft of a SOGIE screen in SACWIS. SOGIE questions have been developed but require additional stakeholder input. Stakeholders also recommended (and DCFS agrees) specific training regarding how staff ask SOGIE questions is needed.

2. Revision of client forms to offer clients the opportunity to self-identify by gender and name. This project has been initiated and will continue until complete, most likely through the first quarter of FY20. *Update:* This task will be an ongoing recommendation. However, several forms were updated in FY20 to allow documentation of preferred name and gender (including the Client Rights sheet and Youth Bill of Rights).
3. Updating of DCFS rules and procedures to align with the SOGIE language of the Illinois Human Rights Act. R. 308 is being revised as of April 2019 and must move through the draft and comment process. The DCFS' non-discrimination expectations need to be made clear. *Update:* This task will be completed in FY20, along with updates to P. 308 and R. 429.
4. The Lurie study regarding documenting the experiences of youth in care will continue. Once the number of interviews of youth and workers is complete, the study results will be presented. *Update:* The study is ongoing. The research team received a seed grant from Northwestern University and will expand to include interviewees with child welfare staff.
5. Updating of foster parent PRIDE training is in process. A clearer curriculum regarding working with LGBTQI youth in care as well as welcoming the LGBTQI community to fostering will be focal points. This is a five-year project. *Update:* The five-year project remains in effect, as do efforts to update the PRIDE curriculum currently used by DCFS and POS. These more local efforts will continue through FY20 into FY21 in conjunction with OLPD.
6. Individualized work by the Program Specialist with agencies to ensure they are complying with DCFS expectations for non-biased and affirming services is an ongoing task: *Update:* The Program Specialist provided outreach to agencies and youth in FY20.
7. The Associate Deputy is developing a professional resource to help ensure transgender youth receive trans-competent behavioral health supports while in substitute care. The goal is to secure the resource within the first quarter of FY20. *Update:* This goal, as written, was not accomplished but is still under development. This resource could serve as a type of technical assistance for less experienced behavioral health providers for YIC throughout the state. However, service provider competency serving LGBTQI+ youth is expected. The vetting of this competency remains challenging, but the support of the OAA will assist with the process moving into FY21.
8. The Program Specialist and Associate Deputy are creating "safe space" and affirming signage to distribute throughout DCFS and private agencies. DCFS social media will also promote positive messages regarding the LGBTQI community, including youth, parents, and caregivers. The messaging has been initiated but will be an ongoing project. *Update:* The signage was developed and distributed. The Program Specialist continued the work and developed pronoun buttons for distribution. The media tasks are ongoing and will continue through FY21 through the Clinical and OAA partnership.
9. The Program Specialist will continue to work with the Guardian's office to track transgender youth seeking gender-affirming hormones and name changes: *Update:* This is ongoing for FY21 and the responsibility will be assumed by the Associate Deputy.

The goals of the Clinical work with LGBTQI+ youth include providing sound and affirming recommendations for interventions, identifying supportive services for both children and adults served by DCFS, and to welcome the LGBTQI+ community to participate in this work. The tasks of the program are not static and continue to change as the needs of clients served by the child

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

welfare system are known. Moving forward, the Clinical teams look forward to the partnership with the OAA to serve LGBTQI+ youth and families.

HIV/AIDS Program

The HIV/AIDS Program provides a statewide system of supportive services to children and families involved with the child welfare system who are dealing with HIV infection. This includes support for families of origin as well as substitute caregivers. The Program Specialist coordinates the efforts of a specialized network of private agency support service providers and foster parents. The Specialist also provides consultation and technical assistance to child welfare professionals with cases involving HIV infection.

A contract is in effect with Core Center (Hektoen) to assist with addressing the needs of the often-complex dynamics that confront the families affected by HIV/AIDS. The Core Center uses a multidisciplinary model of care to provide family-centered integrated comprehensive medical, psychosocial, and social support services co-located in a single facility. This resource is available only in Cook County.

The number of new referrals to the HIV/AIDS Program has declined since the implementation of the program. At the point the program was created, the mortality rate was incredibly high for children and adults who were infected. The response of medical, social service and court personnel to individuals affected by HIV often led to isolation and a limited range of interventions to keep children and adults healthy and families together. The DCFS HIV/AIDS Program was invaluable in securing medical assistance for families and fighting stigma so that social services could be implemented.

As time has passed and the medical community offers more options for health care, myths regarding HIV are being exposed and there are more service centers for individuals dealing with the infection, the active involvement of a DCFS Specialist has been reduced. This was a positive effect overall but has shifted the involvement of the Specialist in the work with families.

The Specialist collaborates with internal stakeholders, including DCFS Investigative and Permanency Staff (Operations), Administrative staff (including but not limited to Central Office, Advocacy Office, Legal Services, and the Guardian's Office), Licensing, Monitoring, Regional Clinical, and other Specialty Clinical programs. External collaborations include Core Center, IDPH, private agencies, HIV/AIDS advocacy groups, the Office of the Public Guardian (as needed), and FIMR (Fetal Infant Mortality Review for HIV).

Goals moving forward:

The HIV/AIDS Program continues to focus on education of youth regarding HIV, ensuring they have knowledge regarding HIV prevention and treatment. Expanding this education to youth in foster family settings is an ongoing challenge that is to be addressed during the next reporting period(s).

The discussion about how to optimize the resources of the HIV/AIDS program is occurring now, and outcomes regarding this discussion will be provided.

Integrated Assessment Program

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Each child being placed into foster care has an Integrated Assessment (IA) completed, through the Integrated Assessment Program and will have an IA clinical screener assigned. The IA is designed to look at the medical, social, developmental, behavioral, emotional, and educational domains of the child and of the adults who figure prominently in the child's life, to include non-custodial fathers, putative fathers and paramours. Child welfare caseworkers and licensed clinicians use a dual-professional model to interview the children and adults, and gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other pertinent case documentation. In addition, the developmental needs of children birth to 6 are assessed by the licensed clinician to ensure timely developmental assessment and service linkage. The IA takes into consideration the experiences of childhood trauma for both children and adults. This information is then integrated into a report that provides an understanding of individuals' histories, family dynamics, strengths, support systems, and service needs for each child and adult.

The Integrated Assessment Program is a statewide program and is part of the Division of Clinical Practice. The IA program has staff in all regions with one Administrator, who is responsible for the State program. Each Regional staff consist of the following:

- Cook has 3 intake coordinators, 21 IA clinical screeners, 4 IA clinical lead screeners, 1 clinical director
- Northern Region has 2 intake coordinators, 11 IA clinical screeners, 1.5 IA clinical lead screeners, .5 associate clinical director
- Central Region has 2 intake coordinators, 24 IA clinical screeners, 4.5 IA clinical lead screeners, 1 associate clinical director
- Southern Region has 2 intake coordinators, 11 IA clinical screeners, 1.5 IA clinical lead screeners, .5 associate clinical director.

There is also 1 one clinical director who is responsible for Northern, Central and Southern region IA staff.

For cases assigned to the IA Program, the permanency worker maintains primary responsibility for engaging the family, actively participating in interviews and for identifying safety, risk, and placement resources to best meet the needs of the children in care. The IA screener and worker should discuss who will take the primary lead in the interviews and the process should be one that is shared. The only excluded cases are intact disruption cases opened longer than 14 days and add on siblings in which there was not an IA screener assigned to the family case at the time of the siblings coming into care.

After the completion of the draft IA, the IA screener and assigned caseworker meet with the adults that have been interviewed and review their section of the report. The IA screener also participates in a child and family team and can be considered a clinical consultant to the team. Also after the completion and the approval of the IA report, it is often shared with providers who are providing services to the family.

Under the auspices of the Integrated Assessment Program with an IA Screener, the IA screener collaborates with the assigned casework staff during the early stages when the child and family enter the Department's care. Adult members interviewed by the IA screener and caseworker include the child's parents, legal guardian, substitute caregiver and other significant persons who impact the child's safety, permanency and well-being. The IA program also screens and interviews all children; if a child is under 6 years old, then a developmental screening is completed.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Goals new and continuing

Early Childhood involvement

- Continue assessing the developmental needs of children birth-to-6 by the licensed clinician to ensure timely developmental assessment and service linkage, the following screening tools are used: Devereaux Early Childhood Assessment, Infant- Toddler Symptom Checklist, Denver, Ages and Stages Questionnaire 3, Early Screening Inventory (Preschool and Kindergarten). Expand the use of the Early Childhood database for all IA screeners. – The initial database is no longer in use and all IA screeners are using the web-based database that was developed. With the new database tools can be added and updated within the program.
- Continue extended IA involvement with Early Childhood Court Team cases and complete identified screening materials and provide clinical consultation to POS/DCFS case workers for youth and families assessed.
- With the IB-3 waiver ending, will work with DCFS Early Childhood staff to develop a statewide early childhood referral form that initiates the referrals for outside services when indicated. We have started the process with Early Childhood and are still working on developing a statewide early childhood referral form.

Immersion Site Expansion

- Continue extended IA involvement in the four Immersion Sites (Lake County, St. Clair County, Mt. Vernon and surrounding counties and Rock Island and surrounding counties), use of the Social Difficulties Questionnaire (SDQ) and Social Network Questionnaire (SNQ) as well-being measures to supplement CANS data obtained from the IA screener initial CANS completion
- Continue the expanded IA Program, the assigned IA screener will remain an active member of the Child and Family Team Member (CFTM) for a minimum of 6 months from the date of case opening. The IA screener will not only be responsible for the completion of the initial IA assessment, participation in the 14-Day CFTM and 40-Day CFTM but will also be responsible for the assessment of any new case members or case members who become available after the initial assessment during this 6-month period. In addition, the IA screener is also available for ongoing clinical consultation during this period.
- Continue work with the Immersion sites to reinforce the dual professional model of the assigned caseworker and the IA screener working together.
- IA is developing a workshop for workers that will assist them in completing the IA for cases that do not meet criteria. The workshop will be one day of presentation and one day of coaching approximately 30 days after the presentation so that workers can work with IA staff individually on a report.

CANS

- Continue to support CANS validation and interrelated reliability in conjunction with work being done with POS/DCFS caseworkers and supervisors by the Office of Training and Professional Development on the meaningful use of CANS

IM-CANS

- All screeners must be trained and recertified once a plan is developed for DCFS.

Specialized Assessments (egregious acts of abuse cases)

- Continue work to clarify which cases should receive the Specialized Clinical IA. Once further defined, updated training will be provided.
- Provide enhanced assessments of caregivers who engage in egregious acts of abuse that may require an alternative permanency goal other than return home and to integrate additional screening tools and actuarial assessments into the assessment process. These

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

include, but are not limited to, Child Abuse Potential Inventory, HCR-20, Empathy Scales and Narcissism Scale

Quality Improvement

- Continue making changes to the IA template to achieve goals of streamlining information contained in the report and reducing redundancy and duplication.
- Continue to work with partners in ACR and Quality Improvement to look at outcomes around timely implementation of assessment recommendations, assessment prognosis and permanency achievement
- Continue to provide high quality and timely child and family assessments with focus on service needs and clear information on outcomes necessary to support reunification or alternative permanency planning.
- Continue to reinforce the dual professional model of the child welfare caseworkers and licensed clinicians completing the interviews.
- Develop another tracking/database system once MARS/CYCIS is phased out. Currently the IA database receives their data feed from MARS/CYCIS system. It has been stated that SACWIS will not work with the database so an alternative tracking mechanism will need to be developed since the database provides information for monitoring reviews of the contractors and information needed for federal reimbursement.

Expansion of IA screener duties

- Ability for IA program to approve referrals for further assessment by a psychologist. This provides a timelier referral for the family by eliminating another process for the field.

Psychology and Psychiatry Services

The Clinical Division's Psychology & Psychiatry Program's Consulting Psychologists are Licensed Clinical Psychologists with extensive child welfare experience and trauma training that provide Statewide consulting support to the DCFS/POS investigative, casework and post-adoption staff and supervisors, as well as other mental health providers. The Program also assists in facilitating and monitoring evidence-based programs of treatment. Currently there are 18 Consulting Psychologist statewide. Three new consultants have started this fiscal year and we are looking to fill an additional vacancy in either central or southern Illinois.

The Program provides support surrounding assessments, treatment needs and placement decisions of youth in care and their family members by providing one-on-one consultation and, as needed, on-site presence. The Consultants provide clinical input in staffings from a trauma-informed psychological perspective to assist with:

- Treatment and placement decisions for children age 10 and under discharged from psychiatric hospitals
- Child & Family Team Meetings (CFTM)
- Clinical Staffings
- Clinical Intervention for Placement Preservation (CIPP) Staffings

Consulting Psychologists also:

- Provide clinical input for high-profile case review for Quality Assurance
- Complete urgent assessments of youth referred for secure care facilities in other states
- Complete Neurosequential Model of Therapeutics (NMT) assessments of youth who have experienced complex trauma and have not responded to prior interventions

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Provide immediate response for crisis and urgent situations within the Department and POS agencies
- Respond to concerning situations in residential facilities

The Consultants participate in various departmental workgroups; participate in gatekeeping services for program specialty therapy contracts; liaison with other programs within the division; and provide regionally based presentations to advance the knowledge and skill base of existing staff, new hires, supervisors, foster parents, and birth parents.

The Consulting Psychologists provide reviews for Psychological and Neuropsychological Evaluations, Parenting Capacity Assessments, and Parenting Assessment Team (PAT) Evaluations. The PAT Program evaluates the parenting capabilities of mentally ill parents who are alleged perpetrators of child abuse or neglect in answering questions related to child permanency and placement as well as questions related to needed treatment services for parent and child. The reviews assure that the evaluations are necessary and appropriate, and that the appropriate referral questions are asked. The Program manages the application and credentialing process for approximately 130 approved providers Statewide and maintains files on current license and malpractice insurance.

The Program monitors four Continuity of Care Centers (CCC) operating in Cook County at full or near full capacity of 30 clients each. The CCCs provide outpatient psychiatric services for youth in care beginning with the initial need for service. Medicaid is billed for direct professional psychiatric services for medication administration and medication management. By combining therapy within the same location, the goal is to reduce the need for psychiatric hospitalization resulting from a lack of needed care and to assure a connection between placements and treatment facilities; and case managers provide care coordination for the high-need children and youth that require medication and therapy services.

The Psychology & Psychiatry Program is a member of the Treatment Oversight Team (TOT), which reviews difficult cases that have psychiatric involvement. The TOT evaluates the case:

- To see where child welfare services could improve to better serve the youth in care
- To review the numbers of youth receiving psychotropic medication
- To review the prescribers of medication and psychiatric hospitals

Consultants in the Psychology & Psychiatry Program are also members of the DCFS/Northwestern University Trauma Credentialing Workgroup. The goal of this project is to assist DCFS by providing a roster of individual providers who have been trained in specific evidence based, trauma informed practices.

The Psychology & Psychiatry Program administrator has worked closely with the DCFS HIPAA Officer and DCFS Guardian's Office to support DCFS' transition to telehealth services for therapy and testing providers in the face of the COVID 19 crisis and mandatory stay at home order in Illinois. This work included writing information transmittals and supporting the process of writing new procedures and consent documents.

The Psychology and Psychiatry program regularly collaborates with staff and leadership in the Division of Clinical Practice, which includes the Chief Deputy Director, Deputy Director of Clinical Practice, Medical Director, Chief Nurse and Associate Directors. Additionally, consultants support the work of DCFS Contracts Administration, Operations, Child Protection, Monitoring, Research

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

and Child Well-being. Collaborations can be related to individual child cases, employee needs, organizational issues, monitoring of clinical services and supporting DCFS' goals of providing evidence based-trauma informed care to DCFS children and families. External collaborations include the Institute for Juvenile Research; Northwestern Feinberg School of Medicine, Center for Child Trauma Assessment, Services and Interventions; and Cook County Temporary Juvenile Detention Center. Finally, depending on specific individual case needs, consultants may engage schools, day cares, therapists, judges, attorneys and psychiatric hospitals to support diagnostically informed clinical decision making.

Please note, the current Psychology and Psychiatry Program Administrator transitioned into this role mid-August 2019. As of February 2020, the former Program Administrator is no longer with the Department and is not available to speak to goals and accomplishments for FY 19 or FY20.

Goals for the coming year

With UIC Department of Psychiatry and the Clinical Services in Psychopharmacology Program, the training webinar: Procedure for Consent of Psychotropic Meds for Youth in Care Ages 5 & Under, has been completed. This training is for casework staff and is available in the On-Demand section of the DCFS Virtual Training Center

Goals for FY20:

- Evaluate utilization data to identify staffing patterns, identify trends and psychological testing requests from child welfare workers to ensure the needs identified can be met.
 - Progress: Since transitioning into this role, the current Program Administrator has begun the process of collecting provider utilization data and enhancing the internal quality improvement activities
 - Goals for FY 21:
 - Review utilization data on a monthly basis, increase communication with testing providers based on trends and DCFS needs, review provider licensure status annually
 - Regular clinical and quality improvement reviews of completed evaluations
 - Utilize DCFS Service Provider Identification & Exploration Resource (SPIDER) to list all approved testing providers
- Psychologists who are completing Bruce Perry's: Child Trauma Academy Phase II, Neurosequential Model of Therapeutics (NMT) Train the Trainer Training, will be able to utilize that knowledge to train other psychologists and POS agency therapists. It will be extremely helpful to complete Neurosequential Brain Maps of youth with complex trauma who have not responded to prior interventions. Guideline and a timeline for this is being developed.
 - Progress: Consultants have completed Phase II of NMT training and are available to provide trainings and consultations, as needed. Full assessments have been provided as appropriate and necessary
 - Goals for FY 21:
 - Continue to provide trainings and consultations as requested. Full assessments will be completed as appropriate. Each request will be processed by the Program Administrator.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Develop a pilot program, Creating Resiliency, to address the inevitable impact of secondary traumatic stress (STS) on professionals who work within the child welfare system. The goal is to improve outcomes for youth and families by reducing staff turnover and improving job performance. This program will include instruction and follow up on Reflective Consultation for Supervisors as well as staff presentations.
 - Progress: Consultants have continued to provide reflective consultation and psychoeducation on the signs and impact of secondary traumatic stress. An initial proposal for the Office of Staff Well-Being has been submitted to the Acting Director. The goal of the Office is to improve the quality of service provision to the families and youth in the care of DCFS by integrating a program to address staff well-being into the fabric of the organization.
 - Goals for FY 21:
 - Continue staff support activities (reflective consultation, psychoeducation, crisis support)
 - Complete the Office of Staff Well-Being proposal, which includes identifying budgetary and staffing needs.

- Restructure the testing payment rate to have a focused Psychological Evaluation and a comprehensive Psychological Evaluation. This more equitable system should result in a savings to the Department. Also, to continue discussion as to how Psychological Evaluation providers can provide service in a manner which would allow for Medicaid reimbursement.
 - Progress: The current Program Administrator has submitted a proposal for a rate increase for Psychological and Neuropsychological Evaluations and Parenting Capacity Assessments. This was deemed necessary to increase the number of quality providers of assessments for DCFS involved children and families.
 - Goals for FY 21:
 - Research and determine utility of providing a separate payment rate for focused Psychological Evaluations
 - Enhance quality improvement efforts to ensure providers are in compliance with assessment and report writing expectations
 - Increase accountability of approved providers and discontinue relationship with providers who are deemed problematic

- Continue development of two brochures, which will increase the Clinical Division's visibility and referrals. The first is a brochure of the services provided by the Psychology & Psychiatry Program and the second is a brochure of the Clinical Division. These brochures will detail the many ways staff are available to provide support and service to the Department, POS agencies, and involved families, as well as information on how to access the services and the documentation needed.
 - Progress: The current Program Administrator was unaware of this goal, however, upon transitioning into the role, the Program Administrator has created a presentation that has been utilized to highlight the training, expertise and work of the team of consultants. This has facilitated relationship building and expanded opportunities to consult with professionals within the Clinical Division, across the Department and with external partners and institutions. The program has also facilitated increased visibility of the Clinical Division by establishing and maintaining relationships with leadership across DCFS Divisions as well as leaders in university and community-based organizations.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Goals for FY 21:
 - Consult with current Chief Deputy Director and Deputy Director of Clinical Services to determine the most effective way to increase the Clinical Division's visibility, given our current realities and increased reliance on technology.
 - We will increasingly utilize the expertise of the Psychology & Psychiatry Program Consultants to support the Clinical Division in its efforts to support high acuity, high-need youth in care, as well as provide evidence based, trauma-informed and culturally competent consultation and treatment planning.
- Together with UIC Department of Psychiatry, the Clinical Services in Psychopharmacology Program, continue to develop a second training webinar: Psychotropic Medications for Youth in Care. This webinar will provide definitions of childhood diagnoses, first, second, and third lines of treatment, and information on medication management.
 - Goals for FY 21:
 - Engage the UIC Department of Psychiatry to determine if the project has continued. If it has, assign a consultant to support the project.

Additional Goals for FY21

- Increase the number of Parenting Assessment Team providers across the state (outside of Cook County)
- Identify additional locations for CCCs in the Northern and Southern regions.

Chapter 4, Subpart D Title IV-B Subpart 1 and 2 Services

Title IV-B – Federal Fiscal Year (FFY) 2019; First Half of FFY 2020

Title IV-B, Subpart 1 Services: DCFS provides child welfare case management services to open child and family cases where the child is the subject of a founded (indicated) abuse and/or neglect allegation. Title IV-B, subpart 1 funds are used to fund eligible case management and counseling activities performed by DCFS and private agency (POS) caseworkers. Eligible activities are determined based on Random Moment Time Studies (RMTSs). The DCFS and POS RMTSs are conducted quarterly in accordance with methods described in the DCFS' Public Assistance Cost Allocation Plan approved by the federal government. Eligible services claimed under title IV-B, subpart 1 exclude those eligible activities claimed under title IV-E or TANF-Emergency Assistance. As in previous years, eligible expenses under the title IV-B, subpart 1 program are expected to exceed authorized federal spending for that program for Federal fiscal year (FFY) 2019. This situation is expected to continue through FFY 2020.

Title IV-B, Subpart 2 Services: DCFS provides services under the Promoting Safe and Stable Families (PSSF) Program's four services categories: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion and Support Services. A general description of each service category is provided below. As in previous years,

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

eligible expenditures under title IV-B, subpart 2 program are expected to exceed federal spending authority for that program for FFY 2019. This situation is expected to continue through FFY 2020.

DCFS continues its efforts to improve and maintain its contacts with children in placement and engage those families and children through necessary and purposeful contact. DCFS expects that each of the federal outcomes related to caseworker visitation will be monitored to ensure the benchmark requirements for caseworker visitation are met during FFY 2019. See Monthly Caseworker Visit Formula Grants in Chapter 7.

Family Preservation Services

Intact Family Services are designed to make “reasonable efforts” to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse and/or neglect report to remain safely with their families. In FFY 2019, \$38,622,403 was expended on IFS cases assigned to POS agencies. Services were provided to 6,727 families at an average cost of \$5,316.23 per family.

Family Support Services

Family Support Services include: Extended Family Support Services, Habilitation Services, and Family Advocacy Center Services.

Extended Family Support Services (EFSS) are designed to divert relative caretakers from the child welfare system when caring for a relative’s child for more than 14 days. In these instances, neither the children nor their families have open cases with DCFS. The services offered 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; and Cash assistance for items needed to care for the child.

EFSS programs have operated successfully with few changes for several years. As a result, these services will continue to be provided during FFY 2017-2020. These services are claimed to and funded from federal PSSF in Cook County; downstate they are paid from state Foster Care funds. In Cook County \$1,003,527 was expended in FFY 2019. The cost of the services is more difficult to separately identify downstate.

Habilitation Services promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placements, promote family reunification, stabilize foster care placements, and facilitate youth development. Habilitation services are provided to parents or other caregivers in order to maintain or reunify the family. These services are typically delivered in the client’s home and assist in strengthening the ability of parents or caregivers to provide adequate childcare and improve their parenting skills. Services are furnished on a statewide basis for DCFS managed cases through a network of providers using a standardized program plan. Eligible expenses for Habilitation Services are claimed under title IV-B, subpart 2 up to the amount authorized. In FFY 2019, \$578,358 was expended on these services for 486 clients at \$1,109 per client.

Family Advocacy Centers services are provided at no cost to the family. In FFY 2019, \$5,419,469 was expended for these services.

Time-Limited Family Reunification

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Time-Limited Family Reunification programs offer services prior to reunification and prepare families for a youth's return and aftercare services support families after reunification has occurred. DCFS also offers time-limited reunification services associated with discharge from institutional residential treatment programs and group homes. These services relate most closely to the goal to "Improve the timeliness of permanency achievement for children placed in out-of-home care."

Under the program, 74 families received Pre-Reunification Support services in FFY2019 with a total expenditure of \$29,725 (average of \$661 per family). During the same year, \$5,562,104 was expended for post-reunification services provided to 2,083 children returned home from foster care. The annual average cost of these services per child was \$2,713. Expenditures for these services are not claimed under title IV-B, subpart 2. Time-Limited Family Reunification will continue to be provided during the remainder of FFY 2020.

Adoption Promotion and Support Services

Adoptive families can experience unique challenges as family members adjust. The Adoption Promotion and Guardianship Support Services Program provides help to all adoptive families, including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS adoption preservation services are provided statewide by contracting with nonprofit agencies that serve a specific region. The preservation services providers' main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit. The provision of post adoption and post guardianship services to adoptive families in need continues to be a critical part of the service provision of DCFS' Post Adoption Unit. In FFY 2019, \$11,316,603 was expended serving approximately 1,995 unique adoptive families for an average of about \$5,672 per family.

Chapter 4, Subpart E

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

On March 16, 2020 the State of Illinois entered in to a Stay-at-Home order in response to the COVID-19 pandemic crisis. DCFS issued guidance on the specific protocols regarding in-person Child Welfare practice including the frequency of video and audio client contacts and also the CDC recommendations for preventing the spread of COVID-19.

DCFS issued a policy action transmittal allowing older youth expected to age-out during the COVID-19 pandemic crisis the option to shelter in place and remain in their DCFS approved placement. The policy action transmittal also extended emergency cash assistance to youth who had aged-out six months prior to the COVID-19 pandemic crisis and reinforced available community resources for alumni through the DCFS funded family advocacy services.

DCFS Office of Education and Transition Services (OETS) required each private agency contracted to provide older youth services to submit in writing a plan addressing how services will be impacted due to the COVID 19 pandemic and the Governor's Shelter In Place Order. The plan should be consistent with guidance from the CDC and IDPH and include: details on the impact on daily agency operations, client notification of service changes, emergency contact information for DCFS and clients, and information describing emergency planning, client outreach and service delivery.

Agency Administering the Chafee Program (section 477 (b)(2) of the Act)

The Illinois Department of Children and Family Services (DCFS) will administer, supervise, and oversee the Chafee Program. The DCFS Office of Education and Transition Services assigns a staff person to monitor the contracts with private providers that deliver Chafee Program services. The staff are available on an on-going basis for providers to discuss issues of concern or seek clarification to ensure compliance with program guidelines. The vendors participate in an annual service and fiscal review where the provider and contract monitor discuss expenditures and evaluate extremes to determine the success of the program. The vendors are required to submit a monthly data collection report to DCFS. This is in compliance with a Chafee certification that the State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan. OETS staff are trained annually on the use of DCFS' standard monitoring tool developed by the Contracts Unit and are required to implement the tool in on-site monitoring visits.

Description of the Chafee Program Design and Delivery

Describe how the state designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years (section 477(b)(2)(A) of the Act). Indicate how these activities and any identified goals align with the state's vision and support those developed as part of the CFSP/CFSR PIP.

The philosophy and values of Empowerment and Responsibility are the driving force for the provision of education, training, mentoring and financial support to youth that can be instrumental in paving the ways for their successful transition to adulthood. Chafee is providing funding for the resources needed to offer programs to better support youth in care and former youth in care facilitating their transition to adulthood. The primary focus of the Chafee Program includes

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

achievement of the following outcomes for youth who have experienced foster care at age 14 or older:

- Increase Level of Educational Attainment;
- Increase Employment Opportunities & Number of Youth Working;
- Achieve meaningful, permanent connections with caring adults;
- Engagement in age or developmentally-appropriate activities;
- Reduce at-risk behavior;
- Provide pregnancy prevention education;
- Reduce incarceration; and
- Reduce homelessness.

Help youth transition to self-sufficiency by employing the following strategies:

- Continue the Countdown to 21 Program, a DCFS initiative aimed at improving outcomes for youth leaving care that embeds improved youth driven transition planning activities at age 19 and continuing until the youth's 21st birthday. The model of practice for Countdown to 21 supports youth through the following activities:
 - Facilitated transition planning meetings aka Discharge-CIPP's at age 19 & 20.75.
 - Financial literacy classes for all youth prior to leaving care.
 - DCFS youth will receive 8-10 hours of financial education covering their first paycheck, saving, budgeting, credit and investing. DCFS youth will also receive Get Real Financial Decisions in the Real-World workbooks, and financial education materials. Establishment of eligibility requirements for the availability of youth to receive one-time *financial assistance when they leave care*.
 - During the COVID 19 Shelter in Place order, all DCIPP's are being conducted virtually and financial literacy classes are being provided online.
- Complete a life skill assessment for all youth at age 14, 16, and 6 months prior to case closure.
- Implement a "tickler" in SACWIS system to remind caseworkers when a life skills assessment is due for a youth on their caseload.
- Program the SACWIS system to automatically populate the youth's service plan with the information placed in the youth's Casey Life Skills Assessment Learning Plan.
- Maintain an interactive life skills program via individual instruction or classroom instruction designed for and made available to all eligible youth. DCFS offers life skills programs that require an interactive, hands-on teaching curriculum and minimize the use of classroom instruction.
 - Life skills providers across the state are continuing to provide life skills training to youth through Go_To Meeting, Zoom video conferences, or other social media platforms, as youth are comfortable with doing so. This is determined on a case-by-case basis.
- Ninety days prior to the youth's planned discharge date, the caseworker reviews the youth's transition plan with the youth. This review should include discussions concerning the youth's employment and/or educational opportunities, job resume, housing, health care, counseling, health and life insurance, information on use of community resources, reference letters, and list of emergency contact persons. Within 30 days following the youth's eighteenth birthday, he or she shall be provided with information about DCFS' post-adoption search and reunion services. At the time of case closure, he or she shall also be provided, at no cost, a copy of his or her health and education records. The youth

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:

- Identification card;
- Social Security card;
- Driver's license and/or state ID;
- Medical records and documentation to include, but not be limited to:
 - Health Passport;
 - Dental Reports;
 - Immunization Records;
 - Name and contact information for Primary Care Physician, and any Specialists working with the youth;
 - Name and contact information for OB/GYN, when applicable;
 - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- Certified copy of birth certificate;
- Documents and information on the youth's religious background;
- U.S. documentation of immigration, citizenship, or naturalization;
- Death certificate(s) of parent(s), if deceased;
- Medicaid card or other health eligibility documentation;
- Life book or compilation of personal history and photographs
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
- Copy of Court Order for Case Closure;
- Resume;
- List of schools attended, previous placements, clinics used;
- Educational records, such as high school diploma or general equivalency diploma; and
- List of community resources with self-referral information, including The Midwest Adoption Center, Phone: 1-847-298-9096 or info@macadopt.org.

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.

- Explore reinstatement of an educational "passport" via a DCFS Database to track youth's educational needs and services and respond more proactively to educational crises and issues.
- Encourage all youth, ages 14-21 to be involved in an educational, workforce, or vocational training program.
- Ensure youth receive appropriate mental health and substance abuse services, if indicated.
- Continue to utilize the CFS 440-8 "Youth Alcohol and Other Drug Abuse Indicators" as method to determine when a youth should be referred for a substance abuse assessment. Maintain an updated resource directory of treatment providers funded to serve DCFS/POS youth referrals. The directory is accessed through the "Resource Links" on the DCFS D-Net, and the features tab on the DCFS web page.
- In accordance with the Fostering Connections legislation, require caseworkers to develop a youth directed transition plan at age 17, reviewed as appropriate and during the 90-day period prior to the youth's emancipation.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Continue to offer and expand relevant services to pregnant/parenting youth in the downstate Regions of the State.
 - During the COVID 19 Shelter-In-Place order, all essential services are being provided to DCFS pregnant and parenting youth via phone contact or other remote communication applications.
- Continue efforts to ensure every pregnancy is reported in a timely manner so services are started/offered as soon as possible for the pregnant youth and to allow for the birth of a healthy baby.
- Continue in-home post-partum services provided to youth in the State who are determined “high-risk” pregnancies or delivery.
- The Teen Parent Service Network (TPSN) will continue to integrate the New Birth Assessment statewide and uses the Edinburgh Postnatal Depression Scale (EPDS), Adolescent-Adult Parenting Inventory (AAPI), Ages and Stages Questionnaire (ASQ), Child and Adolescent Needs and Strengths Assessment (CANS) and analyze the aggregate results of the Assessment which is summarized annually in the TPSN year-end review.
- Provide additional resources to caregivers via the DCFS website, Foster Parent Training Institutes, newsletters and resource libraries on how to support independent living needs of older youth.
- DCFS state website, newsletters and resource libraries updated.
- The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). On a monthly basis, a statewide list of DCFS students designated at Tier 3 by the Illinois State Board of Education (ISBE) will be sent to the EAP/NIU Supervisor. Students are identified as Tier 3 who have D’s or F’s in three or more classes and have 10% of unexcused absences in a month. The tickler will not identify students who are doing well in school or making progress in school, only students who are at risk of academic failure. The NIU Advisor will document efforts to support the student in the system, and continue to work with the student, caseworker, foster parents, school personnel to ensure the student receives services necessary for academic success.

In FY 20, the role of Education Specialist was created by modifying existing job descriptions. A position is located in each region. The role and responsibility of the newly created positions are to provide education intervention, support and resources to all children/youth in care that are not identified under the Tier 3 category by the school districts. Education Specialist will offer educational support during CIPP meetings, Clinical Staffing or Child and Family Team meetings as requested.

- Family Advocacy Centers (FAC) - Expansion into Alumni Services - On July 1, 2019 DCFS expanded the contract with its 32 Family Advocacy Centers to support Alumni of Illinois Foster care system with hard and soft services. DCFS developed a program plan amendment and introduced it allowing providers to provide hard services such as birth certificates, state ID’s, School/Medical records, and soft services like connections to community based mental and behavioral supports. This expansion will help to ensure that youth have ongoing connection and support after their time in DCFS.
 - 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. They are 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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

the most recent contact information for these youth. The number of youth contacted, and the services will be available in a later update as this project is currently underway.

- During the pandemic Family Advocacy Centers, along with the rest of the state, have begun using video conferencing platforms to provide services to clients, as well as internally, for staff supervision, meetings and training. This has become an important source of service delivery as in person contacts must be kept to a minimum.
- Since July 1, 2019 Family Advocacy Centers have worked with 53 DCFS Alumni from the Community and have attempted to reach out to over 300 youth that have aged out of care in the last 6 months.
- The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis, the commissioned board shall:
 - Provide DCFS and the General Assembly with the perspective of youth in foster care;
 - Recommend solutions to any issues concerning youth in foster care;
 - Review and advise the DCFS on proposed legislation concerning youth in foster care;
 - Make recommendations to DCFS on policies and guidelines as it relates to foster care youth;
 - Engage youth in positive leadership development.
 - Continue to develop recruitment and retention strategies of board members
 - During the COVID 19 pandemic, the Regional and Statewide Youth Advisory Boards are meeting virtually via the Zoom application.

Program Client Utilization Data for the OETS through the 3rd Quarter of SFY 20

Educational Programs

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>			
		Q1	Q2	Q3	Q4
COOK COUNTY					
Project STRIVE-Youth Guidance	200	99	128	186	
Project STRIVE-Metropolitan Family Services	60	36	51	44	
ASN/Fostering Learning Program (FLP)	333	238	207	189	
UCAN Residential School	based on intake	1	2	0	
Lawrence Hall Residential School	based on intake	0	6	5	
Lydia Home Residential School	based on intake	0	0	0	
Thresholds Residential School	based on intake	4	0	4	
UCAN Educational Mentoring	50	26	33	50	
CYC-Education Support	160	83	79	67	
Breakthrough Urban Ministries	30	23	23	23	
Major Adams Community Committee	30	23	23	23	
Loyola-First Star	30	20	20	19	
STATEWIDE					
NIU – Education Access Project	All eligible are served.	367	514	618	
Kaleidoscope-Find Your Future	25	23	23	32	

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

DOWNSTATE					
ISU – First Start	30	11	8	11	

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Alternative Schools Network-YS3	<i>Monthly Capacity-200 Students</i>	<i># of Youth Served</i>			
	July	140			
	August	141			
	September	177			
	October	174			
	November	186			
	December	184			
	January	187			
	February	201			
	March	200			

Employment Programs

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>			
		Q1	Q2	Q3	Q4
COOK COUNTY					
LUV Institute	60	23	19	7	
ASN/Added Chance	265	80	77	75	
MY TIME/LH	120	29	42	31	
DOWNSTATE					
Building Futures – SIUE/East St. Louis	20		10	12	

Community Service and Support Programs

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>			
		Q1	Q2	Q3	Q4
BSF-Statewide Youth Advisory Board	155	128	95	47	
COOK COUNTY					
AMYS-D-CIPP	1000	314	300	324	
Be Strong Families	1758	865	899	865	
UCAN-Cook County Life Skills	46	18	11	16	
DOWNSTATE					
Youth Service Network – Life Skills Training	50	3	7	1	
It’s Our Little Story – Life Skills Training	50	15	23	19	
Southern Illinois Collegiate Common Market – Life Skills Training	170	39	37	79	
Illinois Interagency Athletic Assn – Recreation for Residential Youth	1,000	396	388	201	

Pregnant and Parenting Teen Programs

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>			
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Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

		Q1	Q2	Q3	Q4
COOK COUNTY					
Catholic Charities-PASS	50	43	50	43	
Metropolitan Family Srvcs	53	25	28	26	
UCAN/TPSN	1000	812	811	892	
DOWNSSTATE					
Anointed Youth Development	40	0	1	6	
Omni Youth Services	(NBA only)	2	3	6	
Crittenton Center	30	16	15	10	
Springfield Urban League	10	8	5	5	
Cunningham Children's Home	10	13	14	11	
Chestnut Health Systems	35	16	15	17	
Hoyleton	20	9			

Financial Literacy

<i>Program Name</i>	<i>Contract Capacity</i>	<i># of Youth Served</i>			
		Q1	Q2	Q3	Q4
Cunningham Children's Home	15	2	2	2	
Southern Illinois Collegiate Common Market	10	1	2	0	
It's Our Little Story	50	3	2	2	
Youth Service Network	50	0	0	0	

Total Statewide Youth in College/Vocational Training (YIC/VT) Youth in Pay Status as of 3/31/2020: 135; 67 are 21+ years old

Total DCFS Scholarship Recipients in Pay Status as of 3/31/2020: 197; 114 are 21+ years old

Total Youth in Care to access the Employment Incentive Program as of 5/19/2020: 134

Help youth receive the education, training and services necessary to obtain employment through the following strategies:

- Make ETV funds available to youth who attend an accredited Career and Technical Education Program.
- Explore the possibility of expanding programs that offer statewide job coaches who will provide pre-employment workshops, job placement (both subsidized and un-subsidized employment), work experience, monitoring and tracking, especially for youth who are unlikely to attend college or qualify for ETV funds.
- The ETV program will continue to be offered to youth in care, youth who were discharged from care at age 18 or older, and youth who went to an adoption or guardianship placement at age 16 or older who are interested in attending an accredited school or institution, such as a community college, 4-year college or university, or career and technical education program.
- The Employment Incentive Program provides financial and supplemental services which help older youth gain marketable skills through on-the-job work or job training programs.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Through this program youth gain employment skills and positive work ethics. Eligible youth are at least 17 years old with an open legal case, have a high school diploma or GED, and are working a minimum of 20 hours per week or the equivalent in a job training program. Program participants receive a \$150 monthly grant and start-up funding (\$200 maximum) for work related or vocational program required purchases. Youth in Cook County that do not have a high school diploma or GED can be referred to any of the three DCFS funded employment programs (ASN-Added Chance, Lawrence Hall-MY TIME, LUV Institute to promote the pursuit of other workforce training and obtaining the high school diploma or GED.

- The EIP program was expanded in January 2020 to provide an apprenticeship stipend to eligible youth covering costs associated with entering and sustaining through completion an apprenticeship. Eligible youth include youth in care, youth who aged out of care at 18 or older, and youth who went to adoption or guardianship from the Department's care.
- Collaborate with the Illinois Department of Employment Security (IDES), for DCFS youth to participate in the IDES "Hire the Future" (HTF) program. The Hire the Future program offers resources and workshops for youth and young adults ages 16-24. The workshops include Job Readiness, Resumes, Interviewing, Researching Careers, Scholarships, Financial Aid, Researching Colleges and Employment Assistance.
- Collaborate with the Illinois Department of Commerce and Economic Opportunity (IDCEO), for DCFS youth to participate in the IDCEO Workforce Investment Act (WIA) programs. The WIA programs are provided statewide and have the following services: Basic Skills, Work Readiness, Internship/Job Shadowing, High School Diploma, Job Placement Assistance, Case Management, GED, Life Skills and Trainings.
- Collaborate with the IDES and IDCEO to explore apprenticeship programs and opportunities for youth in care and former youth in care ages 18-21.
- The Cook County contracted employment providers will provide to DCFS youth the following services: Pre-Employment Workshops, Job Readiness Workshops, Career Readiness Trainings, One on One Counseling, Job Placement, Case Management, Employment Mentoring, Subsidized Employment (80 hours a month), Unsubsidized Employment and Post Employment assistance and support.
 - The contracted employment agencies in Cook County are still providing services to youth in care during the COVID 19 pandemic.
 - The Alternative Schools Network (ASN) Added Chance program provides employment assistance to youth in care in Cook County. The Added Chance staff are preparing a Pre-Employment Workshop for youth in care. This will be a live webinar that covers job applications, interviewing skills, appearance, employer and program expectations, occupational and educational goals, experience and information for resume writing. A One on One Counseling session is also being planned for participants. This live webinar will also provide assistance with job applications, resumes and interviewing.
 - The Lawrence Hall (LH) Mentoring Youth to Inspire Meaningful Employment (MY TIME) program is considered an essential service and continues to provide assistance and support to youth in care in order to help prepare them for independence and self-sufficiency. The MY TIME program had to adapt its program and services because of the COVID 19 pandemic.
 - The MY TIME staff developed a virtual Career Readiness Training (CRT). The virtual CRT will be accessed through Zoom. The CRT components include

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Resume Writing, Financial Literacy, Workshop Etiquette, Mock Interviews and Job Placement.

- Collaborate with the Illinois YouthBuild Coalition to provide DCFS youth an integrated education, job skills training and leadership development program. Job skills will include construction, automotive and manufacturing skills building.

Help youth prepare for and enter post-secondary training and educational institutions by employing the following strategies:

- Continue to develop and expand on-going educational training for youth who are graduating from high school, to provide assistance with college and scholarship application process, accessing financial aid and DCFS post-secondary programs.
- The Postsecondary Education Support (PSE) Program for Youth in Care is a partnership between the Illinois Department of Children and Family Services (IDCFS) and the University of Illinois at Urbana Champaign (UIUC)-School of Social Work to implement a strategic plan with the aim of increasing college enrollment and graduation rates among youth in IDCFS care. The partnership includes two Post-Secondary Education Specialists that work directly with youth in care to prepare them for and support them during post-secondary education enrollment.
- Provide youth with a letter documenting the youth's prior relationship with the DCFS at time of case closure. Most youth are required to verify any stated relationship with DCFS on financial aid and/or scholarship applications.
- Support and expand literacy programs to assist youth with reading skills, including conducting research to locate and access existing community-based literacy programs.
- Continue to explore possibility of establishing contracts with qualified community providers to offer tutoring programs for youth.
- Identify existing study resource centers in each community college and four-year college or university to assist youth with study skills and advertise/communicate availability of such resources to the youth and caseworkers.
- Maintain and continue access to Education Advisors for timely educational advocacy and support for youth in care in grades K-12 identified as Tier 3 students by their school district.
- Expand outreach and support offered to youth in care engaged in post-secondary education programs.
- Continue orientations for DCFS & Purchase of Services direct service staff in each region to explain the educational services that are available to DCFS youth. Additionally, information will be provided on other State and federal financial resources and how to effectively apply for such programs.
- Identify a point person at the post-secondary institutions to provide supportive services to DCFS youth and advertise/communicate this information to the youth and caseworkers.
- Encourage each DCFS Field Office to have a "specialist" on available services and programs for transitioning youth.
- Direct youth to education specific websites so they can compare schools before enrolling.
- Continue to partner with the private sector in offering an array of educational services to promote educational well-being and increase the percentage of youth in care successfully graduating from high school. For some youth, services will begin in elementary grades to ensure successful educational transition to high school. Services included: mentoring, counseling, educational advocacy, family support, post-secondary education services (college tours, college application, financial aid, scholarships applications, etc.), tutoring and educational and cultural enrichment opportunities. Services are intended to reduce truancy and contact with the legal system, improve academic performance and encourage

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

post-secondary education or vocational training, all of which assist youth in gaining skills and confidence to reach their full potential.

- Adequate funding for education and training, and the lack of knowledge on how to obtain it, has been a significant barrier to youth who are attending a post-secondary education program. Other non-Chafee funding, including Federal financial aid, may only cover a portion of the cost of tuition. Effective 1/1/19, youth in care, youth who aged out of care at age 18+, and youth who went to guardianship or adoption who attend an Illinois public university or in-district community college are eligible to receive a tuition and mandatory fee waiver. Eligible youth must submit a FAFSA annually and the school may apply the student's MAP and Pell grant awards to their charges first.

Because of the increased cost of all post-secondary education including public universities, most youth attending 4-year colleges or universities must take out loans to cover what is not covered with federal, state, department related funding, or the tuition and fee waiver. A very big concern is the amount of debt our youth are incurring to either pay for the increased costs or because of not understanding the long-term consequences of signing for student loans. In addition to educating youth about how to access FAFSA related financial aid, youth will be given information during the Financial Literacy training on how loans can impact future credit rating and borrowing ability. Youth will be encouraged to consider attending their local community college to first obtain a transferable associates degree or to seek outside scholarships to lower the amount of loan debt taken while pursuing a degree.

Provide personal and emotional support to youth through the promotion of interactions with dedicated adults by the following:

- The Clinical Intervention for Placement Preservation (CIPP) model continues to be used with a strong emphasis on the youth's adult connections/relationships and their role in stabilizing placements and improving well-being.

As a part of DCFS' Lifetime Approach in providing services, the broad goal of CIPP model is to improve the quality of life of children and youth in DCFS' care by streamlining decision-making processes. The team decision making approach is used in a staffing-type setting to design an Action Plan that identifies what services an individual youth needs, such as tutoring and mentoring, and delivering those services earlier to help stabilize their current placement or better implement the next placement if needed. It brings the voice of the youth, caregiver, youth's adult relationships and worker toward a collaborative effort in developing a plan going forward.

- DCFS will continue to support the Placement Alternative Contract program for youth, over 18 years of age, who are unable to accept a traditional placement option. The PAC Program provides the youth the opportunity to choose his/her own placement, provided the youth has selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any; established written goals that promotes the youth's ability to achieve economic self-sufficiency; and identified an advocate who will assist the youth in achieving his/her goals and cooperate with the youth's caseworker. The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background fingerprint and LEADS) check.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The youth and advocate must complete the CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan, identifying the youth's goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth's caseworker.

- DCFS believes that mentoring is very critical to the long-term stability and success of youth in foster care. DCFS will continue to explore the possibility of expanding mentoring services to youth statewide.

Description of how the state involved youth/young adults in the development of the Chafee plan.

- The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis, the commissioned board shall:
 - Provide DCFS and the General Assembly with the perspective of youth in foster care;
 - Recommend solutions to any issues concerning youth in foster care;
 - Review and advise DCFS on proposed legislation concerning youth in foster care;
 - Make recommendations to DCFS on policies and guidelines as it relates to foster care youth;
 - Engage youth in positive leadership development.
 - Continue to develop recruitment and retention strategies of board members
- The 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.
- The Statewide and Regional Youth Advisory Boards continue to meet during the COVID 19 pandemic virtually through the Zoom application.

Describe how the state is incorporating principles of Positive Youth Development (PYD) in its Chafee program.

Positive Youth Development, or PYD, is based on research suggesting that certain “protective factors,” or positive influences, can help young people succeed and be better prepared for a successful transition to adulthood. Some of the elements that can protect youth in care and formerly in care, and promote success include connections with caring adults, positive peer groups, a strong sense of self and self-esteem, and involvement at school and in the community.

- Illinois DCFS encourages and supports PYD programming. The examples below will be continued and additional opportunities to strengthen PYD or implement it in new programs will be explored.
- The Illinois DCFS Youth Advisory Boards engage youth in positive leadership development, positive peer groups, link them with caring adults, and help build self-esteem.
- Continue the Countdown to 21 Program, a DCFS initiative aimed at improving outcomes for youth leaving care that embeds improved *youth driven* transition planning activities at age 19 and continuing until the youth's 21st birthday. It brings the voice of the youth, caregiver, youth's adult relationships and worker toward a collaborative effort in developing a plan going forward.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Expand outreach and support offered to youth in care engaged in post-secondary education programs, including encouraging / supporting youth to build relationship on their campus or with school advisors.
- Maintain an interactive life skills program via individual instruction with hands-on, interactive learning.
- DCFS will continue to explore the possibility of expanding mentoring services to youth statewide.
- DCFS' LifeSet Pilot Program is an integration of the LifeSet program model from Youth Villages with DCFS' ILO/TLP programming model. The pilot program began in FY2020 and will run for three years. It is being piloted with three current ILO/TLP program providers, two in the Cook County region and one in the southern region. The LifeSet pilot program aims to teach young people the skills necessary to gain self-sufficiency, assist them in attaining their educational (secondary/post-secondary or vocation) and employment goals, maintain stable housing, gain independent living skills, establish/reestablish relationships and/or permanent connections with committed adults, and preparing the young people for independence prior to aging out of DCFS care. The integration of these models will increase the likelihood of positive outcomes for young people aging out of the DCFS' care through the provision of intensive and comprehensive case management, youth-driven service planning, utilization of evidence-based interventions, and additional support and training provided to staff working directly with transition-age young people.
- We have officially begun to rollout LifeSet at all 3 program providers. We are implementing 4 LifeSet teams in Cook county and 1 in the southern region. Each LifeSet team has the capacity to serve 30 youth at a time in the LifeSet pilot program.

Description of the state's process for sharing the results of NYTD data collection with families, children, and youth; tribes, courts, and other partners; independent living coordinators; service providers and the public. Describe how the state, in consultation with youth and other stakeholders, is using these data and any other available data to improve service delivery.

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 shares data from the independent living services reporting and surveys with Chapin Hall for research purposes.

Illinois is not currently using NYTD data to improve service delivery, however based on the results of the federal NYTD Review held in June of 2019, Illinois does plan to develop a CQI plan, in consultation with youth and caseworkers, to improve the collection of NYTD independent living services data. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

Provide information of the state's plan to continue to collect high-quality data through NYTD over the next five years.

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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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 participated in its Federal NYTD Review on June 25-29, 2019. DCFS received “Appendix C. NYTD General Requirements and Elements – Preliminary Ratings and Findings” from the Children’s Bureau on 6/1/2020. DCFS will submit comments, additional information, and requested revisions within the allowed 30-45-day timeframe. Then, upon receipt of the NYTD Review Final Report for Illinois, DCFS will develop a Program Improvement Plan that 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.

Serving Youth Across the State

Describe how the state has ensured and will continue to ensure that all political subdivisions in the State are served by the program, though not necessarily in a uniform manner (section 477(b)(2)(B) of the Act).

DCFS’ Youth in College/Vocational Program, Employment Incentive Program, Education and Training Voucher (ETV) Program, Scholarship Program, and Tuition and Fee Waiver Program are available to youth regardless of where they reside in the State, if they meet the eligibility requirements for the program. The availability of contracted services is more concentrated in the Chicago/Cook County region of the State as historically that is where the majority of the population has been. Recent trends showing an equalizing of the numbers in Cook County compared with the Downstate Regions of the State. IDCFS is committed to looking at ways to expand contracted services in the downstate regions of the State to meet the service needs of the youth. The Department will also continue to identify community-based resources for youth in care to access.

The DCFS Educational Access Project provides Education Advisors across the state and beginning in SFY 20, Advisors will be assigned to work with specific foster care liaisons identified by the school districts.

Provide relevant data from NYTD or other sources that addresses how services vary by region or county.

The Statewide Provider Database (SPD) provides a tool for staff throughout the state 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.

Serving Youth of Various Ages and States of Achieving Independence (section 477(b)(2)(C) of the Act).

Describe how Youth of Various Ages and at Various Stages of Achieving Independence are to be Served. For states that extended or plan to extend title IV-E foster care assistance to youth people ages 18 – 21, address how implementation of this program option has changed or will change the way in which Chafee services are targeted to support the successful transition to adulthood. The state must provide available data on participation and discuss how it affects or may drive continuous quality improvement in the delivery of Chafee services.

For states that have elected or plan to extended Chafee services to age 23, provide a description of the services offered or to be offered to youth ages 21 – 22 (up through 23rd birthday) and how

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

the expansion of the program will be implemented, including how youth, service providers, and community partners were or will be informed of the change.

Illinois has allowed youth to remain in care until age 21 since 1992.

1. Services Offered to Foster Youth Ages 14 – 16:

The following are all services DCFS believes are available to youth in this age range.

- Life Skills Assessment: All youth in care are required to participate in the Casey life skills assessment, which should become the basis for the transitional service planning for the youth. A well-developed case (service) plan should include clear and concise objectives for all youth in care ages 14 – 21. These objectives should address specific areas for development and timeframes for task completion, person responsible, desired outcomes and progress evaluations. Peer-to peer mentoring is encouraged along with participative, community-based field trips which facilitate experiential learning.
- Tutoring services
- Mentoring services
- Educational advocacy and support services through Education Specialist and Advisors
- Pregnant and Parenting Teen services, if applicable.
- Obtaining a state identification card
- Membership on Regional and/or Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment resources as well as community-based resources.
 - DCFS is exploring other options to provide information to youth in care ages 14-21 in lieu of an in-person Youth Summit for June 2020, due to the COVID 19 pandemic.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting, the student's academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun.

2. Services Offered to Foster Youth Ages 16 – 18:

The following are all services DCFS believes are available to youth in this age range.

- Development of Youth Driven Transition Plan at age 17
- Education regarding a Healthcare Power of Attorney and opportunity to complete one at age 18
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance in completing referral application to Youth in College/Vocational Training program
- Assistance in completing the Education & Training Voucher application
- Assistance in accessing the Tuition and Fee Waiver application
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Life skills classes that utilize "hands on" instruction and real-life experiences

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Membership on Regional and Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community-based resources.
 - DCFS is exploring other options to provide information to youth in care ages 14-21 in lieu of an in-person Youth Summit for June 2020, due to the COVID 19 pandemic.
- Referral for Employment programs and follow-up to ensure youth engages in the program, especially Transitional Jobs Programs to ensure youth obtain work experience before emancipation.
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establishes on his/her own.
- Assistance with connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing the Employment Incentive Program (if youth meets eligibility requirements)
- TLP placement (if meet eligibility criteria)
- Assistance with obtaining a State ID.
- Educational advocacy and support services through Education Specialists, Education Advisors and Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting, the student's academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun.

3. *Services Offered to Foster Youth Ages 18 through 20:*

The following are all services DCFS believes are available to youth in this age range.

- Develop a community resource directory to link youth to community resources
- Monitor academic and vocational training progress
- Assist with housing needs: develop "step down" program to transition youth to self-sufficiency while still eligible for DCFS funded services; during the "step down" phase, ensure youth are acquiring sufficient cash savings for emergencies that will arise after emancipation
- Assist with career planning and follow through with youth
- Assist with comparing and calculating actual costs of various post-secondary education programs
- Membership on Regional and Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community-based resources.
 - DCFS is exploring other options to provide information to youth in care ages 14-21 in lieu of an in-person Youth Summit for June 2020, due to the COVID 19 pandemic.
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Assistance in completing the Education & Training Voucher application
- Assistance in completing referral application to Youth in College/Vocational Training program
- Assistance in accessing the Tuition and Fee Waiver Program
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Referral for Employment programs and follow-up to ensure youth engages in the program
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establishes on his/her own.
- Assistance with connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing Employment Incentive Program (if meet eligibility requirements)
- TLP or ILO placement (if meet eligibility criteria)
- Placement Alternative Contract living arrangement (if meet eligibility criteria)
- Educational advocacy and support services through Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Participation in a Discharge – Clinical Intervention for Placement Preservation (DCIPP) staffing at age 19 and 20.9.
- Per DCFS Policy, at the time of case closure, youth shall also be provided, at no cost, a copy of their health and education records. The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:
 - o Identification card;
 - o Social Security card;
 - o Driver's license and/or state ID;
 - o Medical records and documentation to include, but not be limited to:
 - Dental Reports;
 - Immunization Records;
 - Name and contact information for Primary Care Physician, and any Specialists working with the youth;
 - Name and contact information for OB/GYN, when applicable;
 - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
 - o Certified copy of birth certificate;
 - o Documents and information on the youth's religious background;
 - o U.S. documentation of immigration, citizenship, or naturalization;
 - o Death certificate(s) of parent(s), if deceased;
 - o Medicaid card or other health eligibility documentation;
 - o Life book or compilation of personal history and photographs
 - o List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
 - o Copy of Court Order for Case Closure;
 - o Resume;
 - o List of schools attended, previous placements, clinics used;
 - o Educational records, such as high school diploma or general equivalency diploma; and
 - o List of community resources with self-referral information, including The Midwest Adoption Center, Phone: 1-847-298-9096 or info@macadopt.org.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- In addition to foster home placements, the following placements are available to youth ages 18-20:
 - DCFS' Transitional Living and Independent Living Programs are designed to guide the development of an ILO/TLP continuum of progressive independence, kinship connection, and sustainability. The following is an overview of levels of care and expectations of these living arrangements:

- *Transitional Living Program/ Transitional Living Arrangements (TLP)*

The purpose of the TLP is to provide a youth, coming from any other living arrangement, an opportunity to practice skills that will be necessary to live independently while continuing to be provided supervision and supportive services. As defined in the TLP re-design, there are four levels of placement under the TLP rubric. In general, the levels are defined by the amount of autonomy that the youth can manage. Youth who are engaged in school/work and who are managing their treatment needs with minimal support will be allowed commensurate program structures. Youth who require more direct support to manage their behavioral health needs, and those who require intensive programming focused on developing the skill set that will be required of them upon emancipation will receive more intensive support. This group will be divided by age, as this is likely to represent a large sub-set of this population. Finally, those whose developmental disabilities and/ or chronic, severe mental illness and who have an increased likelihood of reliance on the adult service providers in these areas, will have specialized programming focused on promoting this transition.

TLP's will offer a mix of services and resources wholly dependent on the needs and capabilities of the youth they serve. These direct and indirect services will include: 1) support of the youth's academic development, (school involvement, tutoring, GED programs), 2) vocational/ employment preparation, (employment readiness, job coaching, trade programs, mentorship), 3) mental health services (psychiatric monitoring, professional counseling, group services, substance misuse services), 4) Kinship reconnection (outreach to kin and fictive kin to develop long-term relationships, visitation), 5) Juvenile Justice, (Gang intervention, specialized community re-engagement, specialized employability services), 6) Parenting (education, support, child care, preparation), 7) DMH/ORS linkages, 8) Housing advocacy, (assisting the youth over the age of 19 in locating and maintaining a community based apartment as they demonstrate readiness), 10) and others.

TLP programs are required to refer and monitor youth in workforce development programs to ensure youth obtain a career pathway, work experience, and unsubsidized employment by age 18.

TLP's are single-site locations of various descriptions, with on-site staff 24 hours per day and 7 days per week. The eligibility requirements for placement into a TLP are: 1) the youth must be 17 years of age or older, 2) able to be safely maintained in a community setting, 3) the youth must be willing to actively participate in education, employment and other services specific to his or her particular strengths, needs and goals.

- *Independent Living Program/ Independent Living Arrangements (ILO)*

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The purpose of the ILO is to offer prepared youth the opportunity to practice living autonomously with a “safety-net” of supports while they progress toward full independence, usually by emancipation.

ILO is available to youth 19 and older who have demonstrated the capacity to live independently and to maintain themselves, with limited support, in a sustainable community-based apartment of their choosing. While many of the same services as above will be available, most will be available via referral to community-based providers. The hallmark of ILO is the creation of stable, sustainable circumstances. The role of the provider is to monitor and enhance the youth’s progressive independence.

Youth in ILO will be placed in apartments that they are expected to remain in after their DCFS involvement ends. To this end, they will be required to make an increasing contribution to the costs associated with their apartment and required to save money earned through their employment to cover post-emancipation expenses.

- *Placement Alternative Contract*

The Placement Alternative Contract program provides selected youth, over 18 years of age, who are unable to accept a traditional placement option the opportunity to choose his/her own placement, provided the youth has:

- selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
- established written goals that promotes the youth’s ability to achieve economic self-sufficiency; and
- Identified an advocate who will assist the youth in achieving his/her goals and cooperate with the youth’s caseworker.

The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background (fingerprint and LEADS) check.

The youth and advocate must complete the *CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan*, identifying the youth’s goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth’s caseworker.

Also refer to “Services Offered to Former Foster Youth Ages 18 through 20”.

- *Youth in College / Vocational Training Placement*

Youth in care who are enrolled and attending an accredited post-secondary program at full time status are eligible for the YIC/VT placement. The youth receives the \$511 monthly board payment, a \$200 start-up payment, and financial assistance with books and supplies not covered by financial aid grant funds. Youth in the program at age 21/case closure can remain in the program through age 25 or completion of their post-secondary program.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

4. *Services Offered to Former Foster Youth Ages 18 through 20:*

Traditionally, DCFS keeps youth in care until their 21st birthday in order to provide services. The majority of youth residing in Cook County in Illinois remain under the state's legal care until age 21. The remainder of the state is not as consistent and tends to be dependent on the court having jurisdiction over the case.

Education

DCFS will continue to offer the Scholarship program to former foster care recipients. There are 53 scholarships awarded each year. The Scholarship includes a tuition and fee waiver for an Illinois public university or community college, a monthly grant payment, and the Illinois medical card.

Youth who are participating in the DCFS' Youth in College/Vocational (YIC/VT) Program at age 21 and case closure are eligible to remain in the program through the semester they turn 25 years old if they continue to meet the eligibility requirements. The youth must maintain full time status in their post-secondary program with a minimum 2.0 GPA and submit their program schedule confirming enrollment and grades each semester to the Office of Education and Transition Services. Participation in the YIC/VT program provides them with a \$537 monthly grant and financial assistance with required books and supplies that financial aid does not cover.

DCFS increased the YIC/VT monthly grant to \$637 in April due to the COVID-19 pandemic. It is uncertain if the increase to the monthly grant is temporary due to the current situation or if the new amount will continue after the pandemic is over. The Office of Education and Transition Services (OETS) has conducted well-being checks since the beginning of the pandemic to confirm youth have a secure place to live, if they can afford to continue living independently, and they are in good health. OETS has completed four well-being checks and will continue to connect with the youth and provide resources when necessary. The well-being checks will continue as long as the pandemic is still active, and the youth are participating in our program.

Youth who aged out of care at age 18 or older, and youth who went to guardianship or adoption from DCFS' care are eligible for a tuition and fee waiver at an Illinois public university or community college. Eligible applicants must access it prior to age 26 and can access it for up to 5 consecutive years.

DCFS will continue to make the Education and Training Voucher Program available to former foster care youth enrolled in an accredited post-secondary program until – 26 years of age.

Housing, Financial Assistance, and Counseling

The goal of DCFS is to provide financial and housing services to youth in care and former foster care youth who need it, between their 18th (17.5 years for housing advocacy) and 21st birthday to complement their own efforts in achieving self-sufficiency, recognizing and accepting personal responsibility in preparing and then making the transition from adolescence to adulthood.

The following services will continue to be offered to youth:

- o Housing advocacy;
- o Cash assistance;
- o Start- up grants;
- o Partial housing subsidy; and

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

o Crisis Cash Assistance

Housing advocacy services will be available to youth in care starting six months prior to their emancipation. DCFS will make exceptions to this rule for youth that need to locate housing prior to six months before they age out of care (for example, they are part of the Youth in College program and are seeking an apartment off campus). Advocacy agencies will help youth in care prepare a budget, teach them about being a good tenant, and help them locate and acquire appropriate and affordable housing. This service will be available to all youth nearing emancipation and to former youth in care who age out of care until their 21st birthday. As stated above, this will also be available to youth who move to adoption or guardianship after age 14, if they wish to access it.

Youth who are within six months of aging out of care may receive up to \$2,000 based on a needs assessment, from Youth Housing Assistance and Transition Cash Assistance to facilitate independence. This cash assistance will cover such expenses as security deposits and necessities that many youth may not have upon leaving foster care. They will be awarded cash assistance only when the youth has a balanced budget. Funding through Youth Housing Assistance and Crisis Cash Assistance will also be available to help former youth in care who have aged out of care and whose housing is unstable up until their 21st birthday. Cash assistance may be authorized for up to \$2,000 (two thousand) per 12 months, with a lifetime limit of \$4,000 (four thousand). The youth must have a balanced budget to receive assistance. However, if the youth does not have a balanced budget, he or she may receive up to \$600 (six hundred).

If an emancipated youth's, who is not yet 21 years of age, housing costs exceed 30% of her or his income, a partial housing subsidy of up to \$250 (two hundred and fifty) per month for up to 12 months (stopping no later than the 21st birthday) will be provided. The new subsidy ensures that the youth pays at least half the rent during the final six months of the subsidy. This assistance is not part of the \$2,000 twelve month or \$4,000 lifetime limit.

DCFS received approval to use Chafee funding to provide housing advocacy services and cash assistance through the Youth Housing Assistance Program until the youth turns 23 years of age. Unless DCFS provides an exception, DCFS will only provide these services to youth who receive a Family Unification Program (FUP) Housing Choice Voucher (also known as Section 8). FUP Provides a housing choice voucher to DCFS involved families in inadequate housing and youth who are aging out of, or have aged out of, DCFS care and are homeless or at risk of becoming homeless. DCFS has relationships with nine housing authorities in Illinois who will provide FUP vouchers to youth.

To better assist youth during the COVID 19 pandemic, DCFS is providing Youth Cash Assistance to persons who turned 21 on or after October 1, 2019. Normally we don't assist youth on or after their 21st birthday unless they receive a federal housing subsidy meant for youth aging out of care. DCFS has also relaxed the \$2,000 limit to provide more cash assistance to youth who need it. The DCFS YHAP Coordinator has also asked housing advocates to search for vulnerable youth whose case closed before they turned 20 years and six months to see if they need any additional services.

Former foster care youth will continue to access counseling services through community-based organizations and Department of Human Services' funded programs/services. Counseling services offered by community-based organizations include substance abuse and mental health counseling, parenting classes offered by local hospitals, domestic violence counseling and shelter services, and church-based support groups and general counseling. Career / employment

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

counseling is available through local state unemployment offices and State of Illinois Central Management Services' career counselors. In addition, the state Department of Human Services funds such programs as AmeriCorps where youth can receive skill training, serve as part of a team, receive a small living stipend, and an education award. Local Department of Human Services' offices in each county also provide cash, food, and medical assistance to those who qualify.

Employment

DCFS' collaboration with the Illinois Department of Employment Security (IDES) and the Illinois Department of Commerce and Economic Opportunity (IDCEO) will continue to provide employment and training opportunities for youth. DCFS will continue to present employment opportunity events to youth, caregivers, DCFS staff and POS staff.

In addition, DCFS will explore the possibility of DCEO providing bi-annual Orientations to DCFS/POS staff about resources, services, Workforce Investment Act programs, etc. and of improved linkages between DCFS offices linking with local DCEO offices to increase access/awareness to resources for employment and career preparation.

The Cook County contracted employment providers will provide to DCFS youth the following services: Pre-Employment Workshops, Job Readiness Workshops, Career Readiness Trainings, One on One Counseling, Job Placement, Case Management, Employment Mentoring, Subsidized Employment (80 hours a month), Unsubsidized Employment and Post Employment assistance and support. DCEO is one of 19 states selected by the US Department of Labor to implement *Shared Youth Vision*. The *Shared Youth Vision* calls upon the youth service system at all levels to work collaboratively in designing and coordinating programs serving the neediest youth. Youth in foster care or aging out of foster care are targeted youth of Shared Youth Vision.

- The contracted employment agencies in Cook County are still providing services to youth in care during the COVID 19 pandemic.
- The Alternative Schools Network (ASN) Added Chance program provides employment assistance to youth in care in Cook County. The Added Chance staff are preparing a Pre-Employment Workshop for youth in care. This will be a live webinar that covers job applications, interviewing skills, appearance, employer and program expectations, occupational and educational goals, experience and information for resume writing. A One on One Counseling session is also being planned for participants. This live webinar will also provide assistance with job applications, resumes and interviewing.
- The Lawrence Hall (LH) Mentoring Youth to Inspire Meaningful Employment (MY TIME) program is considered an essential service and continues to provide assistance and support to youth in care in order to help prepare them for independence and self-sufficiency. The MY TIME program had to adapt its program and services because of the COVID 19 pandemic.
- The MY TIME staff developed a virtual Career Readiness Training (CRT). The virtual CRT will be accessed through Zoom. The CRT components include Resume Writing, Financial Literacy, Workshop Etiquette, Mock Interviews and Job Placement.

DCFS will continue to explore ways to provide information to former Foster Care recipients about employment and training opportunities that are available statewide through federal, state, local and city funding.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

DCFS is working on increased collaboration with the Job Corps sites to encourage former youth in care to take advantage of this opportunity, when appropriate.

In addition, former foster youth who encounter significant hardship upon emancipation are eligible to reengage with DCFS and Juvenile Court through the Supporting Emancipated Youth Services program. The program works to secure essential supports and services that will enable these youth to live independently as adults. Youth who aged out of care age 18 or older may request reinstatement up to his/her 21st birthday. The youth would then be eligible for all services listed under "Services Offered to Foster Youth Ages 18 through 20".

Identify any assessments or other tools the state uses to determine the individualized needs of youth and to evaluate young peoples' state of development and how these assessments inform the provision of services.

Life Skills Assessment

Illinois has selected age 14 as the eligible starting point for Chafee services. Research has shown that the likelihood for youth to attain permanency decline sharply once a youth reaches that age. Thus, a youth in care at age 14 is likely to remain in foster care until age 18. Illinois' approach to preparing youth for independence is individualized and focused on youth development. Youth are required to complete the Casey Life Skills Assessment at age 14, age 16, and, currently, at 6 months prior to emancipation. The results from the assessment are used to develop an individualized learning plan for youth based on the identified service needs. DCFS is exploring the feasibility of linking the life skills learning plan with the youth's case (service) plan in SACWIS, where the identified needs and services from the learning plan would automatically populate the youth's service plan.

Pregnant/Parenting Teen Services

A Specialty Parenting worker completes a New Birth Assessment within six months of when a DCFS youth in care gives birth to a child. The assessment includes several documents: an official assessment form, The Edinburgh Postnatal Depression Scale, The Adult Adolescent Parenting Inventory-2-Form A (AAPI), the Pregnant and Parenting Teen version of the Child Adolescent Needs & Strengths (CANS) assessment, and the Ages and Stages Questionnaires (ASQ-3).

Omni and Anointed Youth Services covers the Northern region to provide a New Birth Assessment for parenting youth in care (males and females). Each agency also includes the non-youth in care parent if the youth desires to participate in the New Birth Assessment.

The purpose of the new birth assessment is to:

- Evaluate the current level of parent-child interaction
- Screen for depression and related emotional issues impacting the new parent
- Provide education to the teen parent about parenting and child development
- Provide linkages to community resources;
- Identify any concrete needs of parent and child;
- Note any current safety/risk factors and how they impact parenting;
- Make recommendations for follow-up.

Each agency continues to reach out to the youth via Facetime, Zoom, Duo, and phone insuring that the youth have what they need during the CoVID-19.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Anointed Youth Services continues to reach out to the youth on a weekly basis for parenting. The staff use the nurturing program model to educate the parenting teen. The staff follow up with the youth and also link them to services and provide coaching and support for the parenting teens during this pandemic.

Catholic Charities Parenting Adolescent Support Services (PASS) continues to provide services to pregnant and parenting teens in Cook county during this pandemic. The staff reach out to the youth at least weekly via phone calls, texts, facetime, duo and zoom. They are utilizing WebEx and Zoom for family team and Countdown to 21 meetings. The staff have also delivered supplies such as diapers and formula as necessary.

Metropolitan Family Services Mentor Mom's Program also serves pregnant and parenting teens in Cook county. The staff reaches out weekly to pregnant and parenting youth via texts, phone calls and duo. They continue to link youth to services and provide support during this pandemic.

Substance Abuse

- DCFS has implemented an Integrated Assessment to be administered at the front end for youth entering the system that includes screening for mental health and substance abuse issues. Youth who are already in the system will be assessed via the Child and Adolescent Needs and Strengths (CANS) and staffed by the Child and Youth Investment Team, which includes a group of clinicians: psychologist, therapist, LCSW, as needed, as well as family members, service providers, and caregivers to determine whether further assessment or treatment for mental health, substance abuse and other conditions is needed. Policy Transmittal 2006.11, Procedures 302, Appendix A, Substance Affected Families was released September 8, 2006 providing a step-by-step guide through the casework activities that address the principles and standards around which DCFS provides alcohol and other drug abuse services to families with an open case or subjects of a child abuse and neglect investigation; or to children for whom DCFS is legally responsible. Also new to this procedure is the Youth Alcohol and other Drug Abuse Indicators Form, which provides staff a method of determining when a youth should be referred to a qualified substance abuse counselor for drug and alcohol assessment.
- As part of, or in addition to, completion of DCFS-recognized life skills assessment, youth will be screened for substance abuse and, based on the results, necessary services added to the Transition Plan.
- Develop criteria to screen youth entering Pregnant and Parenting Teen Program for substance abuse (also see 3rd bullet point below)
- If appropriate, establish linkages to substance abuse prevention programs. These services are coordinated and funded by the Department of Human Services' Bureau of Substance Abuse Prevention and are available statewide.

Mental Health

- An Integrated Assessment is completed at the beginning of each new case and then re-assessed on a quarterly basis. The Integrated Assessment provides a comprehensive clinical understanding of each child at the start of care to develop a case (service) plan directly related to the findings of the Integrated Assessment (also see bullet point above under Substance Abuse).
- Staff that form the Integrated Assessments team consist of a team of experts who are dedicated to addressing the mental health needs of children in care.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Downstate Pregnant/Parenting Youth services are now provided by DCFS contracted providers. DCFS/POS caseworkers are to provide Pregnant/Parenting service providers with referral documentation that include assessments, services plans, Child Endangerment Risk Assessment Protocols (CERAPs), Child and Adolescent Needs and Strengths (CANS), etc., so that service providers are informed of mental health issues. Service providers do an assessment of their own using the referral information provided by the DCFS/POS caseworkers, in addition to the Casey supplements and postpartum depression screens. Pregnant/Parenting Teen Service providers are required to notify DCFS/POS caseworkers immediately in every case when they encounter new behaviors and circumstances that may be signs of mental illness, substance abuse, domestic violence, health, or safety concerns. DCFS/the Teen Parent Service Network offers trainings for Pregnant/Parenting service providers that enhances their ability to do assessments and service delivery for this special population of youth.
- Pregnant and parenting youth in the State are screened for mental health concerns during intake to the Teen Parent Services Network (TPSN). During that time, they address the topic and/or history of mental health. If there are any unaddressed concerns the youth is referred to the TPSN clinical consulting division of the program for a staffing. Upon that staffing, recommendations for any needed services are made.

Developmental Disabilities

- Collaborative process between DCFS and the Department of Human Services' Division of Developmental Disabilities (DMSDD).
- Community based Pre-Admission Screening (PAS) agencies work to ensure all proper assessments are completed on the youth, required documents are in order, and coordinates the referral process.
- Recommended levels of care traditionally include Community Integrated Living Arrangements (CILAs) and Home-Based Services.
- DCFS assigned caseworker remains involved throughout this process.

Collaboration with Other Private and Public Agencies

Discuss How the State Involves the Public and Private Sectors in Helping Youth in Foster Care Achieve Independence

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 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.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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 youth adults a broad range of health-related services.
- Federally-funded Community Health Centers were established with a mission to deliver comprehensive, high-quality primary health care as well as supportive services to community residents regardless of their ability to pay. Community Health Centers are committed to the concept of the “medical home”, defined as primary care which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Community Health Centers operate in more than 450 service locations throughout the state of Illinois.
- The Illinois Provider Directory for Children and Adolescents with Special Health Care Needs is an online resource to assist in locating health care providers – pediatricians, family physicians, pediatric specialists, occupational therapists, physical therapists, speech pathologists, audiologists, mental health specialists, pediatric dentists, and other health care providers -- who serve Illinois children and adolescents with special health care needs.
- The Statewide Provider Database (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.

Efforts continue to provide training to the Public Guardian's Office, Juvenile Justice System, and court systems across the state to help them understand the services that are available to older youth.

For downstate Illinois (defined as all regions outside of Cook County and its five Collar counties), the services provided for Pregnant/Parenting youth are provided by community-based service providers. DCFS contracts directly with 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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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.

DCFS has housing advocacy contracts with local community housing agencies throughout the state. These programs maintain contact with statewide subsidized housing programs to assist youth in applying for and accessing appropriate housing. These housing advocacy programs participate in their local Continuum of Care and are knowledgeable of federal, state, and local funded programs in their area. Some of them have sought funding through other funding sources to assist clients referred by DCFS.

DCFS has agreements with five housing authorities to accept youth who are aging out of care to participate in their Family Unification Program when vouchers are available. Those housing authorities are in Chicago, Danville, DuPage, Rock Island, Springfield and Winnebago County. To meet program requirements, all participants must have already aged out of care and move in to their new housing before they turn 19.5 years of age.

DCFS is finalizing a Memorandum of Understanding with the Peoria Housing Authority and the Mt. Vernon Housing Authority to apply for Foster Youth Independence (FYI) tenant protection vouchers. DCFS will identify the names of the youth for which they will seek FYI vouchers. DCFS has met with the Housing Authority of Champaign County and the Bloomington Housing Authority in hopes to support an application for FYI vouchers.

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.

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.

DCFS began collaboration with the Illinois Department of Human Services, Office of Substance Use Prevention and Recovery (SUPR) in 1986 with the piloting of a federal demonstration program known as Project SAFE. SAFE was an intensive out-patient treatment service providing

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

a highly intensive outreach component, parenting training, transportation, child care, case management, women's support group, and aftercare. The program was designed to break down barriers that prevented women from succeeding in treatment. SAFE progressed from the original four (4) demonstration sites to a state funded program of twenty-one (21) sites statewide.

The Office of Substance Use Prevention and Recovery (SUPR) and DCFS continued their commitment to develop and implement a community-based system of integrated child welfare and substance abuse services with the establishment, by the Illinois legislature, of the DASA/DCFS Initiative (currently known as the SUPR/Child Welfare Integrated Services Program) in 1995. The "Initiative" was to provide accessible and effective services for DCFS clients with substance abuse problems. The Initiative includes substance abuse screening, assessment and treatment, outreach services, case coordination, aftercare, collaborative administration, and on-going quality assurance. Particular emphasis was placed on the development of a specific referral process, establishment of protocols to ensure timely assessment to treatment services. Through these on-going efforts, child welfare workers and substance abuse providers work cooperatively to address DCFS clients' alcohol and other drug abuse (AODA) and its impact on family life, parental functioning, and child safety and development. The Initiative currently includes 52 AODA providers.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

Address how the State Uses Objective Criteria to Determine Eligibility for Benefits and Services Under the Chafee and the ETV Programs, and for Ensuring Fair and Equipment Treatment of Benefit Recipients

The State's policy requires using a combination of state and federal funds to provide independent living services to youth 14 –21 years and continues to use state funds to offer specific services to youth up to their 23rd birthday. The State is responsible to ensure all youth leave the foster care system with skills to maintain self-sufficiency. The objective criteria are based upon the number of youth who are likely to remain in foster care until age 18. The youth in foster care are older and need more supportive services to prepare for self-sufficiency. Evaluation studies have pointed to the fact that youth who leave care without a transition plan end up homeless, incarcerated, unemployed and have low educational achievement.

The process of developing the criteria included the following:

- Review of the National trends of what services the other states are offering to older youth in foster care
- The Governor of Illinois' initiatives
- The priorities of the Acting Director of DCFS
- A "needs assessment" of older youth
- Recommendations of results of the Chapin Hall Center for Children and other research studies

The eligibility criteria used for the Chafee services are as follows:

- Provide services to youth aged 14-21 to help them make the transition from foster care to adulthood: education, vocational and employment training, post-secondary education, daily living skills, substance abuse prevention, PPT prevention and preventive health activities.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Provide training for foster parents, adoptive parents and workers to address issues confronting older youth.
- Provide services for older youth aged 18-20 who have left foster care but have not reached age 21.
- Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.
- Serve children of various ages at various stages of achieving independence.
- Use a variety of providers to deliver independent living services.
- Serve youth who otherwise meet the eligibility criteria, but who are temporarily residing out of State, and not terminate ongoing assistance solely due to the fact that a youth is temporarily residing out of State.

The eligibility requirements for the ETV services are as follows:

- Provide vouchers of up to \$5,000 (five thousand) to youth otherwise eligible for services under the State CFCIP program. The youth must be enrolled and attending an accredited post-secondary education or training program and making satisfactory academic progress toward completion of the program.
- Provide services to youth in care or left care at age 18 or older;
- Provide services to youth adopted or placed in subsidized guardianship from foster care after attaining age 16.
- Provide services up to age 26.
- The vouchers will cover tuition, fees, books, supplies, equipment, and other education related costs listed as cost of attendance at the school attending.

DCFS will ensure that all youth are aware of the service appeal process that exists and their rights to appeal.

Chafee and other funding will be made available to all youth in care, and former youth in care, by the following:

- Statewide training, including on-site trainings, webinars, program mailers, and email updates, to increase the awareness of available services to include DCFS and private agency staff. Policies and procedures help guide service delivery to ensure the services are equitable.
- Continue to maintain a resource of information regarding services, resources, etc. on the IDC
- Links to information regarding services and programs for older youth currently exist on the DCFS intranet and internet site. These links will be updated as necessary and made prominent and accessible to youth, caseworkers, caregivers, and others accessing the sites.
- Use of social media to inform youth of programs and how to access
- Offer Chafee services to youth regardless of placement or living arrangement type.
- Conduct regional informational orientations to discuss Chafee services
- Conduct one day "Educational Seminars" for youth in care to educate them on the costs/benefits of community college/public universities vs. proprietary schools to help them make educated post-secondary attendance choices.
- Provide annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community-based resources.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Identify youth likely to be graduating from high school and send information regarding the YIC/VT program, ETV program, and EIP to the youth and their caseworker via email notifications.
- The DCFS Office of Information Technology is working with Microsoft to develop a “Youth Team App”.

Cooperation National Evaluations

DCFS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Chafee Training

DCFS has also conducted 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.

In addition, OETS staff, including a Transition Manager in each DCFS region and two Post-Secondary Education Specialists, provide on-site and teleconference training to private agency staff on request, participate in DCIPP 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.

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 Get Goal’d manual. The manual is intended for caseworkers as it includes information on how to access the various programs and services.

Description of the Education and Training Vouchers (ETV) Program and Its Components

The Education and Training Vouchers Program (ETV) will provide 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:

- Tuition & fees
- Books & supplies;
- Uniforms & Equipment
- Transportation;
- Cost of medical insurance
- Computer
- Room & board (If not in another IL DCFS paid placement)

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The amount spent for each youth varies, but an amount not to exceed \$5,000.00 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.

Description of the Methods the State/Department Uses to Operate the ETV Program Efficiently

In order to operate the ETV program efficiently, the ETV funding is coordinated by an individual who works with the other DCFS Office of Education and Transition Services (OETS) personnel. This allows DCFS to identify youth who are already attending a post-secondary program and make them aware of the ETV funding for school. These youth are easily identified and are a priority for the funding. Case workers and GALs receive training that includes information on the ETV program and how it is accessed. The ETV information is also listed on the DCFS Website and the application is available on the interagency intranet. Applications can be mailed, faxed, or emailed as an attachment to the ETV coordinator. All portions of the ETV process which includes applications, letters of intent, approval letters, payment vouchers, and data collection are coordinated by a single source so that a total review of need and payments to the schools and other entities are consistent from start to finish.

Description of the Methods the State will use to: (1) Ensure that the Total Amount of Educational Assistance to a Youth under this and any other Federal Assistance Program Does Not Exceed the Total Cost of Attendance; and (2) to Avoid Duplication of Benefits Under this and any other Federal or Federally Assisted Benefit Program.

To ensure that the total amount of education assistance to youth does not exceed total cost of attendance and to avoid duplication of benefits, youth submit application packets each term. This consists of a written application form along with student schedule, grades, and financial aid award information. Once a review of the packet is complete and eligibility established, a letter of intent is sent to the school advising that the funding can only be used for cost of attendance items not covered by other grants or scholarships. The items ETV can cover are listed on the letter of intent. If a youth is already receiving DCFS assistance for housing costs (YIC, PAC, TLP, ILO), only housing costs in excess of the amount received are considered for ETV funds. The school is also told that the ETV funding plus other funding sources cannot exceed cost of attendance. The school must send a student's detailed student account showing charges and payments to the ETV coordinator for review. When those detailed accounts are received, each line item is reviewed and if there are any questions about exceeding cost of attendance or duplicating benefits, the school is contacted for clarification. Approval letters and payments are only made once it is established that ETV funding plus other funding, including a tuition and fee waiver under DCFS' Scholarship Program or the tuition waiver program enacted 1/1/19, do not exceed cost of attendance and that there is no duplication of benefit.

Use Data to Improve and Strengthen the ETV Program and to Increase Program Implementation

DCFS will plan to meet with various constituents and stakeholders over the FFY 2020-2024-time period, specific to ETV, to establish goals and outcomes for the ETV program, in combination with other state resources, and how those goals are to be measured. **No meetings have been held to date, and there is none scheduled. The state's current goal is assisting students adapt to school changes as a result of the COVID-19 pandemic. This activity will be addressed hopefully in late FFY 2021.**

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Information on the Methodology used to Provide an Unduplicated Number of ETVs Awarded Each School Year

The ETV coordinator maintains data bases of all ETV activity which is on the share drive so that the information is available to all in the OETS division. This data base includes names of all students, age, school attending, amounts spent in Chafee categories as well as the total amount spent, whether the youth is an initial or renewal student, attending an academic or vocation program, and case worker information. OETS oversees the tuition waiver program for the State of Illinois as well as the Community College Payment Program. The ETV coordinator receives FAFSA training every year through the Illinois Student Assistance Commission (ISAC) so is kept aware of other state and federal funding sources and eligibility to receive these funds. Staff will work to develop goals on all of the state's funding sources and outcomes so that the agency knows how many youth have utilized the funding to become independent.

Annual Reporting of State Education & Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
Education and Training Voucher Program (July 1, 2018 – June 30, 2019)	184	106
2019-2020 School Year* (July 1, 2019 – May 15, 2020)	162	81

Consultation with Tribes (section 477(b)(3)(G) of the Act)

Description of Indian Tribe Consultation and Coordination to Ensure Fair and Equitable Treatment for Indian Youth in Care

There are no State-recognized Native American Indian tribes officially residing in Illinois, but there are numerous tribal members from other states who reside permanently in the Cook County area. The Native American population in the balance of the state is more diffuse. In the most recent census estimate from the US Census Bureau, approximately 25,525 Illinois residents claimed Native ancestry.

Only 1% of the DCFS caseload is Native American children. Nevertheless, the DCFS takes very seriously its responsibilities to serve this population appropriately and effectively. DCFS will continue to acquaint its staff and private agency workers with appropriate policy, actions and services through rules, procedures, meetings, conferences, contracts, curricula, training and college level courses.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

For several years, DCFS has utilized state funds to contract with the Native American Foster Parent Association for assistance and advice with cooperative projects. Depending upon the nature and extent of the issues that needed to be addressed, the amount of the contract varies in each state fiscal year.

DCFS' contract with the Native American Foster Parent Association (NAFPA), located in Chicago, is designed to assist caseworkers in navigating the determination process for eligibility, enrollment and application for membership in a tribe. DCFS has also supported NAFPA to provide outreach to the Native American population and Child Welfare regarding the needs of Native American children in the system and for foster parents to care for them. DCFS recognizes tribal licensed foster homes and/or licenses Native American foster parents under the same criteria as relatives by definition of tribe/extended family. DCFS also codes these homes on the CYCIS system differently to indicate the status as a Native American foster home.

The underlying principle of the Indian Child Welfare Act is to "protect the best interest of Indian children." It was also designed to "promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children from their families."

DCFS will continue to comply with the purpose and intent of the Indian Child Welfare Act (ICWA) to protect the Indian child as a resource for Indian communities. DCFS recognizes that the Indian child is the primary element in the maintenance of Indian tribal culture, traditions and values. Therefore, DCFS, in conjunction with Illinois Native American communities, organizations and agencies, provides a method of early identification of Indian children and their families, in order to provide services which ensure all the additional protections afforded by the Indian Child Welfare Act.

In order for DCFS to inform any Indian child, any parent of an Indian child, or any Indian custodian of the rights afforded under the Indian Child Welfare Act, DCFS determines at intake if a child has any Indian lineage. When choosing an out-of-home placement, DCFS will continue to give preference to the following order, absent good cause to the contrary, to placement with:

- A member of the Indian child's extended family;
- A foster home, licensed, approved or specified by the Indian child's tribe, whether on or off the reservation; and
- An Indian foster home licensed or approved by authorized non-Indian licensing authority; or
- An institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the child's Indian needs.

The Indian child's tribe may establish a different order of preference by resolution, in which case DCFS will make efforts to place the child according to these priorities so long as the placement is the least restrictive setting appropriate to the particular needs of the child.

This plan was shared with the Native American advocates on staff at DCFS for their review, comments, and recommendations, which will be considered in improving the service delivery to the Native American population. The ICWA Program Specialists have reviewed the ICWA sections and provided input.

Chapter 5 – Program Support

Office of Learning and Professional Development

The Office of Learning and Professional Development (OLPD) strives to provide the learning and growth experiences for child welfare staff that will provide them with the necessary skills to best serve the children and families in Illinois. Trainings will be evaluated to provide continuous quality improvement and innovation based on research and data analysis.

Pre-Service Training

The Office of Learning and Professional Development will continue to conduct the initial pre-service training required for new DCFS/POS intact, child protection workers, placement caseworkers, and their supervisors. Pre-service training will also be provided for adoption workers and staff at the State Central Register (SCR/Hotline). DCFS will continue to provide Foster PRIDE pre-service training for prospective foster parents and Adoption/Guardianship Certification training for foster parents adopting a child or youth in placement.

Update: Status Completed as agreed and ongoing - Pre-service has been provided to the populations listed above. There has been an increase of pre-service courses for staff due to increased hiring by DCFS of investigative and intact staff. Hiring by DCFS opens up positions in the private sector resulting in an increase in training for permanency staff as well. Due to increased recruitment efforts, there has also been an uptake in foster caregiver pre-service participants. At the end of the 3rd Quarter (end of March 2020), OLPD moved all training to virtual or e-learning platforms. Until further notice all Foundations, and examinations will use this format. At the end of March 2020, no new traditional Foundation classes for Intact or Placement were started. In an effort to reduce wait time for staff in the field, Foundations courses began utilizing the streamlined Pilot Foundations format until after the COVID-19 ordinances are lifted. Any traditional courses in progress will finish out in early April 2020. Individuals in the Pilot Foundations course will get all of the same information and licenses needed, in a shorter period of time. Instead of 20 days of training, it is condensed into 10 days and it includes a greater number of self-directed course work activities that would otherwise be included in the traditional Foundations format.

To assess for efficacy during 3rd quarter of FY-20, Pre-Service and In-Service collected and analyzed statewide Survey Monkey data capturing the adult learner's reaction towards deliverables and trainer effectiveness. Focusing attention on survey questions 3 and 7 for the most frequently delivered classroom trainings (Pre- Service and In-Service traditional course), and questions 3 and 8 for the Pilot Pre-Service course during the third quarter of FY-20. The Pre-Service and In-Service Program took 113 random sample surveys. The surveys represent a 5.0 scale with weighted average responses from questions 3 (curriculum delivery) in order to develop an understanding as to if the training objectives were clear, if the program held interest, if training was well-paced, and if the participant had an opportunity to apply the skills learned. According to the results the trainings effectively deliver the learning content to the participants. This information is shared with the Learning and Development team after each debriefing on the efficacy of the curriculum for continuous quality improvement. Weighted average responses are also assessed for question 7 and 8, which focused on trainer facilitation skills as to if the trainer was knowledgeable, well prepared, held interest and facilitated learning. According to the results the trainers are effectively able to facilitate the delivery of the training and are knowledgeable and well prepared. This information is used for Staff Development to prepare each trainer in building

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

their facilitation skills. In the 4th Quarter there will be a sample analysis of the transition from classroom to virtual on-line training.

Ongoing Staff Training

The State will enhance its offerings of staff learning and development training programs that provide ongoing training for staff, addressing the skills and knowledge needed to carry out their duties regarding the services included in the CFSR and State law, and the Children and Family Services Act. Inclusive of the *Core Practice Model, and Employee Licensure*.

The Illinois Core Practice Model: The Illinois Core Practice Model has three components: Family-centered, Trauma-informed, and Strength-based (FTS) Practice, Model of Supervisory Practice (MoSP), and the Child and Family Team Meetings (CFTM). The Core Practice: FTS training was fully incorporated into Foundations training for Permanency and Intact staff in January 2018. An abbreviated online version will remain available for non-direct service staff and community partners. An expanded online version for direct service staff who are not new hires will be offered. Update: Status Completed as agreed and ongoing - This has been accessed by staff and external stakeholders through the immersion sites and to all new staff that have taken Child Welfare Fundamentals. It is also a thread that ties the pre-service and in-service curricula together. Over 1200 staff and stakeholders have completed the online version within FY20.

The MoSP includes two days of classroom for each of the four modules (once a month), with an individual coaching session occurring approximately two weeks after each module for all participants. Beginning in September 2018 and running through August 2019, at the request of the then Acting Director of IDCFS, a streamlined version of MoSP Boot Camp (4 days) was being offered once a month and rotating each month between the four Illinois regions (Northern, Cook, Central, and Southern). June – August MoSP Boot Camp offerings were focused on DCFS Area Administrators and private sector program managers. After August 2019, the MoSP Boot Camp was discontinued as it was intended to be a time limited offering. The standard MoSP will be the focus for FY20. An Executive Overview of MoSP will be offered every four months at the beginning of each full version cohort to explain how administrators and executives can support their supervisors in the MoSP.

Update: Status Completed as agreed and ongoing - Since the statewide rollout of the MOSP in 2018 there have been 362 DCFS and POS supervisors who have completed all four modules (217 DCFS, 145 POS). Of these, 253 have been DCP, Placement, or Intact supervisors. When cross-referenced with the most current list of direct service supervisors that OLPD has compiled from various sources, 198 of these 253 supervisors are still in a supervisory role for direct service. As of April 15th, 2020, there are an additional 85 direct service supervisors currently enrolled and/or have partially completed the four MOSP module series. There remain 210 known current direct service DCFS and POS supervisors (taken from the February staffing list) that have not started the MOSP series. These supervisors will receive the MOSP as part of the upcoming Supervisory Enhancement Series scheduled to roll out in July 2020.

Field Implementation Support Program staff offered Supervisory Skill Labs to supervisors who completed MOSP beginning in the 3rd Quarter of FY20. The multi-module Supervisory Skill Lab cohorts are scheduled to conclude in the 4th Quarter of FY20. Skill Labs are designed to reinforce MOSP training components, augment the transfer of learning and enhance supervisory practice overall. The Supervisory Skill Lab uses peer group discussion techniques, and application exercises to reinforce the learning content from previous supervisory development training such as the MOSP. As with all other trainings after 3/16/20, the Supervisory Skill Labs have been

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

transitioned into a virtual video conference format until Illinois Child Welfare staff return to normal office working environments.

The CFTM three-day classroom training is the foundation for the onsite coaching with live cases that occur to approve staff as “facilitators,” “coaches” (supervisors are targeted to become coaches for their assigned teams), and “master coaches” or “advanced master coaches.” Advanced Master Coaches and Master Coaches will be FISP (Field Implementation Support Program) staff and select regional staff to support the sustainability of the new CFTM model. OLPD will Support DCFS rollout strategy for Core Practice Model through the provision of contracted trainers and mentors using a “train the trainers” approach to equip trained caseworker facilitators, supervisory coaches and agency mentors for both DCFS and POS agencies.

Update: Status Completed as agreed and ongoing amid the growing concerns for the health and safety of all during the health pandemic that arose at the close of the 3rd Quarter, FISP has created and implemented a contingency plan to continue to be able to provide training and coaching to the field. Training and coaching was transitioned in mid-March 2020 to being facilitated via multiple platforms which includes both video conferencing and teleconference. FISP staff have received training on usage of the various audio/video conferencing platforms and how to navigate them. FISP has also worked diligently to make adjustments to all training curriculums to make them conducive to being delivered through these alternative methods.

Child Welfare Service Employee Licensing

Illinois Administrative Rule 412 requires all DCFS and POS direct service caseworkers, investigators, and foster-home licensing workers to hold a Child Welfare Employee License (CWEL). To meet the requirements for licensure, the individual must meet the following requirements:

- 1) One must have applied in writing on the prescribed form and not provided false information;
- 2) One must complete a background check completed in accordance with 89 Ill. Adm. Code 385 (Background Checks), have no pending or indicated reports of child abuse or neglect, and no pending or conviction on a criminal charge that is a bar to employment under Section 4.2 of the Child Care Act. Any other conviction or pending criminal action will be assessed according to Section 4.2 of the Child Care Act and 89 Ill. Adm. Code 385;
- 3) One must be a graduate of an accredited college or university with a minimum of a bachelor's degree or provide documentation of foreign equivalency, as determined by the Council for Higher Education Accreditation, One DuPont Circle NW, Suite 510, Washington DC 20036, of a minimum of a bachelor's degree from a college or university outside of the United States;
- 4) One must have completed a prescribed Department pre-service training prior to the prescribed licensing examination;
- 5) One must have passed the examination to practice as a direct child welfare service employee as authorized by the Department (a score of at least 70% is required to pass the examination);
- 6) One must not be delinquent in paying a child support order as specified in Section 10-65 of the Illinois Administrative Procedure Act;
- 7) One must not be in default of an educational loan in accordance 2 of the Educational Loan Default Act;
- 8) One must not pose a possible danger to State resources or clients;
- 9) One must be engaged in conduct as described in Section 412.50;

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- 10) One must not have relinquished his or her license during a licensure investigation or after the commencement of a licensure hearing or had his or her license revoked after the commencement of a licensure hearing. An applicant who has had his or her license revoked or relinquished under these circumstances must first go through the reinstatement process and shall file a new application and comply with other qualifications in this subsection (b); and,
- 11) One must hold a valid driver's license and have not been convicted of two or more moving traffic violations under the Illinois Motor Vehicle Code [625 ILCS 5], and not been convicted of driving under the influence of alcohol or other drugs within the year prior to application for licensure. Under Rule 412, CWELs may be suspended or revoked for a violation of the Rule. OLPD will continue to provide administrative support for the processing of CWEL application, the issuance of licensure, and the coordination of the CWEL Board to hear and respond to licensure complaints.

Update: Implemented as agreed – The CWEL Office staff managed the CWEL Board process and prepared all required packets; scheduled and conducted all CWEL Board meetings and teleconferences; prepared meeting agenda along with communication to the Board members and DCFS administrative staff; prepared meeting minutes and kept official records of Board action; maintained Board member information, recruitment and recommendations to DCFS for Board member appointments; supported CWEL board members at the scheduled quarterly board meetings; and approved and issued Child Welfare Employee Licensure certificates. 647 new Child Welfare Employee Licensure certificates approved and issued for varied job classifications during the first, second and third quarters of FY20.

Foster Parent Training

The Office of Learning and Professional Development will review and enhance the training program for prospective and currently serving foster parents, including both classroom and on-line options to better meet the needs of those willing to perform this vital role in the child welfare system. PRIDE (Parent Resources for Information, Development, and Education) trainings compose the base from which our foster and adoptive parents can continue their learning and growth for the wellbeing of the youth in their care.

Update: Status Implemented as agreed - In tracking deliverables, a comparison was made between 3rd Quarter FY-20 deliverables and deliverables from 3rd Quarter FY-19. Statewide, during 3rd quarter of FY-20, there were 438 scheduled classroom deliverables with 4,934 participants enrolled and, due to the worldwide pandemic and the Illinois stay at home order, 67 of the 438 classroom trainings scheduled were cancelled reducing the number of deliverables for the quarter to 371 with 699 participants needing to be rescheduled. Of the 699 participants enrolled in classroom trainings after the stay at home order was implemented, 55% were rescheduled (387) to either on-demand online training (245) or virtual zoom video conferencing (142) and the remaining 45% were either inaccessible or opted to wait for classroom trainings to resume.

During Q2 of FY20, a vendor was hired and joined the PRIDE workgroup and began contracted work on the redesign and development of PRIDE curricula, producing the following deliverables:

- Completed the HMR Pre/Post Orientation Survey
- Began drafting the Home of Relative (HMR) Orientation course

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Organizing and designing enhancements to the instructor-led, classroom PRIDE In-Service/Pre-Service courses for use as Control Group curriculum for the National Training and Development Curriculum (NTDC) Pilot.
- Began revising the PRIDE Knowledge Checks for PRIDE In-Service/Pre-Service courses.
- Began redesign work on the PRIDE In-Service/Pre-Service courses.

At the beginning of the 4th quarter in FY20, the learning and development completed the PRIDE Knowledge Checks for PRIDE In-Service/Pre-Service courses. Current redesign and deliverables for the 4th quarter FY20 include:

- Complete redesign of the PRIDE In-service courses using Articulate 360 and roll out the Pre-service courses by the end of fourth quarter in FY20;
- Complete the Home of Relative (HMR) Orientation course.

University Partnerships

University Partnerships and Internship Program: The Office of Learning and Professional Development has established partnerships with 13 undergraduate and/or graduate schools of Social Work or schools of Family and Consumer Sciences in Illinois. Through these partnerships, the universities offer the DCFS Foundations for Placement course as part of their child welfare curriculum. The students in these undergraduate and graduate programs are highly recommended to complete all requirements for the Child Welfare Employee License while they are students at the university, including taking required exams. Upon graduation, completion of the coursework, and testing, those students who have met all the requirements are eligible to receive the Child Welfare Employee License (CWEL) as long as they successfully complete the necessary steps to send the needed information to the CWEL Division. OLPD will work with DCFS and the private sector partners to design and implement a plan to expand the partnerships with Schools of Social Work to develop a pipeline of recruitment for both POS and DCFS caseworkers.

This program benefits DCFS and Purchase-of-Service (POS) agencies in that it creates a pool of licensed candidates for employment who are job ready, thus saving the employer the time and expense of sending the new employee to training. It benefits the student in that, obtaining a CWEL, they become a more attractive candidate for employment. Finally, it benefits the universities by making them more attractive to students interested in the field of child welfare.

The universities offering Foundations for Placement in their curriculum are as follows:
Aurora University - Dominican University - Governors State University - Illinois State University
Lewis University - Loyola University - Northeastern Illinois University - Northern Illinois University
St. Augustine University - St. Francis University - University of Illinois at Chicago
University of Illinois at Springfield - University of Illinois at Urbana-Champaign

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

Update: Implemented as agreed – The number of students enrolled in University Partnership (UP) courses the first and second quarters (during the fall semester) was 165. Most of those students are at universities that use a 2-semester model and therefore, returned in the spring semester, which spans the third and fourth quarters. Therefore, to identify the total number of students enrolled year-to-date in first, second, and third quarters combined, those students who

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

carried over from the fall semester could not be counted twice, otherwise the numbers would be inflated. The fall semester numbers cannot just simply be added to the spring semester numbers for a total. With that in mind, the year to date total of UP students is 225.

To begin measuring the efficacy of the UP program in transitioning former UP students into professional Child Welfare positions within DCFS or Purchase of Service (POS) agencies, efforts began in FY2020 to begin tracking UP graduates who follow through with direct-service employment. In FY2020 Year-to-Date there have been 26 transcript reviews conducted for new hires who have come out of the UP program representing 7 different universities.

In FY2020, 36 applications resulted in actual internships that were completed in 23 different DCFS offices throughout the State of Illinois. Those interns each served in one of 5 different specialties—DCP, Placement/Permanency, Legal, Clinical, and Administration. FY2020 Year-to-Date, there are a total of 142 applications so far from Spring and Summer semesters combined. These applications originated from 45 different universities, but most universities are represented by only one applicant. Worth noting is that 35% of the total applications originated from the two most active universities in regard to internships with DCFS—Aurora University (18%) and the University of Illinois-Urbana/Champaign (17%). During the third Quarter, DCFS moved to telework protocols for most staff in response to the current health pandemic crisis. During the third quarter there have been no finalized internship placements for Summer 2020 semester due to COVID-19.

Research Partners

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 DCFS in FY 2020. This contract will continue over a 3-year period to address evaluation needs of programs serving youth at high risk for placement instability and youth expected to emancipate from care. 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 data collection methods. This process produces evaluation results that are targeted to address questions that are most relevant to DCFS and program staff's needs.

Placement Stability and Services:

CWRC will support DCFS' goal to provide appropriate, effective services to 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 the D-CIPP study focused on identification of service system enhancements needed to promote wellbeing for youth as they approach emancipation (Barriers to Goal Attainment for Youth 19 and Older).

Barriers to Goal Attainment for Youth 19 and Older. In FY18, CWRC provided ongoing support for data collection, conducted all analyses, and provided reports to DCFS for a summative D-

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

CIPP evaluation. Data were collected from a total of 593 people who participated in a D-CIPP meeting, including 137 youth, 136 caseworkers, 117 supervisors, 76 GAL, and 127 people who served as another type of support. This study provided an understanding of the potential impact of D-CIPP on goal completion, service delivery, and youth outcomes after the D-CIPP. Satisfaction with the D-CIPP meeting process was very high, with the majority of youth, caseworkers, and other participants reporting that the meeting process was youth-directed and helpful in planning for emancipation.

Study findings also raised significant questions that were unaddressed by the study. The most critical of these questions relates to the 25-30% of youth who fail to make any progress toward identified goals following their D-CIPP meeting. Three months after the meeting, a fourth of youth reported not having received any of the services planned, and 37% reported receiving just some of the services. Case managers reported no progress towards goals for 17% of youth at post-test, and some progress for 47% of youth. Understanding the specific factors related to both positive and negative case outcomes, particularly gaps in the service system and follow-through supports, is critical to building a responsive, effective service system for youth with a high level of needs.

This project is addressing this question through analysis of survey data collected from youth, caregivers, and caseworkers focused on factors potentially related to variation in these outcomes. This study will identify 1) deficits in the service system undermining progress for vulnerable older youth and 2) specific types and intensity of supports and services that are related to positive youth outcomes. In FY19 (current contract), we will complete baseline data collection for approximately 200 youth served by D-CIPP to identify barriers to making gains in key domains (e.g., education, employment, mental health and health) prior to emancipation. In FY20, data collection at 90-day follow up will be transmitted to UIC and analyzed. Results will be reported through a written report and presentations.

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

FY20 Activities and Deliverables

- Final report upon completion of the study in FY20
- Presentation of results to DCFS
- Preparation of summaries, publications, and other materials as needed for distribution to staff

Chapin Hall Center for Children at the University of Chicago

Description of Services:

1. Immersion Sites Evaluation

Chapin Hall conducts the evaluation of the DCFS implementation of a core practice model via immersion sites which utilizes a Family-Centered, Trauma-Informed, Strengths-Based (FTS) curriculum that includes a Model of Supervision to ensure sustainability. Front-line staff across the state have or will be retrained using this curriculum and supervisors have or will be taught

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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. The simultaneous evaluation to support the DCFS Federal IV-E waiver also includes a cost study.

FY20 Activities and Deliverables:

- Outputs and outcomes for the process, outcome, and cost evaluation are developed and will continue to be revised as necessary
- If and when output and outcome definitions are revised, then processes to operationalize the new measures will be developed as required
- Regular and ad hoc reports to support implementation of Immersion Sites will be delivered (e.g., run charts, geospatial maps)
- Analyses for process and outcomes evaluations as required to provide DCFS with the information it needs for the (a) triennial reports to the Court about B.H. Implementation Plan progress and (b) reports to the Federal government as required for the Title IV-E Waiver Demonstration project
- Purchase, to fulfill the services identified in this Contract, the American Institutes for Research (AIR) Trauma-Informed Organizational Capacity scale as part of the survey of workers and supervisors

2. Therapeutic Foster Care Evaluation (TFC)

The evaluation measures the congruence of the program to the core values and guiding principles articulated as best practice. Chapin Hall is evaluating the therapeutic foster care programs using both a randomized control design (for the deflection study) and a cohort study to evaluate its effectiveness in moving youth from higher end care into the community. The evaluation includes proximal outcomes such as decreased percentages of entries and re-entries into residential care, increased placement stability and increased clinical functioning; and distal outcomes, including increased safety, improved permanency, and improved wellbeing outcomes.

FY20 Activities and Deliverables:

- Chapin Hall to provide regular consultation to DCFS managers to support project oversight, troubleshoot implementation issues, and provide a historical record of the project
- Chapin Hall to conduct evaluation activities, which include:
 - o Produce monthly reports of key outputs to support TFC implementation
 - o Produce 4-month status reports on TFC outputs and outcomes
 - o Engage in Steering and Implementation committee meetings

3. Residential Monitoring Evaluation (TRPMI)

Chapin Hall conducts the evaluation of the Residential Monitoring Program. While 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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

may inform DCFS of the likely impact of Residential Monitoring on both the quality of care and on child and youth outcomes.

FY20 Activities and Deliverables:

- Chapin Hall to provide regular consultation to DCFS managers to support project oversight, troubleshoot implementation issues, and provide a historical record of the project
- Continue to refine the project logic model as required due to implementation changes
- Meet regularly with and provide support developing plans to implement specific monitoring elements to the Implementation team
- Produce evaluation information for DCFS to include in its triennial reports to the Court re: B.H. Implementation Plan progress
- Produce ad hoc analyses to support TRPMI implementation team implementation efforts

4. Regenerations/RUR (Release Upon Request) Evaluation

Chapin Hall conducts the evaluation of the Regenerations/RUR Program for DCFS youth in temporary detention. DCFS, in cooperation with its partners – the Cook County Juvenile Temporary Detention Center, Cook County Juvenile Probation, Cook County Juvenile Court, Lutheran Child and Family Services (LCFS), Youth Advocacy Programs (YAP), and the University of Illinois-Chicago have implemented a program project aimed at reducing the number of days youth are detained in the Juvenile Temporary Detention Center beyond their release date and minimizing the need for residential care by providing intensive wraparound services to youth in a home-based setting. The target population includes new youth in care that were not in DCFS care when they were placed in detention and current youth in care without a placement.

The evaluation of the Regenerations program includes two components: an implementation study and an outcomes study. The implementation study examines the characteristics of the youth being served and the way in which services are being delivered, assessing fidelity to the Regenerations model, exploring perceptions of the program by those involved, and identifying implementation barriers, via interview, survey, and program and administrative data. The outcomes study examines whether the benchmarks defined by DCFS and its partners are being achieved. Benchmarks include outcomes related to placements and discharge as well as satisfaction, via survey program, and administrative data. Additional outcomes include family connections, education, and employment.

FY20 Activities and Deliverables

- Chapin Hall to provide regular consultation to DCFS managers to support project oversight, troubleshoot implementation issues, and provide a historical record of the project
- Produce monthly reports of key outputs to support program implementation
- Produce reports containing information DCFS includes in its triennial reports to the Court about B.H. Implementation Plan progress
- Purchase, to fulfill the services identified in this Contract, the University of Washington's WFI-EZ Wraparound Fidelity Index
- Engage in monthly Implementation Committee meetings
- Engage Regenerations providers to collect and analyze output and outcome data from various data sources
- Continue evaluation of outcomes of youth in program from 7/1/15 to present for an annual report on outcomes of all youth who have participated in the program since its inception

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 that can allow DCFS to implement practice changes around development of community-based resources as alternative placements for youth in need of intensive services and supervision and early identification of youth in need of high-end care.

FY20 Activities and Deliverables:

- Analyze trends and changes in trends of residential utilization or youth at risk of placement in residential care
- Complete development of predictive analytic models for residential re-entries, disruptions from residential step-down placements, and lateral moves from one to another residential center
- Conduct systematic review of existing literature to place Illinois performance and results of predictive models in appropriate context
- Other analyses related to the use of residential care and/or alternatives to residential care, as requested by the Chief Deputy Director, Clinical and Child Services, or their designee
- Provide analytic guidance to DCFS to plan for implementation of Family First
- Conduct analyses of Family First target population characteristics and risks for congregate care reduction
- Identify new or revised child welfare policies as needed to support Family First implementation

6. Strategic Implementation Support

Chapin Hall provides targeted strategic consultation to DCFS 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 DCFS 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, so that the implementation of new initiatives reflects the most up-to-date research knowledge about the characteristics and needs of the population served by DCFS and ensuring the initiatives can be rigorously evaluated.

FY20 Activities and Deliverables:

- Targeted consultation to help DCFS meet its strategic objectives
- Conduct systematic reviews of existing literature regarding topics of strategic importance to DCFS
- Implementation Support for DCFS strategic initiatives, including B.H. projects, Federal CFSR
- reviews, permanency action teams, plans for targeted youth in care (e.g. dually involved youth) and selection and implementation of evidence-based practices

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Attend monthly B.H. expert panel meetings and participate on workgroups as needs and circumstances arise
- Prepare PEP reports
- Utilize, on behalf of DCFS, statistical methodological consultation to answer complex research questions
- Conduct systematic review of existing literature to place Illinois performance and results of predictive models in appropriate context
- Provide feedback on metrics and indicators generated in accordance with DCFS leadership and research principles
- Provide feedback on the application of metrics and indicators to make policy and practice decisions
- Support DCFS' efforts to develop plans to implement the Family First Prevention Services Act (FFPSA)
- Present research findings relevant to strategic goals

7. Continuous Quality Improvement Framework/Learning Collaboratives

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

FY20 Activities and Deliverables:

- Support DCFS' efforts to develop and refine an enhanced CQI process for DCFS and its POS agencies
- Provide consultation and coaching for the implementation of enhanced CQI through learning collaboratives and other strategies
- Conduct two learning collaboratives, each of which includes a) 3 full day in-person sessions, b) four planning and check in calls and c) homework between each session
- Train and coach DCFS and POS staff on the CQI curriculum
- Engage participants in Advance Analytics training and coordinate alignment with CQI strategic objective
- Develop CQI plan for prevention services
- Collaborative development of the Family First evaluation plan

8. Safe Baby Court (SBCT) Evaluation

The Safe Babies Court Team (SBCT) Model 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 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 seeks to expedite permanency.

Evaluation of the Illinois SBCT Project includes process and outcomes studies. Collected information will include (but not be limited to): knowledge enhancement among professionals working in or with the child welfare system, collaboration among providers working with the child welfare system and services and outcomes for children and families. Some of the basic data that should be captured include (but are not limited to): number of children enrolled, demographics of children enrolled, type(s) of maltreatment, number and names of developmental screenings utilized, number and names of trauma screenings completed, length of time from removal to

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

reunification, length of time from removal to permanency, reunification/permanency type (e.g., parents, permanent guardianship, adoption), number and reasons for disruption of placement, number of children with another confirmed allegation within 6 months of reunification, number of visits/contacts with parents, types of referrals made, and services provided, number of children who “caught up” if developmentally delayed, and caregiver progress on parenting skills. Specific timelines for evaluation deliverables will be collaboratively developed.

FY20 Activities and Deliverables:

- Develop evaluation plan and timeline, update as necessary
- Collect data for study including demographic, service receipt and outcomes data as specified above
- Participate in project implementation meetings
- Conduct initial interim analyses
- Provide preliminary results to inform next steps in implementation

9. Home Visiting Evaluation

Chapin Hall will continue risk reduction strategies that target pregnant and parenting youth in foster care. Chapin Hall is evaluating the implementation and outcomes of this program. The implementation study is examining the characteristics of the youth being served and the home visitors who are delivering services, assessing fidelity to the Healthy Families Initiative (HFI) model and identifying barriers to implementation using program data, administrative data and interview data collected from home visitors, doulas (paraprofessionals who provide physical, emotional and informational support to mothers before, during and shortly after childbirth), home visiting supervisors, and youth. The outcome study is using program and administrative data to examine short-term and long-term parent, child, and system outcomes.

FY20 Activities and Deliverables:

- Conduct data collection for risk reduction study through surveys and administrative data analysis
- Transcribe interviews conducted with youth, families and staff participating in risk reduction trainings
- Provide incentives to youth and families participating in surveys
- Prepare final report tentatively scheduled December 2019
- Support program improvements and midcourse corrections based on the evaluations findings

10. National Youth in Transition Database Support

Federal regulations require that states collect and report two types of data for the National Youth in Transition Database (NYTD). Every three years, baseline survey data are collected from a new cohort of youth at age 17 and follow-up survey data are collected at ages 19 and 21. States are required to achieve a response rate of at least 60% for the outcome surveys of 19 and 21-year-olds who are no longer in foster care and a response rate of at least 80% for the outcome surveys of 19 and 21-year-olds who are in extended foster care. Because Illinois has consistently failed to achieve the minimum response rates on the follow-up outcomes survey, it has been repeatedly penalized with a reduction in its annual Chafee funds. Chapin Hall is working with DCFS to (1) improve the quality of the independent living services data that are reported, (2) increase response rates on the baseline and follow up outcomes surveys, and (3) identify ways to use the data to enhance service provision and better youth outcomes. Specifically, Chapin Hall will examine the systems currently being used to collect the independent living services and outcomes

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

data, talk with caseworkers about their experiences with and barriers to data collection and talk with youth about ways to promote participation in the outcomes surveys.

FY20 Activities and Deliverables:

- Develop plan to increase response rates on the baseline and follow up NYTD surveys
- Develop plan to use NYTD survey data to enhance services provision and youth outcomes
- Assist with the implementation of NYTD survey data collection and data use improvement plans
- Support the Federal NYTD review scheduled for Summer/Fall 2019

11. Intact Family Services

The Chapin Hall evaluation of Intact Family Services will focus on understanding the process and outcomes for in-home service delivery. Examining practice and outcomes at key junctures (e.g. post investigation determination, referral to providers, service delivery, ongoing monitoring), the evaluation will measure both fidelity to prescribed business processes as well as characteristics of families receiving in-home services, including those that may distinguish families who experience subsequent episodes of abuse, neglect and/or child removal. The Chapin Hall evaluation of the DCFS Intact Family Services program will leverage work from the Multi-System Families (MSF) study, as well as previous work to define and examine the structures and processes for the delivery of Intact Services as part of the Systemic Review of Critical Incidents.

FY20 Activities and Deliverables:

- Exploration of strategies for fidelity monitoring to established business processes
- Inventory of data holdings for outcome evaluation and ongoing monitoring
- Descriptive analyses of intact cases to identify key subgroups with implications for service
- Comparison of key child, family, and parent characteristics among cases that do and don't experience subsequent episodes of abuse and neglect
- Exploration of strategies to leverage intersystem human service data for understanding risk among families receiving in-home services
- Recommendations for process refinements based on evaluation outcomes
- Implementation support for DCFS strategic initiatives regarding critical incidents and intact family services

12. 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 comparisons to other jurisdictions. Equally important is that users have the skills required to analyze those data correctly and interpret and apply the findings. As such, access to the FCDA and related technical assistance and training opportunities can level the playing field insofar as the Illinois child welfare system agencies vary regarding their internal capacity to collect and use administrative data to improve services and outcomes. To meet this need, Chapin Hall will provide file development and analytics training designed to build skills around generating evidence, processing evidence, and applying evidence to decision-making.

FY20 Activities and Deliverables:

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Provide DCFS with a basic subscription to the Multistate Foster Care Date Archive (FCDA), which allows comparisons at the state, county, and child level
- Generate a state specific file; develop programs to regularly update the agency file
- Provide technical assistance and support to web tool users
- Upon request, further develop a state-customized longitudinal file and upload it to the web-based interface. This will permit intra-Illinois analyses using state-customized definitions. For example, in the state-customized file, the state may choose to add variables that classify cases by region, field office, or judicial circuit.
- Upon request, further develop a POS agency-based longitudinal file and upload it to a parallel web-based interface. This will permit comparisons at the provider agency level. Hand-in-hand with this work, Chapin Hall will work with the State to develop a plan for providing POS agencies access to the agency-based web tool.
- Conduct two Illinois-specific Advanced Analytics courses and other capacity building strategies per year

13. 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 for the other projects specified in this contract, although additional data sets, e.g., Chicago Public Schools, IL Dept. of Human Services, and Medicaid 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.

FY20 Activities and Deliverables:

- Clean, link data elements in data files, reformat and document DCFS data on as needed basis
- Support all other tasks in this Contract and other DCFS-related research that requires up-to-date state and administrative data
- Continue to conduct quality control on data that is provided to Chapin Hall from DCFS
- Geo-code all DCFS data so that geographic data can be included, and spatial analysis can be conducted when needed
- Combine administrative data with data that is collected in each of the Programs in this contract as appropriate
- Chapin Hall to produce a cohesive set of state administrative data
- A secondary outcome is to combine this data with other data being collected by researchers and determine how it might become a regular part of the overall database.

14. CERAP Review

When implemented, the Child Endangerment Risk Assessment Protocol (CERAP) was intended to standardize safety and risk assessment in order to improve the consistency and accuracy of frontend decision-making. As foster care entries declined in the late 1990's, the tool was credited with removing discretionary bias from removal decision-making such that increased numbers of urban, minority youth could remain with their families following investigations. Today, DCFS is

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

interested in understanding the consistency and efficacy of CERAP for making safety determinations and informing removal decisions. An examination of the tool, business processes for its use, and best practice exemplars in front-end safety assessment will yield valuable information to inform DCFS' future direction for training the workforce and implementing reliable and valid decision-making support tools.

FY20 Activities and Deliverables:

- An examination of the tool and the business processes around its use will involve focus groups and interviews with key stakeholders who can inform the development of business process maps that visualize the use of the tool, the documentation and communication of the information it yields, and the translation of the tool into a removal decision.
- An inquiry into the uses and applications for CERAP data will involve both basic data analyses of the trends over time in CERAP data elements as well as the relationship between these elements and removal decisions. These analyses may yield insights into how the application of the tool has changed over time as well as identify other data analytic opportunities for continuous quality improvement.
- A systematic review of best practices related to front-end safety assessment will yield a summary of key components of reliable and valid tools, as well as exemplars that can serve as models for Illinois to consider as alternatives to the CERAP tool.
- Once DCFS identifies refinements to front-end safety assessment processes and tools, Chapin Hall will provide their recommendation of changes along with assistance with planning of changes along with implications for training, IT, policy, and business processes.
- Business process maps
- Data analytic reports
- Best practice key components and implemented exemplars
- Recommendations for refinements

**University of Illinois
at Urbana/Champaign**

Brief Description of Services:

Services are to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and well-being of children.

In partnership, the University of Illinois at Urbana-Champaign School of Social Work (UIUC or the University), and the Department of Children and Family Services (DCFS or the Department) has established the Office of Workforce Development, the Office of Translational Research, the Children and Family Research Center, and Administration divisions.

Under the Contract with the Department of Children and Family Services (Department), University of Illinois Urbana Champaign (University) will provide staff and services required to provide professional, administrative and support functions including, but not necessarily limited to the development, design, delivery, management, support and/or evaluation of a wide array of training programs and technical training support as mandated by state law and administrative rules, federal court orders, federal Title IV-B and Title IV-E, and Medicaid programs.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The Office of Workforce Development:

With the University serving as the centralized hub for DCFS' professional development and training needs associated with 1) the development, roll out and support of the DCFS Core Practice Model 2) operating as a liaison with our private providers and their needs as well as offerings provided by other state schools of social work; 3) managing the development and provision of training associated with foster parents and interns; and 4) developing strategies that allows for the maximization of Title IV-E funds.

The following programs will be included, but not limited to:

- Coaching and Supervisory Training
- Foundations Training for Placement, Intact, and Child Protection
- Foster and Adoptive PRIDE
- Academic Partnerships
- Testing and Evaluation

The goal is to better coordinate and align professional development offerings and to provide a point of leadership at the University level to help improve and enhance both the quantity and quality of our learning and development activities.

Children and Family Research Center

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

- Child Endangerment Risk Assessment Protocol Evaluation
- Illinois Child Death Review Team Annual Evaluation
- Special Review of High-Profile Cases
- B.H. Monitoring and Data Analysis
- Child and Adolescent Well-Being Studies
- Illinois Child Welfare Data Center
- B.H. Quality Service Reviews
- Foster Care Utilization Review Program
- Computer Support and Data Archive
- Evaluation of the Child Protection Training Academy
- Evaluation of the Conscience Community Network (CCN) Dually Involved Youth Services
- Post-Adoption

Office of Child Well-Being

Administrative, clinical and professional staff support the DCFS Office of Child Well-Being, mandated by the Illinois Federal Title IV-E Waiver Program for children, age birth through 3 (IB3). Waiver authority ended September 30, 2019;

Design, development and operational implementation of a Court Team Initiative- The Illinois Early Childhood Court Team (ECCT); which promotes a court-led system of care that promotes the safety, well-being and permanence of infants and toddlers within the child welfare system;

In support of the University and DCFS' mission to support applied research, these programs under the DCFS Office of Child Well-Being (IB3 And Early Childhood Court Teams) implement evidence

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

informed interventions within the child welfare system and rigorously evaluate the outcomes of these programs in support of policy and/ or practice enhancements. Both programs are designed to address early life exposure to trauma and adversity and to support family centered interventions that enhance child well-being. In addition, these programs support DCFS' Birth - 3 initiative by providing interventions that enhance the capacity of the adults that serve this population by developing professional knowledge of infant and toddler development and trauma exposure. Finally, the interventions support the capacity of the adult caregivers [birth and foster parents] in the lives of these children.

Post-Secondary Education Support will also fall under the Office of Well-Being umbrella. PSES will provide support to youth who are involved in postsecondary education programs administered by DCFS. Staff will, as needed, 1) collaborate and assist with college planning; 2) identify university and community college resources and develop collaborative relationships that will support youth to attain their associates and/or baccalaureate degrees; 3) create awareness of DCFS supports available to foster care youth in postsecondary programs; and 4) monitor youth for DCFS program compliance.

PSES will provide assistance with the development, review and revision of policies, procedures and protocols related to postsecondary education in accordance with current Federal and State laws and that promote best practice.

PSES will serve on committees and workgroups that aim to improve the educational well-being of DCFS involved youth and provide consultation on best practice, based on need and availability.

PSES will foster communication between child welfare and education on behalf of youth/young adults in foster care, to promote educational well-being.

Office of Translational Research:

The goal of the Office of Translational Research in Illinois child welfare is to support evidence-based and data-informed decision making in policies and practices focused on improving safety, permanency, and well-being outcomes for children and youth in care, and those at risk of coming into care. The aim of translational research work is to help close the persistent gap between knowledge generated in research and practice contexts and apply that knowledge to directly benefit DCFS' work with children and families.

Illinois DCFS engages with numerous researchers to support improvements in practice and policy for improved outcomes in child welfare. And, DCFS and POS agencies possess extensive field knowledge to consider ways to apply research on key topics. The Office of Translational Research engages in conversation with key personnel within DCFS, POS agencies, and the research community to provide tailored research-based support to field implementation.

The Office of Translational Research helps to synthesize available knowledge from researchers and practitioners to inform planning and policymaking within DCFS. The work of the Office of Translational Research is designed to be responsive to the Acting Director's priorities for knowledge gathering and dissemination, particularly in relation to new legislation, such as the Family First Prevention Services Act (FFPSA) and the agency multi-year plans (DCFS Child and Family Services Plan; DCFS Program Improvement Plan).

Core Strengths and Contributions of the Office of Translation Research are:

- Engaging others in collaborative planning for new federal requirements affecting the state's child welfare system (e.g., Family First).

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

- Summarizing vast amounts of research and information relating to proposed or existing programs, practices, or policies in child welfare (e.g., DCFS 2-year Program Improvement Plan).
- Supporting decisions on research design for program evaluations to be conducted (e.g., evaluation for Conscience Community Network).
- Creating a data-informed strategy on meeting anticipated research needs in DCFS (e.g., research assessment and predictive analytics forum).
- Designing program supports to meet identified target population needs (e.g., DCFS postsecondary education support program).
- Providing fast-turnaround research assistance to support decision-making (e.g., safe sleep research summary for state legislative testimony; evidence-based review of research on child and family conferencing, wraparound, etc. for B.H. Special Master meeting).

DCFS has an existing infrastructure for data management, quality enhancement and continuous quality improvement (CQI), applied research, and planning structures for program and workforce improvements. The Office of Translational Research builds upon the existing support system to facilitate the dissemination and integration of academic research, program evaluation, and data analysis in DCFS planning and implementation. Since UIUC School of Social Work is a central hub for programmatic work focused on preparing and retaining a highly-qualified child welfare workforce in Illinois, the Office of Translational Research supports application of evaluation and research to support DCFS workforce development goals.

DCFS and POS investigators, caseworkers, and supervisors are the persons with the closest, most frequent contact with children and families at-risk for adverse outcomes in safety, permanency, and well-being. The Office of Translational Research works to connect research, evidence, expert practice, and data-informed planning to Illinois' front-line casework practice. For example, the Office of Translational Research produces summaries of evidentiary support on strategies in the DCFS program improvement plan, the DCFS Family First Prevention plan, legislative testimony, training curricula and evaluation, etc.

Administration:

Centralized funding supports the small number of top-level supervisors overseeing this project. Since overall effort is required for many types of services, it is easier to centralize the funding of administration rather than spread it across each sub-project proportionately.

Chapter 6 – Consultation and Coordination Between States and Tribes

Consultation and Coordination Between States and Tribes

...states are expected to consult, collaborate and coordinate with all federally recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2020-2024 CFSP. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with tribes. States must then report on the outcomes of these discussions. These issues include state compliance with ICWA; the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee program. States without federally-recognized tribes within their borders should still consult with tribal representatives and document such consultations.

IDCFS Indian Child Welfare Act Program

IDCFS Indian Child Welfare Act Program is part of the Office of Affirmative Action and was developed to serve Native American/Alaskan Native children, and their immediate and extended family members to ensure compliance with the Indian Child Welfare Act in child welfare.

The Mission of the IDCFS ICWA Program is to: enhance services and facilitate communication between the Illinois child welfare system and communities and tribes involved with Native American/Alaskan Indian Native children and families; identify and advocate for Native American/Alaskan Indian Native children and families that have come into the child welfare system

In the 2020-2024 CFSP, states must address the following:

Describe the process used to gather input from tribes for the development of the 2020-2024 CFSP, 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)).

The ICWA Program will ensure the provision of child welfare services in a manner consistent with ICWA requirements. Although Illinois currently does not have any federally recognized tribes within its borders, all ICWA Program's communications and collaborations, with approximately 573 federally recognized tribes, involve those outside of the State of Illinois. The ICWA Program will maintain communication with the child's identified tribe. They will also collaborate with the child's case management team, which includes tribal representatives, to review services and participate in case planning for the child and the child's family. These collaborations ensure that federal standards are met as to "active efforts are made, consistent with ICWA, to prevent further disruption of the family and/or facilitate reunification of the child with his or her family."

Because Illinois has no federally recognized tribes within its borders, Illinois collaborates with each and every tribe that our children are eligible for membership with. Some outcomes have resulted in children being returned to their families of origin and cases being closed. Some children are adopted by family members and others have been adopted by their caretakers. There

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

are some Tribes who have declined to be involved because the parent is not involved, or the parent is deceased. There is one tribe that flew in to meet the foster parents and visit with the children. In all cases, Illinois recognizes its obligation to maintain the child's cultural heritage and family ties. The tribe's participation is extremely important in our "active efforts".

In 2015 Illinois developed an ICWA Advisory Council that consists of members of the Native American community in Illinois as well as Native American foster parents and child welfare staff members responsible for implementing the Illinois ICWA program. The Council does not involve a single tribe, it involves active members of the community in Illinois. The Council has been inactive for the last two years. Illinois has a goal to reconvene the Council in 2020.

When the Advisory Council was active, Illinois engaged with the Advisory Council to help assist and ensure compliance with ICWA. As a result of consultations with the Advisory Council, Illinois developed a website within DCFS to inform the public regarding the Illinois ICWA Program. Additionally, as a result of consultation with the Advisory Council, Illinois also created an ICWA brochure to inform and promote the ICWA Program and the recruitment of Indian foster parents.

Provide a description of the state's plan for ongoing coordination and collaboration with tribes in the implementation and assessment of the 2020- 2024 CFSP. Describe any barriers to this coordination and the state's plans to address these barriers.

The Plan:

Once a child has been identified as an "Indian Child," Illinois will provide the following services:

1. Make "active efforts" to prevent the removal of a child from their family.
2. If "active efforts" cannot prevent the removal of the child from the family, Illinois will place the child in a placement that follows the parent's placement preference and the tribe's placement preference.
3. Confirm child's membership or eligibility for membership by initiating an ICWA verification process in compliance with ICWA.
4. Provide services to the family to correct the issues that brought the child into care in a culturally sensitive manner.
5. Contact the tribe to ensure their ability to participate in court hearings, service planning, and staffings.
6. Identify the best form of communication for the tribe.
7. If the initial placement disrupts, identify potential placements that meet the tribe's placement preferences.
8. Keep the tribe informed on the progress of the case and all upcoming court hearings, service planning, administrative case review, and staffings.
9. Obtain input from the tribe for the permanency goal.
10. Ask the tribe for assistance to engage the parents to support the permanency goal.
11. Inform the tribe of Illinois' efforts to provide services to the family.
12. Consult with the tribe to identify Qualified Expert Witnesses for testimony at court.
13. Ask for assistance to enroll the child as a member of the tribe.

Implementation and Assessment of the Plan:

Illinois will seek the tribe's input and assessment of the plan at every point of contact during the pendency of the child's case.

Barriers and plan to address the barriers:

Some barriers to this plan are:

1. Case management providers do not understand the requirements of ICWA or how to implement it. **PLAN TO ADDRESS THIS BARRIER:** continue to offer training and coaching of the case management team. Additionally, Illinois will continue to monitor the progress of the case through the process.
2. Case management teams forget to include the tribe and the ICWA Program on case planning and staffings. **PLAN TO ADDRESS THIS BARRIER:** review administrative case review alerts for ICWA compliance; respond to emails and inquiries from the tribe regarding upcoming events in the case.
3. Communication between the case management team and the tribe have deteriorated. **PLAN TO ADDRESS THIS BARRIER:** reconnect the case management team with the tribe and closely monitor communications and progress in complying with ICWA.
4. During the ICWA verification process to acquire determination letters from authorized Tribal agents to confirm that children in care are Native American, Illinois has encountered some Tribes who repeatedly do not respond to the state's ICWA inquiry requests without repeated follow-up per individual request. **PLAN TO ADDRESS THIS BARRIER:** The state plans to contact the Bureau of Indian Affairs (BIA) to request assistance to address this issue.

Provide a description 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).)

If there is a reason to believe that a child is an Indian child, the ICWA Program will actively educate and inform the case management team and help coordinate services to the child's family which will help the case management team to comply with active efforts, consistent with ICWA, including the delivery of services to the family. Because there are no tribes within our borders, Illinois is responsible for services and protections for children in foster care including operation of a case review system; preplacement preventive services program for children at risk of entering foster care which is provided through our intact family services; and a service program for children in foster care to facilitate reunification, adoption, legal guardianship, or other planned, permanent living arrangement that are developed with the family and the tribes, consistent with ICWA. There are no formal arrangements with any tribes. Most services are provided by the state of Illinois.

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.)

When a tribe is identified, Illinois reaches out to the tribe with the case management team to discuss how we can (1) best communicate with the tribe; (2) identify the tribes' placement preferences; (3) inform them of how to file a Notice of Intervention; (4) how to reach the assigned case manager and supervisor; (5) what documents they would like to receive; and once the tribe

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

is an actual party to the case—(6) inform the tribe of all of the details on placement and visitation arrangements. If the situation arises that a new placement is needed, then we will consult and collaborate with the tribe to (7) find a new placement that meets the tribe’s placement preference and the parents’ agreement. If there are service issues, such as the location and identification of services that are culturally appropriate, we will (8) consult with the tribe to identify specific services for the family. We will also consult with the tribe to (9) identify cultural activities to maintain the child’s cultural connection with the child’s heritage. Additionally, Illinois (10) facilitates the tribe’s participation in court by responding to any logistical difficulties the tribes has in participating in hearings or staffings. Further, during the pendency of the case the ICWA Program will also assist the case management team to follow the tribes prescribed steps for enrolling the child as a member of the tribe. All such activities are designed to comply with ICWA.

Provide information regarding discussions with Indian tribes in the state specifically as it relates to the Chafee program. This instruction is further delineated in section D6 of this PI. States may provide this information either in this section or in the Chafee section of the 2020- 2024 CFSP but are requested to indicate clearly where the information is provided.

Illinois has no federally recognized tribes within its state borders and as a result has no agreements with any tribes as it relates to the Chafee program. Illinois is not opposed to working with tribes, but the situation has not presented itself. IDCFS administers the Chafee programs as it relates to independent living skills and the ETV program.

State agencies and tribes must also exchange copies of their 2020-2024 CFSP and their APSRs (45 CFR 1357.15(v)). Describe in detail how the state will meet this requirement for the 2020-2024 CFSP and the plan for exchanging future APSRs.

Illinois has no federally recognized tribes within its state borders and as a result has not exchanged copies of our CFSPs or our APSRs with any tribes.

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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 funds directly for foster care, adoption assistance, and for guardianship assistance 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) 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 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.

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 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).

Chapter 7 – Monthly Caseworker Visit Formula

Caseworker Visits

Monthly compliance reporting at the caseworker and team level is provided through SACWIS and the Performance Monitoring Data Site. The data site also provides reporting at the agency level and case level, which allows DCFS as well as DCFS/POS supervisors and managers to identify and monitor the extent of and need for caseworker visit activity.

Please note that due to Illinois' COVID-19 "Shelter in Place Order," issued March 17, 2020, video-conferencing may be included and counted in the compliance report as an In-person visit. This complies with the March 20,2020 letter from the ACYF Children's Bureau's Associate Commissioner Jerry Milner, and the March 20, 2020 Memorandum from Illinois DCFS Acting Director "COVID-19 and Modifications to In-person Contact Requirements."

Monthly Caseworker/Child Visits Report (October 1, 2019 thru March 31, 2020) Data as of 05/20/20

Number of Cases	# Months IP Visits Occurred	# Months Video Visits Occurred	# Months IP + Video Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred In Residence
18,817	86,972	2,068	89,040	96,770	82,912	92	93

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.

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 2020, DCFS completed 94% of monthly in person contacts with children, just missing the 95% requirement. To improve performance for FFY 2021 a monthly tracking report is provided to both DCFS and POS 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

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

complete documentation. By providing close to “in real time” data about individual in-person visits each month, data entry is showing improvement.

Past grant monies have focused on training caseworkers and tracking caseworker activities in preparation and completion of case contacts with children in order to improve the quality of case contacts. Moving forward the Department is preparing to utilize 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. Increasing staff using University Partnership contracts will specifically provide coaching, monitoring and improvement for both DCFS and Private Agency caseworkers and supervisors.

Chapter 8 – Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments (AIPP): 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
• <u>FFY19</u>	<u>\$ 4,059,500</u>
<u>Total</u>	<u>\$12,519,000</u>

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 title 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.

In fiscal years 2019 and 2020:

- Adoption Support and Preservation (ASAP) has been increased \$1.85M.
- Respite programs tied to ASAP have been increased \$615,000.
- Training in this area is increasing \$225,000.
- Adoption listing services, which will also assist families who wish to adopt in the licensing process across the state. Increase is \$565,000. And,
- The Family Matters program helps with educational advocacy for adoption and guardianship cases; assists with death and incapacitated subsidy cases to transition

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

back into permanent placements; act as a liaison with the court system, and other legal matters for adoption and guardianship cases. Total increase is \$577,000.

Other plans for increases include therapeutic day care and additional therapists and psychologists to work on higher end cases. These additional investments are planned to be sustained in fiscal years 2021 through 2024. All additional spending will supplement and not supplant previous DCFS spending in these areas.

Title IV-E Adoption Assistance Program Savings Reporting: 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 Title IV-B and IV-E programs; 30% of which must be spent on post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% must be spent on post-adoption and post-guardianship services. In addition, DCFS must use the savings to supplement and not supplant any Federal or non-Federal funds used to provide any service under Title IV-B or IV-E. DCFS calculated \$5,319,903 in FFY19 Applicable Child Savings - Maintenance, and \$1,535,572 in Applicable Child Savings – Administration, for a total of \$6,855,475. A minimum 20% must be spent on Adoption Preservation Services (\$1,371,095) and up to 10% (\$685,548) 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 \$1,469,059 on Adoption Preservation Services and \$587,584 on foster care prevention services. The final report showing the entire \$6,855,475 was fully expended in FFY 2019 for qualifying purposes, was submitted by the October 30, 2018 due date. In the FFY19 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 19 of \$26,142,344.

Chapter 9 – Child Welfare Demonstration Activities

Illinois is not currently participating in Child Welfare Demonstration Activities.

Chapter 10 – Quality Assurance/Continuous Quality Improvement

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:

1. Foundational administrative structure

A Strategic Planning Workgroup comprised of DCFS and POS leadership, court leadership and stakeholders that have been active in and leading the Family First Prevention Plan development, will be the overarching entity that provides 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. This group will comprise the “decision-makers” and is intended to be a sustainable entity that continues beyond administrative changes. 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, POS, AOIC and other key stakeholders.

2. Quality data collection

An ongoing agenda item of the Data Workgroup is the continual validation of data and improving extraction code. The changes to AFCARS collection will be implemented through this group along with changes in SACWIS, required data entry and the training of staff for understanding and implementing the required changes.

3. Case record review data and processes

Case record review is a strength 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 only as part of BH recommendations, and a review of a 1,000 investigations per month to monitor and improve CERAPs/safety plans, face-to-face contact, and supervision

*See Chapter 2, Item 25 for additional information on the QA System.

4. Analysis and dissemination of quality data

The creation of a new team of 5 to 6 staff dedicated to data collection and analysis has been identified as a need by Acting Director Smith, and these positions have been funded. Job descriptions are being finalized with planned postings in the first quarter of FY 2021. These data stewards will be assigned to child protection, intact, and foster care, as well as CFSR/CFSP/APSR/PIP, BH, and special/focused case reviews.

5. 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 Workgroup will be utilized as a communication loop to identify and inform revision needed to the goal's objectives and interventions for improvement and will then track those changes to evaluate whether improvement has occurred. In addition, the Child Welfare Advisory groups will begin reporting to the Strategy and Performance Execution Division of DCFS 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.

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.

The following summarizes the work and improvement goals during this CFSP period.

1. Data Sets and Analysis to Support Decision-making and Monitoring
2. Continuous Quality Improvement Framework Coaching and Support
3. CFSR-PIP Baseline Reviews-Outcome Enhancement Review Plus
4. Intact Safety and Practice Reviews
5. Special Case Reviews
6. Quality Service Review
7. Child Death Review Team Findings and Recommendations
8. Aristotle P Consent Decree - Sibling Visitation
9. Council on Accreditation

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)

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

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

- CFSR-PIP Baseline Reviews-Outcome Enhancement Review Plus
- Quality Service Review reports
- Intact safety and Practice case review
- Special reviews such as Maltreatment in Foster Care case reviews, Re-entries, Fatality Reviews, Good Faith Attempt Review, Child and Family Team, and Model of Supervision reviews

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.

Change Management

The ITASC workgroup made up of both DCFS and POS supervisors and caseworkers are charged with streamlining practice through improving forms, identifying duplication and redundancies, and recommending improvements. A recent project is the revision of the Service Plan. The Service Plan has been an agency-centric form leading to a process and practice where the agency perspective is front and center. By changing the language of the service plan to be family-centric, giving the family and youth a voice in service planning and evaluation, ownership of the plan shifts.

In the future, this group will accept suggestions for practice improvements through a standardized process of communicating a requested change in a form, practice, policy etc., This group will be an arm of the Strategic Leadership Workgroup and will directly address barriers to good practice and improved outcomes.

“Regional Mobilization Teams” The teams were launched in each region to establish communication pathways and relationships between DCFS QA staff and POS QA staff. The purpose of these teams is two-fold: 1) to be a support and coach to the Regional CQI process, and 2) to be rapid response QI teams. The plan moving forward is to have an established/nurtured network and communication pathway by which to transmit critical and time-sensitive information requiring action. An example of a “quick win” project meant to establish and strengthen the mobilization teams was a review of data reports regarding physical health exams and immunizations. DCFS QA were able to secure the data reports and provide them to their POS QA partners. Monthly meetings were established, and relationships were built. Discussions centered on, not only improving compliance and performance, but using CQI to continue improving in this area and not just a data cleanup of health data. This initial project met the goal of establishing the teams and some improvement in the compliance and performance, but the ongoing improvement has been challenging in a changing environment.

PIP TIPS In partnership with University of Illinois Urbana-Champaign, and at the urging of supervisors of both DCFS and POS the “Tips for improving practice” that are distributed through Outlook was maintained as a staple and positive means for communicating easy to use guidelines for specific areas of practice. This ceased as DCFS prepared the PIP and will resume once the PIP has been approved and PIP Tips can support implementation.

Chapin Hall Learning Collaborative To bolster and standardize understanding of CQI, University partner, Chapin Hall, has developed and piloted a Learning Collaborative to raise the skills and capacity of DCFS and POS CQI staff with a goal of expanding to direct service supervisors and staff. The Training modules emphasize establishing common language, understanding and

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

communicating the PDSA (plan do study act) CQI cycle, Advanced Analytics and effective data and findings presentations. CQI staff have completed the course and are now charged with training and coaching the CQI process throughout all levels of DCFS, POS, and eventually stakeholders invited into the framework and process. Currently the Cook region has actively participated. The Learning Collaborative has taken a hiatus due to regional administrative changes and COVID 19 Sheltering in Place orders.

Intact Safety Reviews

Intact Safety Reviews on Intact Cases began in the second quarter of Fiscal Year 2018. These reviews are conducted by 2 different Divisions within DCFS, the Quality Enhancement Support Team (QUEST) and the Agency Performance Team (APT). These 2 entities utilize the same review instrument; and, while both entities focus on the practice done in Intact Cases, the purpose of the reviews varies slightly.

QUEST initially developed a review tool in collaboration with Intact Administration in FY2018. The focus of the QUEST reviews has continued to be on safety of children being serviced by Intact Teams in Illinois. The primary focus of these reviews has been on populations considered to be at higher risk of poor outcomes, such as families with at least one child 0-3, families that have a history of certain child abuse/neglect allegations, the number of times a family has been involved in the child welfare system, as well as other considerations. The QUEST teams have also been used to conduct special/focused reviews of certain DCFS and/or private agencies where issues have been raised regarding concerns in practice or where there have been cases that have resulted in poor outcomes. When a safety concern is found during the review process, the QUEST Supervisor sends a written notification to the assigned Supervisor and Caseworker alerting them to the concerns found, and requests that a staffing be scheduled to discuss the case. The QUEST Supervisor and reviewer then staff the case with the assigned Supervisor and Caseworker to discuss the concerns and have the Supervisor/Caseworker discuss how they think it is best to address the concerns noted. An action plan is developed as needed, along with timeframes for completion. The QUEST reviewer will then re-review the case to ensure that the concerns have been satisfactorily addressed and that safety has been ensured. In instances where there are still concerns, another staffing is held and, if needed, a higher-level administrator is involved in the discussion. The case is followed by the reviewer until all concerns have been adequately addressed.

The focus of reviews conducted by APT are on making sure that communication between investigations and the intact worker are occurring when a new investigation is received on an open intact case. APT also identifies if there are any safety concerns in the case, and if any are identified, a written notification of concern is sent to the assigned Supervisor and caseworker, with the expectation that they will respond back to APT with how the safety concern will be resolved in writing.

On February 14, 2019, QUEST launched the Intact Case Review System (ICRS), which is the system that houses a variety of information on Intact Cases, as well as allows QUEST supervisors/reviewers to assign cases for review, input results from their file reviews, track cases where safety concerns were present/action plans have been developed, and from which data can be captured and reported. When QUEST is conducting random reviews of higher priority cases of the 0-3 population, that information is input into the ICRS, and each quarter the data is reported back to providers during the Statewide Intact Provider Meetings. Results of reviews can be provided down to a team level, and Agency/Team supervisors have the ability to request that level

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

of data to use. On reviews conducted on specific agencies, that data is shared with the Agency at an in-person meeting whenever possible, along with staff from APT, Intact Administration, and various levels of staff from within the Agency. Data reports as well as a summary of positive practice and areas for improvement are presented and discussed. The meetings allow for an opportunity for all parties present to dialogue about the data, barriers being encountered that are impacting service delivery or practice to families, as well as discussion around how to improve. In May 2019, the use of the Intact Case Review System was offered to APT to utilize for inputting their reviews. To date there have been 3 regions of the State where APT staff have been trained by QEST to use the ICRS, and of this writing there are 2 regions inputting their review data into the site.

In FY2020, QEST was given permission to do a pilot where some direct support could be provided to an agency where multiple challenges were identified during the review process. QEST was able to partner with a staff member on contract from the University of Illinois at Champaign Urbana, who worked with a particular agency for a period of 4 months, some in-person visits as well as phone support. The focus of the support was to provide support to improvements the agency had identified it would like to make. Some areas that were identified included identifying/communicating to DCFS Administration systemic issues impacting good practice/safety, conducting staff training on specific areas of practice, reviewing and improving onboarding of new staff, working with the supervisors on safety and supervision focus, working with staff on crisis management, what to do during those initial contacts with families, as well as other areas identified by the agency. Additional support was provided by QEST when the agency requested reviews and staffings on several cases where the Supervisor wanted to talk about options with the family or strategize on safety or services. This support has been offered to another agency; however due to the COVID pandemic, this support has not been able to be put in place.

During the first 3 Quarters of FY2020, QEST and APT staff have completed 1606 reviews in the ICRS. While practice has varied, the percentage of cases having identified safety concerns has decreased each Fiscal Year.

Special Case Reviews

The DCFS Joint Special Review process was established in 2016 to examine case dynamics and identify case management practices in cases where there had been either the death of a child or youth, or an egregious act of child abuse or neglect had occurred. The development of the process was a collaborative effort between the DCFS Offices of Quality Enhancement and Clinical Services, and the University of Illinois at Urbana School of Social Work. Cases referred for review and reporting had some type of service intervention through Illinois DCFS or private agency providers in Illinois. Seventy-two cases had been reviewed by November 2017 and approximately 500 staff had taken part in an interactive presentation to discuss Special Focus Review findings, practice improvements areas, and case supervision. Building on this review process, the Crisis Intervention Team was established.

Crisis Intervention Team – Special Focus Reviews

In May 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. Case reviews began in June 2019 with DCFS Quality Enhancement (QE) supporting the coordination in case review and reporting within the Operations

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Division. In September 2019, QE was requested to take the lead role in the special focus review process within the planned set of statewide referral criteria.

CIT Quality Enhancement Special Focus Reviews are initiated by the Deputy Director of Child Protection. These reviews also involve the Deputy Director or designee within the DCFS Offices of Clinical Practice, Learning and Professional Development, and Agency Performance and Monitoring. Case criteria for review includes any pending investigations at the time of a new child death report, prior investigations involving any of the household or caregiver members, as well as any open intact or permanency case at the time of a child's death or egregious act.

This review, initiated within 24 hours at both the field level and the QE team focuses on:

- Safety of the surviving child(ren) if applicable
- Past safety/risk identification
- Quality service delivery and past child protection issue resolution
- Past/current barriers to service provision
- Timely linkage to services or juvenile court involvement
- Areas for future focus for improvements

As of May 2020, 97 cases have been referred to the CIT QE team for assessment and review. A monthly summary report is produced that provides demographic information on the referred families, short factual case descriptions, and areas of focus to offer further areas of possible learning and support for the field.

Trends that have been identified are the need for continued vigilance in the field to ensure infants have safe sleep environments and parents/caregivers are educated on the risks of co-sleeping with infants, securing of background information and thorough risk and safety assessments during all child protection investigations, and delivering services that address the underlying mental health concerns, trauma histories, and stress on parents as a foundational service planning step to lead to reduced risk in the home, behavioral change in day to day parenting, and support the other psychoeducational services such as anger management, domestic violence, and parenting classes that parents often are mandated to participate in.

Agency Performance Monitoring (APT)

Agency Performance Monitoring is undergoing changes and improvements that align with Acting Director Smith's commitment to hold DCFS and private agency practice to the same high standards. APT had been moved under the Division of Strategic Planning and Performance Execution to align the quality assurance entities under one Division however it is believed that by moving APT under the direction of Chief Deputy Director of Operations, a new model of monitoring may be implemented that will strengthen both the monitoring and CQI process.

APT has used a four-level monitoring system. The four levels of monitoring are 1) Routine Monitoring, 2) Intensive Monitoring, 3) Intensive Monitoring w/ Quality Improvement and/or Corrective Action Plan, and 4) Contract Review. There are two primary factors utilized in the determination of a private agency monitoring level. These two factors are 1) private agency performance across identified performance measures, including permanency performance, and 2) the existence and significance of performance red flags impacting the safety of youth or the significant or sustained violation of DCFS contracts. The monitoring levels continue to determine

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

case transfer preference. They continue to use local contract performance meetings as a tool of compliance performance.

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

- Dashboard Performance Data – There are three Dashboards, each with similar measures that are factored into an agency’s monitoring level. The Foster Care Dashboard, the Intact Dashboard, and the Specialized Care Dashboard. There is an additional intact dashboard agencies use to monitor their own performance on subcategories of this larger dashboard. Below is a sample of the Intact Dashboard:

Foster Care(HMR)Agency Scorecard(Sample) – FY20 (CFY)

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%	46.32	33.64	29.41	21.95		
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%	96.80	96.08	95.85	93.41	88.54	80.33
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%	95.25	90.92	92.61	87.44	78.99	69.63
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%	78.69	64.19	75.63	56.05	57.17	39.12
5a	% Weekly In-Person Parent/Child Visits (RH goals only) (per SACWIS)	80%	63.32	48.33	53.71	39.76	35.28	22.33
5b	Average # Parent/Child Visits Per Month (RH goals only) (per SACWIS)	4.00	5.21	3.50	3.99	2.85	2.55	1.63
6	% Absence of Maltreatment While In Foster Care	100%	97.61	97.75	98.80	98.25	99.89	99.96
7	% Absence of Maltreatment 6 Months Post Permanency	100%	94.96	96.13	98.75	96.72	100.00	100.00
8	% of HMR Foster Homes Licensed	70%					57.39	39.10
9	% of Children Placed With Less Than 2 Paid Providers over a 12 month period	90%	84.39	83.86	84.74	82.48		
10	% of Cases With a Service Plan Completed Within 45 Days of Child Case Opening	95%	93.69	84.01	89.50	75.47		
11	% of Children Assigned to less than 2 Caseworkers over a 12 month period	Info Only	60.16	45.58	39.02	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 was 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.

Please refer to Navigation Guide for more detail.

- Performance Red Flags - the existence, severity and duration of performance issues that are not captured on the performance dashboard, such as child deaths and OIG investigations. These performance issues can be identified by anyone with a monitoring role with POS agencies.
- SharePoint - APT developed a SharePoint site where all APT tools are maintained, and all data collected from audits, reports, and meetings are entered. Performance trends are identified on a site level for implementation of Quality Improvement Plans and Performance Monitoring. There have been changes to the data collection site. Due to the progressive monthly data collections, monitoring wanted to move toward a platform that stores data. An excel spreadsheet was created to store monthly data and display it in three month increments to assess over time. This process assists in progressive monitoring and data review over a period of three months. The excel spreadsheets are stored month by

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

month in a shared monitoring folder. As SharePoint is updated and can accommodate the data needs, the report will transition back to SharePoint.

- Reports/Audits - The chart below shows the number and type of reports written by APT staff year to date in FY 20:

Type of Report/Audit	Frequency of Report/Audit	# Completed
Performance Reports	Monitor Monthly Report – FC/Spec	2,160
	Monitor Monthly Report - IFS	708
SACWIS Case File Audits	10%/Trimester - FC	486
	10%/Trimester - IFS	308
	10%/Trimester - Spec	153
Hard Copy File Audit	IFS/FC	526
Case Interviews	Staff Interview	204
	Care Provider Interview	124
	Parent Interview	121

- Monthly agency site performance meetings continue between APT Monitor and agency staff and include APT supervisor when performance is on level 3 or 4.
- Monitoring Collaboration - APT regularly and frequently reviews trends and case specific data from Administrative Case Review, Advocacy Office, Director’s Office, OIG, Clinical, and Agency & Institution Licensing at agency site level. Youth moving toward adoption and guardianship are reviewed monthly with APT staff to discuss barriers and progress.
- Efficacy of the Monitoring Model - APT considers the primary measure of an effective model of monitoring is the extent to which POS performance has improved during the period of model implementation. APT has maintained historical performance data for HMR/Traditional foster care as reported on the performance dashboard. The chart below reflects POS system performance between FY 12 and FY 20 (to date). The last column shows the percentage of increase/decrease between FY 12 and FY 20 performance with FY 20 performance on the dashboard used for information only in agency performance. March data may be skewed as it was the start of the nationwide pandemic. April data may be more accurate but is not available at the time of this writing.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Performance Measure	Measure Goal	FY 12	FYTD 20 Thru March	% +/-
Permanency	40%/yr.	28.57%*	21.95%	-6.62%
CW Contact w/Children	95%	93.25%	93.41%	+1.16%
CW Contact w/Care Provider	90%	85.47%	87.44%	+1.97%
CW Contact w/Parents	80%	55%	56.05%	+1.05
Weekly Parent/Child Visits	80%	42.07%	39.76%	-2.31
4X Month Parent/Child Visits	4 visits	2.84 visits	2.85 visits	.01 visit
Lack of Maltreatment in Care	100%	99.82%	98.25%	-1.57%
No Maltreatment 6 Mo. Post-perm	100%	97.53%	96.72%.	-.81%
HMR Licensure	90%	61%	41.76%	-19.24%
Placement Stability	90%	87.3%	82.48%	-4.82%
Timely Service Plans	95%	18.77%	75.47%	+56.70%
CW Stability	Info only	44.9%	46.22%	+1.32%

* The permanency figure is from FY13. The remaining percentages are FY12.

** FYTD POS Permanencies through March are 21.95%. 30.5% is a 12-month projection without the nationwide pandemic being factored.

APT Monitoring of DCFS Performance - The Division of Monitoring will begin to monitor the performance of DCFS foster care and intact family service teams. While the DCFS Division of Quality Enhancement facilitates the activity in providing performance data via OER and OER Plus, the APT model of monitoring has proved effective in moving the performance of the private sector in a positive direction. As of FY 2018 POS monitoring was realigned with DCFS Regional Management. APT supervisors continue to report to Regional Program Managers to provide insight and direct communication with local leadership and organizations. Monitoring administration now oversees the Program Managers in each region to develop statewide monitoring uniformity. One Central Region Sub-region will be rolling out a new monitoring model in July 2020. The model includes strong intentional collaboration with private partners in utilizing data external of the dashboard to identify barriers and identify strengths to move toward an outcome-driven approach. This model will increase in person visitation between APT staff and agency partners to assist in stabilizing the workforce, which in turn improves outcomes for youth.

CFSR 3 PIP Monitoring Reviews

Illinois' Child and Family Services Review (CFSR) 3 Program Improvement Plan (PIP) Baseline was collected from June – November 2019. It was finalized in the Spring of 2020, and the Children's Bureau established our PIP Goals based on that Baseline. Therefore, the state is now in the process of conducting CFSR 3 PIP/PIP Goal monitoring. June 1, 2020 marks the start of the Year 1 CFSR PIP Monitoring Reviews (formerly termed "OER Plus;" the "Plus" part is being adjusted and will not be used during the PIP Monitoring reviews; the "OER" part was the



Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

federal tool). As with the Baseline, the state will utilize the Federal On-site Review Instrument (OSRI) as the case review instrument and the Federal On-line Monitoring System (OMS) as the database. Reviews will occur from June – November 2020.

Sixty-five (65) cases will be reviewed over the course of these 6 months; 40 foster care, 19 Intact Family Service, 5 Investigation, and 1 Extended Family Support Program (EFSP) case. These 65 cases will be randomly selected according to the strict CFSR 3 sampling criteria. A case from every sub-region will be reviewed every month.

MONTH	DATES OF REVIEW
June 2020	June 1 – 5; June 8 - 12
July 2020	July 6 – 10; July 13 – 17
August 2020	August 3 – 7; August 10 – 14
September 2020	September 1 – 4; September 8 – 11
October 2020	October 5 – 9; October 13 – 16
November 2020	November 2 – 6; November 9 – 13

CFSR 3 PIP Monitoring is a very intensive, qualitative, systemic case review process that involves assessing a case based on the documentation and based on in-depth interviews with key stakeholders (parents, children/youth, caseworkers, foster parents, other as needed). The completion of the OSRI for each case follows strict and rigid guidelines, definitions, and instructions. Each case reviewed is further assessed for inter-rater reliability and adherence to the interpretation directions of the tool and undergoes a minimum of two levels of quality assurance to ensure accuracy of the data. These levels of quality assurance are conducted by QE and FCURP staff. Once the internal levels of quality assurance are complete, federal partners from the Region V office and the CFSR Unit of the Children’s Bureau provide a third level of oversight on a randomly selected sample of the cases reviewed and provide the state with feedback that guides continual training on implementation and accuracy.

Aggregate data from each review is communicated to DCFS leadership for broader dissemination, and general findings/themes are communicated via DCFS’ intranet and email announcements to all DCFS and POS staff.

Chapter 11 – Financial Information

Financial Information Reporting, Maintenance of Efforts and Non-Supplantation; Specific Percentages of Title IV-B, Subpart 2 Funds Expended on Program Components; and Other Reporting and Compliance Requirements

DCFS will continue to comply with all the financial requirements affecting title IV-B, subparts 1 and 2 and those specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

Section 1 - Title IV-B, Subpart 1:

\$ 9,967,451 FFY 2018 Award

\$ 9,838,405 FFY 2019 Award

DCFS will not spend more title IV-B, subpart 1 funds during any of the Federal fiscal years (FFYs) 2015 - 2019 than the state expended for those purposes in FY 2005 (per section 424(c) of the Act). The Final FFY2005 IV-B Subpart 1 allotment was \$11,327,464.

State expenditures of non-federal funds for foster care maintenance payments used as state match for title IV-B, subpart 1 funds awarded for FFY 2018 will not exceed the amount of non-federal fund expenditures applied as state match for that program during FFY 2005 (per section 424(d) of the Act). DCFS' CFSP includes information on the amount of non-federal funds expended for foster care maintenance payments which were used as title IV-B, subpart 1 state match for FY 2005.

No more than 10% of the federal title IV-B, subpart 1 funds will be expended by DCFS for administrative costs (section 424(e) of the Act). These expenditures will be included in the annual budget request for administrative costs on the CFS-101, Parts I and II.

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Section 2 – Title IV-B, Subpart 2:

Estimated Title IV-B, Subpart 2 Expenditures for FFY 2019, By Category:

\$ 12,285,399		
\$ 3,685,620	30.00%	a) Family Preservation Services
\$ 2,457,080	20.00%	b) Family Support Services
\$ 2,702,788	22.00%	c) Family Reunification Services
\$ 3,439,911	28.00%	d) Adoption Promotion and Support Services

DCFS agrees to spend a “significant” portion of the title IV-B, subpart 2, Preserving Safe and Stable Families (PSSF) grant on each of the four PSSF service categories: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. Currently, the term “significant” is interpreted by ACF to mean at least 20 percent of the grant total. Information will be included in the DCFS' APSR if DCFS does not

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

continue to spend a “significant” portion of its title IV-B, subpart 2 grant award on any of those four service categories. The amount allocated/assigned to each service category will only include funds expended for service delivery. Any amount allocated/identified with planning and service coordination will be reported separately. The estimated expenditures for services provided will be reported on the CFS-101, Part II.

For many years the State of Illinois has only expended title IV-B, subpart 2 funds for the provision of client services. However, DCFS recognizes that no more than ten percent of federal funds under title IV-B, subpart 2 may be spent for administrative costs (per section 434(d) of the Act). DCFS also recognizes that this limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.

The state will provide the state and local expenditure amounts for FFY 2018 under title IV-B, subpart 2 for comparison with the FFY 1992 base year. This comparison is needed to provide assurance that federal funds awarded under this subpart are not used to supplant federal funds or non-federal funds for existing services and activities as required by section 432 (a) (7) (A) of the Act. Additional information related to the percentage of title IV-B, subpart 2 expenditures, by service category, is also provided in order to further demonstrate that the non-supplantation requirements for title IV-B, subpart 2 services are adhered to. DCFS proposes to continue claiming title IV-B, subpart 2 funds for services provided under the four PSSF service categories during FFYs 2020 through 2024.

DCFS will continue to comply with all financial requirements affecting title IV-B, subparts 1 and 2 and the reporting requirements specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

More services will be offered under the four PSSF service categories than will be claimed by DCFS. However, the amounts claimed by DCFS will be limited to the percentages shown above. Historically, the State of Illinois has expended more dollars for title IV-B services than are reimbursed by the federal government under title IV-B, subpart 2. The CFS-101, part II submitted in support to this application shows that the estimated spending on eligible title IV-B, subpart 2 services exceeds the funds available under the grant. Additionally, DCFS will continue to fund all administrative and planning activities associated with title IV-B, subpart 2 services during FFYs 2015 through 2019 from state funds. If this should change for any reason, the State will revise this section of the APSR. DCFS will continue to adhere to the federal requirements regarding permissible uses of and substantial funding for each of the service categories claimable under title IV-B, subpart 2.

If the State of Illinois intends to release or apply for the reallocation of funds under title IV-B, subpart 2, the CFCIP, or the ETV program, DCFS will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101.

Maintenance of Effort and Non-Supplantation: The Department adhered to the Maintenance of Effort requirements set forth in section 432(a)(7)(A) and in 45CFR 1357.32 (f) of the compilation of title IV-B and title IV-E and related sections of the Social Security Act. During the remainder of FFY 2019, DCFS will continue to adhere to these Maintenance of Effort requirements and assure that federal funds provided to the State of Illinois under title IV-B, subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

During FFYs 2015 through 2019, DCFS has ensured, on an annual basis, that a “significant” portion of each mandatory service category is provided to at-risk families throughout the State of Illinois. That will continue during the remainder of FFY2019.

DCFS has demonstrated that the requirements of ACYF-CB-PI-14-03, Section E, Parts 1 through 5, have been met. This has been documented in the filing of the CFS 101, Parts I, II, and III as required, for each of the FFYs 2015 through 2021.

Non-Supplantation: To date, DCFS has complied with the non-supplantation requirements during each of the years covered by and reported on under the current 5-year plan and assures that it will comply with these requirements during the remainder of FFY2020.

Data regarding the non-supplementation level of expenditures established by HHS is included in the chapter covering documentation of the non-supplantation and maintenance of effort requirements of DCFS. The base year used to establish that expenditure level was FFY 1992. This base level was determined by DCFS’ Office of Planning and Budget through a search of various databases from the 1990s when these requirements were put in place. Once the base level of expenditures has been determined it does not change.

Several years ago, DHHS’s Administration for Children and Families decided to collect 1979 base year data. The maximum levels of 1979 State expenditures were determined by a combination of available data and logic. In the early 1980s, the Governor’s Bureau of the Budget (now titled the Governor’s Office of Management and Budget) supported DCFS’ efforts to increase its claims for reimbursement and obtain additional title IV-E and title IV-B revenue. However, DCFS was required to transfer the first \$13 million received from DHHS each year to the state’s General Revenue Fund. This equated to the title IV-E and title IV-B receipts in the year prior to the enactment of the legislation creating the Children’s Services Fund. Therefore, it may be demonstrated that the combined title IV-E and title IV-B receipts for FY 1979 were, at most, \$13 million. This sets a maximum possible base.

DCFS does not claim any Foster Care Maintenance payments or Adoption Assistance subsidies under title IV-B subparts 1 or 2; title IV-E eligible foster care maintenance payments and adoption assistance subsidies are included for federal reimbursement in the development of the title IV-E claim. With the exception of therapeutically prescribed day care programs, DCFS never claims any day care (child care) expenses under title IV-B or title IV-E for reimbursement; instead expenditures for those services are paid from state funds. The Illinois Department of Human Services funds expenses for employment related child care services through state funds and federal title XX Block Grant funds.

Non-Supplantation Baseline: Originally two categories of service were eligible for title IV-B, subpart 2 funding. These included the Family Support Services category and the Family Preservation Services category. Several years later additional categories were added for Time-Limited Family Reunification Services and for Adoption Promotion and Support Services. Baseline non-supplantation amounts are set for each of these four categories.

Family Support Services:

The FFY 1992 baseline level was initially calculated in the “FY94 Plan to Plan,” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under the “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the level established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Support Services under title IV-B, subpart 2 is \$740,200.

Family Preservation Services:

The FFY 1992 baseline level was initially calculated in the “FY 94 Plan to Plan” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Preservation Services under title IV-B, subpart 2 is \$13,019,600.

Time-Limited Family Reunification Services:

The FFY 1992 baseline for Time-Limited Family Reunification services was established by retrofitting the definition and provisions of title IV-B, subpart 2 with comparable/equivalent target population, expenditures and services. During FFY 1992, the Department’s total estimated expenditures and service level for all Family Reunification Services was \$4.2 million for approximately 354 families. The baseline for Time Limited Family Reunification Services is much smaller because only a small portion of title IV- B, subpart 2 funds was spent for those services. Additional analysis of services during the baseline period revealed that the length of time children remained in substitute care during FFY 1992 baseline period was 30 months in downstate counties, and 60 months in Cook County. The FFY 1992 rate of time-limited reunification was calculated to be approximately 20% of the total based on the length of placement before reunification. (In other words, in the baseline year, 20% of all reunifications met the timeline later set for early reunification). Consequently, the baseline for Time-Limited Family Reunification Services under title IV-B, subpart 2 is \$834,500.

The level of services and expenditures will continue to exceed those established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Time-Limited Family Reunification. Grant expenditure reports and other quality assurance tools will be used to document the level

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

Adoption Promotion and Support Services:

The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. DCFS, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Adoption Promotion and Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/ community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

DCFS Adoption Promotion and Support Services baseline is difficult to calculate as so few services were offered or purchased during or prior to FFY 1992. The oldest data available at the time that DHHS established a baseline for these services was FFY 1996. The program grew more than 50% between SFY 1992 and FFY 1996. Therefore, the Adoption Promotion and Support Services baseline is well below the FFY 1996 expenditures. In FFY 1996, \$1,279,858 was spent on adoption preservation services and not more than \$1,360,572 was spent on post-adoption support services. Therefore, the FFY 1996 baseline would be no more than \$2,640,430. The FFY 1992 baseline for these services would be lower, estimated at less than \$1.8 million.

Summary of Non-Supplantation Amounts in the Base Year-FFY 1992:

<u>Title IV-B, part 2 Service</u>	<u>Baseline Amount</u>
Family Preservation Services	\$13,019,600
Family Support Services	\$740,200
Time Limited Family Reunification	\$834,500
Adoption Promotion and Support	Less than \$1,800,000

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Other Fiscal Information:

- Federal funds expended in FFY 2018 under title IV-B, subpart 1: \$ 9,967,451
- Federal funds expended on administrative costs in FFY 2016 and FFY 2017 for title IV-B, subpart 1: no administrative support charges were made to the program; however, caseworker costs, both public and private, are charged to the program based on the amount of time spent providing case management services to DCFS youth in foster care and families that are not charged to any other federal program.
- Federal funds expended in FFY 2018 for monthly caseworker visits under title IV-B, subpart 2: \$765,879

DCFS will continue to supply relevant fiscal information for the remaining time period covered under the current CFSP.

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

The federal funds expended under each of the four categories of services in FFY 2018 for Promoting Safe and Stable Families (PSSF) Program and for planning and administration are noted below:

Family Preservation Services	\$2,916,907.00
Family Support Services	\$3,159,982.00
Time Limited Family Reunification Services	\$2,430,755.00
Adoption Promotion and Support Services	\$3,646,133.00
Total for other service-related activities, including planning	\$0.00
Total administration (not to exceed 10%)	\$0.00

During FFY 2018, over \$56.5 million was expended on eligible services under title IV-B, subpart 2; however, as previously noted, only a portion of those eligible expenditures was claimed for federal reimbursement because eligible expenditures for services exceeded the amount of the allotment. The program categories listed below are consistent and synonymous with the program categories previously described. In FFY 2017 these included:

- Family Preservation Services: Intensive Family Preservation/Intact Family Services;
- Family Support Services: Extended Family Support Services; Family Habilitation; Family Advocacy Centers;
- Family Reunification and Time Limited Family Reunification Services; and
- Adoption Promotion and Support Services: Intensive Adoption Preservation, Maintaining Adoption Connections, Older Caregiver Programs, Post-adoption counseling, therapy, therapeutically prescribed day care programs and Adoption Respite. (No other day care services are funded from title IV-B).

Estimated and Actual Expenditures for FFY 2018: Actual expenditures under title IV-B, subparts 1 and 2 for FFY 2018 were slightly more than the estimated expenses. The final grant award of title IV-B funds were spent as follows: 29% for Family Preservation Services, 23% for Family Support Services, 20% for Time-Limited Family Reunification Services, and 28% for Adoption Promotion and Support Services.

Category of Title IV-B, Part 2 Funds – FFY 2018

	Estimated	Actual
TOTAL Title IV-B, subpart 2 funds	\$12,110,594	\$12,153,777
Family Preservation Services	\$3,269,860	\$2,916,907
Family Support Services	\$2,785,437	\$3,159,982
Time-Limited Family Reunification Services	\$2,543,225	\$2,430,755
Adoption Promotion and Support Services	\$3,512,072	\$3,646,133

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

Section 4 – FFY 2021 Budget Request (CFS-101, Parts I and II): As part of the APSR, DCFS will complete Part I of the CFS-101 form to request title IV-B, subpart 1 (CWS) and title IV-B, subpart 2 (PSSF and Monthly Caseworker Visit funds), CAPTA, CFCIP, and ETV funds. The state will use the appropriate FFY allocation tables as the basis for budgeting. DCFS will complete Part II of the CFS-101 to include the estimated amount of funds to be spent in each program area by source, the estimated number of individuals and families to be served, and the geographic service area within which the services are to be provided.

FFY 2021 Budget Request (CFS-101, Parts I and II): The signed CFS-101 Part I for FFY 2021 as a PDF document will be submitted to the ACF on or before June 30, 2020. The CFS-101 Part II for FFY 2021, that does not need signature, will also be submitted to the ACF on or before June 30, 2020 as a PDF document. If DCFS intends to release or apply for funds for reallocation under title IV-B, subpart 2, the CFCIP, or the ETV program DCFS will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101, so that ACF will be able to re-allocate the funds in accordance with the prescribed formulas.

FFY 2018 Title IV-B Expenditure Report (CFS-101, Part III): The signed CFS-101 Part III final report for FFY 2018 will be submitted to the ACF on or before June 30, 2020 as a PDF document. For FFYs 2019 through 2020 DCFS will continue to meet the requirements. The State will report funds expended in each program area of title IV-B funding by source, the number of individuals and families served, and the geographic service area within which the services were provided. The state must track and report annually its actual title IV-B expenditures, including administrative costs for the most recent preceding fiscal year for which a final Standard Form 425 (SF-425) Federal Financial Report (FFR) has come due.

Contact Person: Joe McDonald
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Section 6 – Financial Status Reports – Standard Form (SF-425): The State will report expenditures under title IV-B, subparts 1 and 2, CAPTA, and CFCIP on the Financial Status Report, SF-425. A separate SF-425 will be submitted for each program for each fiscal year. Each SF-425 will be submitted in accordance with the applicable requirements specified in the Program Instructions issued April 10, 2017. It is understood that a negative grant award will recoup unobligated and/or unliquidated funds reported on the final SF-425 for the title IV-B programs, CAPTA, CFCIP and ETV programs. The original SF-425 for each program will be submitted by the dates through ACF's Online Data Collection (OLDC) System. Financial Status Reports (SF-425s) will be submitted by the dates specified in the FFY 2017 Program Instructions. The State will submit an electronic SF-425 for the programs listed above through the ACF Online Data Collection (OLDC) system.

Title IV-B, Subpart 1: The State will submit the SF-425 fiscal report for expenditures under title IV-B, subpart 1 at the end of each 12-month period from October 1 through September 30, of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year. The SF-425 report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be shown on both the interim and final reports. Funds under title IV-B, subpart 1 will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded.

(The State acknowledges, and will comply with, this requirement: A state that has been notified of the need to provide a higher percentage match for a specific fiscal year, due to a determination that the state has failed to meet a performance standard for monthly caseworker visits, must

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

report that higher match on the final financial form [section 424(f)(1)(B) and 424(f)(2)(B) of the Act]). The state must expend the funds under title IV-B, subpart 1 by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2019, funds must be obligated by September 30, 2020 and liquidated by December 29, 2020).

Title IV-B, Subpart 2 – PSSF: The State of Illinois will submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 PSSF program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be reported on both the interim and final reports. Funds under title IV-B, subpart 2 (PSSF) will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2019, funds must be obligated by September 30, 2020 and liquidated by December 29, 2020).

Since discretionary funds under PSSF are to be expended for the same purposes as the mandatory funds, no separate reporting is required to distinguish between these expenditure amounts. The state will report the cumulative expenditure amount on the SF-425. Unobligated funds reported on the final financial status report will first be recouped from the discretionary funds.

Title IV-B, Subpart 2 – Monthly Caseworker Visit Funds: States are required to submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 Monthly Caseworker Visit program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. These reports will be separate from the SF-425 reports for the PSSF program. The State will submit the SF-425 report at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of each Federal fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. Funds for these years must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2019, funds must be obligated by September 30, 2020 and liquidated by December 29, 2020). The required 25% state match will be reported on both the interim and final fiscal reports.

CAPTA: Funds under CAPTA must be expended within five years (e.g., for the FFY 2017 award, funds must be expended by the State by September 30, 2021). The State will submit the SF-425 fiscal report for CAPTA at the end of each 12-month period from October 1 through September 30 of the five-year expenditure period. The SF-425 fiscal report covering each 12-month budget period is an interim report and the report covering the entire five-year grant period is the final report. The interim and the final reports are due 90 days after the end of the applicable 12-month period. There is no state match requirement for this program. DCFS will continue to provide all required information during the 5 year CFSP covering FFYs 2017 - 2021.

CFCIP and ETV: Funds under CFCIP and ETV must be expended within two years. The State will submit separate SF-425 fiscal reports for the CFCIP and ETV programs. States are required to submit the SF-425 fiscal report for expenditures under the CFCIP and ETV programs at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Reports are due 90 days after the end of each fiscal year. The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 20 percent State match must be reported on both the interim and final fiscal reports. Funds under CFCIP and ETV must be expended by

Illinois Department of Children and Family Services
Annual Progress and Services Report 2021

September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2019, funds must be obligated by September 30, 2020 and liquidated by December 29, 2020).

DCFS will complete and furnish all the financial reports required on SF-425 fiscal report forms.

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